Bracknell Forest Borough Council

The Bridgewell Centre

Inspection report

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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

This inspection took place on 16 and 18 August 2016 and was unannounced. We last inspected the service in April 2014. At that inspection we found the service was compliant with the essential standards we inspected.

The Bridgewell Centre is a care home without nursing and provides a service for up to 42 people. They provide short term care (usually up to six weeks) for people needing professional help to improve their mobility or self-help skills. The service aims to make it possible for people to return to their own home and live as independently as possible in the community. People may be admitted to the service from hospital after an injury or period of illness, or from their own home to avoid hospital admission or having to move to a care home. At the time of our inspection there were 12 people using the service.

The service had been through a number of changes since our last inspection. From 31 March 2016 the service changed from a care home with nursing to a care home without nursing and stopped offering a service to people with nursing care needs. This was due to the end of the contract between the provider and Berkshire Healthcare NHS Foundation Trust, who had previously provided the on-site trained nurses and eight of the support workers. Since then, the registered nurse input has been provided by the local community nursing team.

The service did not have a registered manager at the time of our inspection. The previous registered manager left in May 2016. A new manager took on the responsibility of managing the service in May 2016 and filed an application with CQC to become registered at the same time. The new manager is the registered manager of another of the provider's services that works closely with The Bridgewell Centre. A registered manager is a person who has registered with the CQC 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 new manager was present and assisted us during this inspection.

Staff were professional and skilful when working with people. It was obvious staff knew how individuals liked things done and people were treated with care and kindness. Staff were aware of people's abilities and encouraged them to be as independent as possible.

People received support that was person centred and incorporated their personal preferences and needs. People said staff knew what they liked and what they were able to do for themselves. People confirmed staff helped them to work towards their individual goals for independence.

People received appropriate health care support. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were stored and administered safely.

People were protected from the risks of abuse and from risks associated with their health and care

provision. They were protected by recruitment processes and people could be confident that staff were checked for suitability before being allowed to work with them.

There were sufficient numbers of staff on each shift to make sure people's needs were met. People benefitted from staff who received training to ensure they could carry out their work safely and effectively

Risks related to the premises were assessed and monitored. Checks were in place and action taken, where necessary, to address any identified risks.

People's rights to make their own decisions were protected. The manager and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

People knew how to raise concerns and felt they were listened to and taken seriously if they did. Staff were clear on what actions they should take should anyone raise concerns with them.

People benefitted from staying at a service that had an open and friendly culture. People felt staff were happy working at the service. People's wellbeing was protected and all interactions observed between staff and people at the service were caring, friendly and respectful. People's rights to confidentiality were upheld and staff treated them with respect and dignity.

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. People were protected from abuse because staff knew how to recognise signs of abuse and knew what action to take when necessary. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and knew how to make DoLS applications if required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

Staff worked well with people, encouraging their independence and supporting them in what they could do.

The relationships between staff and people using the service demonstrated dignity and respect at all times.

Is the service responsive?

Good

The service was responsive. People received care and support

that was personalised to meet their individual needs. The service provided was continually reviewed in response to people's changing needs.

People knew how to raise concerns and confirmed they were listened to and taken seriously if they did. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Staff were happy working at the service. They felt supported by the management and felt the support they received helped them to do their job well.

Health and social care professionals felt the service worked well with them and demonstrated good management and leadership.

The Bridgewell Centre

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 unannounced inspection took place on 16 and 18 August 2016. It was carried out by one inspector and an inspection manager on the first day and by one inspector on the second day.

Before the inspection, the provider completed 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 looked at all the information we had collected about the service. This included the PIR, the previous inspection reports and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with five of the 12 people using the service and one visiting relative. We spoke with the manager, two duty coordinators and two support workers. We observed interactions between people who use the service and staff during the two days of our inspection. After the inspection we sought feedback on the service from eight social care professionals and eight healthcare professionals. We received feedback from two social care professionals and two healthcare professionals.

We looked at three people's care plans, associated documentation and medication records. We looked at the staff training log, staff supervision log and the recruitment files for the one member of staff employed since our last inspection. Medicines storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, the utility service certificates, fire risk assessment, legionella risk assessment, fire safety checks and the complaints and incidents records.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe at the service. Health and social care professionals told us they thought the service and risks to individuals were managed so that people were protected. One professional added: "Very much so." One relative told us: "We can go home and we know [Name] is safe."

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with weight loss, falls and skin integrity. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, health and safety and maintenance needs as part of their daily work. Other premises checks were carried out. For example, legionella risk assessments, annual gas appliance servicing and annual portable electrical equipment checks. Any issues identified were dealt with and remedial actions taken were documented in the records. Monthly checks of hot water temperatures were carried out and documented. Thermostatic mixer valves were in place on the bath and shower hot water outlets to reduce the risk of scalding. Staff said any maintenance issues were dealt with quickly when identified.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans and reported to the Care Quality Commission as required. Steps were taken and recorded to reduce the risk of a recurrence of incidents wherever possible.

People were protected by the provider's recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the recruitment information required by the regulations. For example, proof of identity and criminal record checks. Gaps in employment histories had been explored and evidence of applicant's conduct in previous employment had been sought where they had worked with vulnerable adults. The manager verified agency staff recruitment with the agency to ensure the required checks were being carried out.

There had been a number of changes to the staff team since our last inspection. In March 2016 the registered nurses and care staff, employed by Berkshire Healthcare Foundation Trust to work at the service, left. Following this, in May 2016 the registered manager left. The service stopped providing a service to people requiring nursing care at that time. However, the duty coordinators, care staff and ancillary staff employed by the provider remained. In addition, some care staff transferred from another of the provider's services that had closed earlier in the year. At the time of our inspection any staffing deficits were being filled by agency staff. The manager told us they always used the same agency and the agency staff working at the service had all received a week long induction to the unit. Wherever possible the same agency staff were booked to provide consistency for the staff team and people using the service. The rotas showed agency

staff never worked shifts without members of The Bridgewell Centre staff working with them.

Staffing levels were based on the dependency levels of the people using the service at any one time. There was always a duty coordinator on each daytime shift, along with support workers. If not on site, managers were available on call at all times via the telephone if needed. We saw staff were available when people needed them and they did not need to wait. People told us they could get help and support from staff when they wanted. Staff told us there were usually enough staff on duty at all times and commented that the manager always helped when needed.

People's medicines were stored and administered safely. In December 2015 concerns were raised relating to a number of medicine errors that had taken place at the service. As a result, the system for the administration of medicines was amended and robust checks and monitoring were introduced. The duty coordinators carried out daily checks and the manager carried out a monthly audit. Where any errors were identified they were rectified, staff training was provided and staff were only allowed to administer medicines after their competency had been assessed. Training records showed that only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right dosage of the right drug at the right time.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. Health and social care professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

The care staff team was made up of the manager, five duty coordinators and 19 support workers. Ancillary staff included laundry staff, domestic staff, a chef and an assistant chef. There were two business support staff and maintenance work was carried out by maintenance staff working across the provider's properties and services.

New staff were provided with induction training specific to the service. Since our last inspection there had only been one new member of staff employed. Staff who had transferred from another location told us they were being well supported by the managers and staff in their transition from working in a residential care home to working in a service aiming to help people return to living in their own homes. The provider's head office and the manager oversaw ongoing staff training. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, first aid, food hygiene and safeguarding adults training. Other mandatory training included medicine administration, infection control and health and safety. Training records showed staff were either up to date with their training or were booked on refresher training where updates were due or overdue. Practical competencies were assessed for topics such as administering medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised.

Of the 24 care staff, 12 held a National Vocational Qualification (NVQ) in care at level 2, 3 or 4 and two held an NVQ level 3 in promoting independence. Three staff were undertaking a Qualifications and Credit Framework level 3 course in care. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service.

Due to the staff and management changes at the service since May 2016, staff supervision meetings had fallen behind. However, supervision meetings were being re-introduced with all staff booked for a meeting with their manager in August or September 2016. Staff confirmed they had been booked for supervision but added that the manager was always available and willing to talk about any concerns or questions they may have. Staff also confirmed they had yearly performance appraisals of their work carried out with their line manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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 so that they can 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 found the staff were working within the MCA and the requirements of the DoLS were being met. Staff made sure they enabled and supported people to make their own decisions whenever possible. The service had made appropriate DoLS applications to people's funding authorities (the supervisory body) as and when necessary to ensure people were not being deprived of their liberty unlawfully.

People were able to choose their meals from a menu provided the day before. The chef had recently introduced a cooked breakfast every day for anyone who preferred a hot breakfast to cereals or toast. There were always alternatives available to the main meal on the day if people did not want what had been planned. Snacks, fresh fruit and drinks were also available during the day if people wanted something between meals. Staff made referrals to the GP where there was a concern that someone was losing weight, or was putting on too much weight. People told us they enjoyed the food at the service and said they always had a choice on what to eat. One person commented on their feedback form, "The food was fantastic, they catered for my diet." We observed lunch on the first day of our inspection. Food was served in dishes and people were able to help themselves from the dishes with staff support if needed. Lunch was a very social occasion with people chatting and helping themselves and each other during the meal.

People received effective healthcare support from their GP and via GP referrals for other professional services, such as community specialist nurses. Each person had a re-enablement plan that included input and sessions from various therapists such as occupational therapists and physiotherapists. Speech and language therapists and dietitians were also available where needed. The service staff, external therapists and health professionals worked together to enable the person to receive all the support they needed towards meeting their goals and returning to their own homes whenever possible.

Records showed any health concerns were addressed promptly and referrals sought from appropriate professionals when needed. Any existing medical conditions people had were monitored and managed in line with advice from their GP and other health professionals. Any advice given was incorporated into people's support plans. Health and social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People were treated with care and kindness. People told us staff were caring and knew how they liked things done. One person told us, "We are well looked after." One relative was very complimentary about staff and told us, "They are so friendly, they speak to people as people." Comments from people on feedback forms received in the last 12 months included, "My stay at Bridgewell was a happy one with very kind and caring staff. They helped in every way to make me happy and comfortable." and "Well done to all staff, 12 out of 10!" Health professionals thought the service was successful in developing positive, caring relationships with people using the service, with one adding, "The service scores full points on this."

Staff showed skill when working with people and it was obvious they knew them well. We saw staff had good knowledge of what was important to each person using the service and the goals they were working towards. People's care plans were geared towards what people could do and what they needed to be able to do in order to be able to return to their own homes. People's abilities were kept under review and care plans were reviewed weekly and updated as necessary. The care plans were drawn up with people, using input from their relatives and health and social care professionals where appropriate. Each care plan had been signed by the person to signify their agreement.

People's wellbeing was protected and all interactions observed between staff and people using the service were caring, friendly and respectful. Staff listened and acted on what people said. Staff were knowledgeable about each person, their needs and what they liked to do. People told us staff knew how they liked things done and confirmed staff treated them with respect and protected their dignity. Health professionals thought the service promoted and respected people's privacy and dignity with one adding, "I think every effort is made to promote this."

People's right to confidentiality was protected. All personal records were kept locked away and were not left in public areas of the service. Visits from health and social care professionals were carried out in private. We observed staff protected people's rights to privacy and dignity as they supported them during the day. All staff were very respectful of people's personal space and belongings, no-one entered people's bedrooms without knocking on the door and waiting for permission to enter.

Throughout our inspection staff showed concern for people's wellbeing in a caring and meaningful way. Staff were knowledgeable about things people found difficult. They were skilled at giving encouragement and support to people so they could achieve something themselves wherever possible. One relative described the support their family member had received at the service. They told us, "[Name] would never have done what she has if she had been at home. They really encouraged her to do stuff. [Name] has started to take the right [asthma] medicines and now needs her nebuliser less." Although not the reason for the person's current admission, the relative also described how their family member had started to use her arm again which had been affected by a stroke 25 years previously.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on an assessment of needs, initially carried out by the placing care management team or the hospital care managers. After admission to the service the original care plan was expanded and the person was assessed by different therapists so that a full picture could be formed of what support the person needed to return to their own home. People were involved in developing their care and support plans and setting their short and long term goals.

Care plans were detailed and very person centred. They included things that were most important to the person in their life. All care plans were up to date and had been reviewed in the previous week. All people had a keyworker to meet with them and oversee their care plan and goals. A key worker is a named member of staff, responsible for ensuring people's care needs were met. This included supporting them with their goals and spending time with them. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

During the day people kept busy with their exercises and therapy sessions. When not having therapy people were sitting reading or watching television or sitting in the communal lounges chatting with each other and staff. At weekends, and if they wanted to, people went out in the local area with staff or relatives, sometimes to the local shops or to the local park.

Discharge planning took place early in the person's stay and their home circumstances were assessed so that any equipment, adaptations or aids were identified and, where possible, provided before they were discharged home. Family members were involved where appropriate so that the transition from the service to the person's own home was as smooth as possible. The service worked closely with the provider's intermediate domiciliary care service. Where necessary, people were discharged with a short term package of care to enable them to settle in and transfer the skills they learnt at The Bridgewell Centre to their homes. The intermediate domiciliary care service provided people with short term packages of care to maintain and increase their independence, usually lasting between six and eight weeks. Staff of the domiciliary care service started their afternoon shifts at The Bridgewell Centre. This meant they were able to spend time with, and get to know, the people using the service. This in turn meant people discharged from The Bridgewell Centre with support from the intermediate domiciliary care team already knew some of the staff, ensuring continuity of care.

People knew what to do and who they would talk to if they had any concerns. They told us they were taken seriously if they spoke with staff about things they were worried about and said staff always acted to resolve any issues. We looked at the compliments folder and found compliments and thank you letters from family members of people who had used the service. There had been no formal complaints in the last 12 months.

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. The previous registered manager left in May 2016. A new manager took on the responsibility of managing the service in May 2016 and filed an application with CQC to become registered at the same time. The new manager is the registered manager of another of the provider's services that works closely with The Bridgewell Centre. Staff were clear on the management systems in place and all staff felt the duty coordinators and managers were approachable and easy to contact.

With the exception of not having a registered manager, all other registration requirements were met. The manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. We used this information to monitor the service and ensure they responded appropriately to keep people safe. All records were up to date, fully completed and kept confidential where required.

The manager had been working with the staff, with support from the provider's management team, on developing and adjusting the way the service runs after changing to a care home without nursing. The manager had a good idea of improvements that were needed and had a clear plan on how these would be achieved. Staff acknowledged the year had been difficult with all the changes but felt that things were settling down. Staff told us managers were open with them and communicated what was happening at the service and with the people staying there. One member of staff told us, "The staff are settling down and feeling more secure and more supported." They added, "I think we are moving in the right direction."

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The systems included weekly reviews of support plans and monthly audits of medicines. Health and safety audits were carried out by the service's health and safety lead and actions taken to deal with any issues identified. Fire risk assessments and a legionella risk assessment had both been carried out during 2016. There were some outstanding issues raised from the January 2016 water check audits, the manager was awaiting a date for the work to be carried out but had been told the work was now "at the top of the list".

People benefitted from using a service that had an open and friendly culture. People felt the staff were happy working at the service and that there was a good atmosphere. One person commented on their feedback form, "Wonderful staff and I have felt very happy here." Another said, "I have become very confident about my future now." Staff told us the management worked with them as a team and all commented on how they liked it that the manager would help on the units if needed.

The provider carried out surveys with people who use the service at the end of their stay. Any issues raised were looked at and the person contacted if they gave their name. We saw the results of the survey forms returned over the last 12 months. Forty people had responded and the majority of the comments were very positive. One person commented, "I have been well looked after. I want to go home but am sorry to be leaving." Another said, "The staff have all been very helpful to me and I thank them all very much."

Health and social care professionals thought the service demonstrated good management and leadership. They felt the service delivered high quality care and worked well in partnership with other agencies. Comments received from professionals included, "I find [the manager] an excellent, proactive problem solver and a good communicator. I feel under [the manager's] leadership it will flourish." Another commented that the service had, "recently had a new manager, who quickly excelled in her job."