

# Meridian Healthcare Limited

## Bridgewater Park Care Home

### 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?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This unannounced inspection was undertaken on the 22 October 2015. The service was last inspected on 02 August 2013 when it was found to be compliant with the regulations inspected

Bridgewater Park Care Home is registered to provide residential and nursing care for up to 63 older people. The service consists of single occupancy rooms in two separate ground floor units. One of the units provides care for people mainly living with dementia related conditions.. At the time of our inspection visit there were 48 people using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff demonstrated an appropriate understanding of how to keep people safe from harm and employed appropriate checks had been carried out to ensure they did not pose a risk to people who used the service.

# Summary of findings

Staffing levels were considered according to the individual needs and dependencies of the people who used the service.

Known risks to people were assessed to ensure they were protected from potential harm and people were supported to make choices about their lives.

People received their medicines as prescribed and systems were in place to ensure medicines were managed safely.

People who lacked the capacity to make informed decisions were supported by staff who had received training about the promotion of people's human rights, to ensure their freedoms were not restricted. Systems were in place to ensure decisions made on people's behalf were carried out in their best interests.

Care staff were provided with a range of training opportunities to enable them to carry out their roles

safely and help them to develop their careers. Whilst people's wishes for privacy and confidentiality were promoted, we observed some staff did not always show consideration for people's individual needs.

People who used the service were provided with a range of meals and we saw their dietary needs had been assessed to ensure they received appropriate nourishment and hydration.

A complaints procedure was in place to enable people to raise concerns about the service and resolve issues, wherever possible.

Whilst there were systems in place to enable the quality of the service people received to be assessed, some elements of the service provision had not always been fully actioned or followed up to enable the service to learn and improve.

# Summary of findings

## 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

Staff understood their responsibility to ensure people who used the service were safeguarded from harm. Training on this had been provided to staff to enable them to recognise potential signs of abuse and report this when required.

Appropriate recruitment procedures had been followed to ensure staff did not pose a potential risk to people who used the service.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service.

People received their medicines when required and their medication was handled safely.

Good



### Is the service effective?

The service was effective

Staff received a range of regular training to help them support people who used the service.

People were supported to make informed choices and decisions about their lives. Assessments had been completed where people lacked capacity to make informed decisions about their care. The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were met.

People who used the service were provided with a choice of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk from malnutrition or dehydration.

Good



### Is the service caring?

Some elements of the service were not always caring.

People's wishes for privacy and confidentiality were upheld although we observed some staff did not always demonstrate full consideration for people's individual needs.

Information about people's needs was available to help staff support and promote their health and wellbeing.

People's right to make choices about their lives were supported.

People's individual wishes and preferences were supported. People and their relatives were involved in planning their support.

Requires improvement



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

Information was available about how to raise a concern. People knew how to make a complaint, although some told us about issues that had not always been fully resolved.

Health and community professionals were involved with people who used the service to ensure changes in their needs were acted on and followed up.

A range of opportunities were available to enable people to engage in social activities and ensure their personal wellbeing was promoted.

## Is the service well-led?

The service was well led.

People who used the service were consulted and able to contribute their views on the service.

Whilst there were systems in place to enable the quality of the service to be assessed, some elements of the service provision had not always been fully actioned or followed up to enable the service to learn and improve. The registered provider gave us assurances that this would be addressed immediately.

**Good**



# Bridgewater Park Care Home

## Detailed findings

### Background to this inspection

We carried out this unannounced 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for older people, some of whom may be living with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This asks the registered provider to give key information about the service, what the service does well and improvements they plan to make.

The local authority safeguarding and quality performance teams were contacted before the inspection took place, to ask them for their views about the service. We also looked at the information we hold about the registered provider.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with nine people who used the service, eight visiting relatives, two members of care staff, catering staff, the deputy manager, the registered manager and a regional manager who was visiting the service.

We looked at four care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files, staffing rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People who used the service and their relatives we spoke with told us they trusted the staff and felt safe living in the home. One person said, “Yes I feel safe here, they take good care of us.” Another commented, “I feel safe here, safe and sound.” A visiting relative told us, “I come and go at all times of day and can honestly say I have never seen or heard anything to cause any concern.”

Policies and procedures were available concerning the protection of vulnerable adults which were aligned with the local authority’s guidance for reporting issues of potential abuse. This enabled staff to be guided when reporting concerns. Training had been provided to staff on safeguarding people from harm and to ensure they were able to recognise potential signs of abuse. Care staff we spoke with demonstrated a positive understanding of the different forms of abuse and confirmed they were aware of their duty to report concerns and ‘blow the whistle’ on the service if this was needed. One member of care staff we spoke with told us they were currently in the process of completing a refresher training module on safeguarding, to ensure they were aware of their professional roles and responsibilities and kept their skills up to date. Care staff told us they had confidence in the management of the service and that appropriate action would be taken to follow up issues, if this was required.

We found recruitment procedures had been appropriately followed to ensure new staff had the right skills and did not pose a potential risk to people who used the service. We saw that employee’s backgrounds were checked before they were allowed to commence work for the service, including clearance from the Disclosure and Barring Service (DBS), to ensure they were not included on an official list that barred them from working with vulnerable adults. Staff files we looked at contained evidence that references had been followed up before offers of employment were made, together with checks of applicant’s personal identity and previous experience, to enable gaps in their employment history to be explored. This helped ensure only suitable staff were employed to work with people who used the service.

We saw assessments of people’s needs had been carried out to ensure there were enough staff available to meet people’s needs. Care staff advised they felt there were enough of them on duty and that the registered manager

took action to ensure people’s safety was not compromised in these respects. A staff member told us, “Yes definitely there are enough staff [registered manager’s name] staffs us up and helps out when required.” Relatives we spoke with all told us they felt there were sufficient staff available, although one subsequently told us that they felt there were times this was not always the case.

People’s personal care files contained a range of assessments to help care staff support them and minimise potential risks. We saw these assessments were monitored and kept up to date to ensure staff were able to keep people safe from harm. We observed care staff moving people in wheelchairs safely with footrests positioned correctly and with use of pressure cushions to maximise people’s skin integrity when required.

People who used the service told us care staff supported them with their medicines when required. We observed the deputy manager checking medication in to the service from the pharmacy and saw them carrying out a medication round. We saw they did not hurry people when taking their medicines and provided them with explanations about the medicines they were taking. The deputy manager told us staff responsible for providing medicines to people completed training on this element of practice to ensure they were kept safe from harm. We saw that up to date records were maintained for medicines that had been received and provided to people, together with good practice guidelines in relation to their specialist medical needs. Audits of people’s medicines were carried out on a regular basis to ensure errors were minimised and potential problems were quickly addressed.

Regular checks of equipment and the building were carried out to ensure people’s health and safety was promoted. Copies of individual evacuation plans were available and a contingency plan for the service was available for use in emergency situations. Staff had completed fire training and we saw that fire drills were carried out as required. We were told a recent electrical fault in a kitchen light had caused a minor fire which had been dealt with efficiently and effectively, with the registered provider taking prompt action to replace all light fittings throughout the building.

We found that domestic staff were employed to ensure the building was kept clean and hygienic. A person who used the service told us, “My room is always kept clean.” We observed however items of paper and tissues on the floor

## Is the service safe?

in some of the communal rooms and a shower room that had a smell of damp, which we reported to the registered manager who told us that action would be taken to remedy this issue as a priority.

# Is the service effective?

## Our findings

People who used the service and their relatives were overall positive about the care and support that was provided. People told us they received appropriate care and treatment and that staff were good at their jobs. One person told us, “I am happy here; they care for me very well and see to me well. I can mix with the others if I wish, but I like my own company. The food is very good really, there’s plenty of it and they come and ask you what you want to choose between two things.” Another person commented, “I have nothing to grumble about, all is good, the food is very good, I can play dominoes and cards if I want to.”

Relatives said they felt care staff were well trained and competent to carry out their roles and responsibilities. Commenting on the way care staff helped them with mobilising from their bed or into a chair, one person who used the service told us, “Yes, I am sure they know how to handle us well, they seem to know their stuff.”

People who used the service told us they enjoyed their meals and that the quality of the food served was good. We observed a variety of nourishing home cooked meals were provided and that staff consulted people about their choices and preferences for these. The registered manager told us a pictorial menu was currently in the process of being devised to help people with making choices about what they wanted to eat. People’s personal care files contained assessments of their nutritional status, together with regular monitoring and recording of weight, with involvement from community professionals, such as speech and language therapists and dieticians when required. We observed support was provided to people requiring assistance with eating and drinking when needed.

People’s personal care files contained assessments and care plans based on a range of their individual health and social care needs. Evidence of on-going monitoring and involvement from community health professionals, such as GPs and district nurses to ensure people’s medical conditions were effectively met. Visiting relatives confirmed staff communicated with them appropriately to ensure they were kept up to date and aware of changes in people’s conditions.

A variety of training was provided to ensure staff were equipped with the skills needed to carry out their roles. We

saw this included an induction to the service, together with a range of courses which the registered provider considered essential, included safeguarding vulnerable adults, moving and handling, first aid, infection control, health and fire safety, the Mental Capacity Act 2005 (MCA) and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. We found staff uptake of training was monitored by the registered manager to ensure their skills were updated when needed and that a programme was in place to encourage them to undertake nationally recognised qualifications. We saw the registration of trained nursing staff was monitored to ensure they kept their professional skills up to date. There was evidence in staff files of regular meetings with senior staff, to enable their performance to be monitored and their skills to be appraised. Care staff we spoke with were positive about the training they received and said the registered manager was fair and provided them with good support.

Care staff were clear about the need for obtaining consent from people before carrying out interventions, to ensure people were in agreement with how these were delivered. People’s care files contained evidence of their involvement and participation in decisions about their support, together with best interest meetings when they were unable to make informed decisions. Care staff demonstrated a good understanding of the principles of how MCA were used in practice, together with the use of Deprivation of Liberty Safeguards (DoLS) when required.

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 be 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the registered provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection several



## Is the service effective?

applications had been made to deprive people of their liberty and the service was waiting for a response from the relevant authority for these. We saw people were supported following the principles of the MCA together with assessments of their capacity to make informed decisions.

People's personal care files contained details about the promotion of their human rights and support with making anticipatory decisions concerning the end of their lives where this was appropriate. The registered manager told us the service had been accredited under the gold standard framework for end of life care and that nursing staff had been trained in palliative care by the MacMillan service, with 50% of the care staff having attended training on this

aspect of their roles. We saw evidence some people who used the service had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and documentation about this was clearly documented in their files.

We found that people were provided with a variety of aids and equipment to enable them to maximise their independence and feel in control of their lives. We observed use of signage to enable people to orientate themselves around the building. Whilst we saw people's bedrooms were numbered with their names displayed, there was limited evidence the registered provider had actively considered the specialist needs of people living with dementia when designing the building. We spoke to the registered manager about this and they advised they would seek appropriate guidance from a reputable source about the provision of dementia friendly environments.

# Is the service caring?

## Our findings

People who used the service and visiting relatives we spoke with were positive about the service. We found people were involved in decisions about their support and observed care staff treating them with kindness. People told us that staff were good. One told us, “They are all very kind and caring, generally they are lovely” whilst another commented, “I am very satisfied, there’s never anything but niceness here. I am very happy.”

Relatives told us staff were courteous and kind and that overall people who used the service were treated with respect. One relative told us, “I looked at three different homes before this one, this is the nicest and it’s near my home so I can visit every day. Generally they [staff] are kind and caring, although it varies according to whose on.” Another relative confirmed this and said staff sometimes varied in their attitude to providing support to people. They commented “Some [staff] are very good, but others require some improvement I think.”

We observed care staff interacted with people in a caring manner when assisting them with aspects of their support to ensure their dignity was maintained. We saw that care staff appeared to know people well and were familiar with their personal strengths and needs. We did observe some care staff being task focussed in their approach and hurried at times. For example, we saw a member care staff taking a plate away from a person at lunch without saying anything to this person and when answering a question from another about what was for pudding they replied, “I don’t know, you`ll have to wait and see.” Whilst people were given a drink of fruit juice with their meals, we noted no jugs of water were available for people to help themselves from to maximise their personal independence. We noted

that care staff on the dementia unit tended to engage with people less, appearing involved in other aspects of their roles and leaving this aspect of people’s support for the activity co-ordinator who was working with them. We spoke with the registered manager about this and they told us they would address this as a matter of priority. **We recommend the service seeks advice and guidance from a reputable source, about the further development of person centred approaches to delivering people’s support to ensure their personal dignity and wishes are better promoted.**

People who used the service appeared well groomed and well-presented and their visiting relatives confirmed this was usual for the service. We saw the female people who used the service had manicured and painted fingernails and we were told a member of staff specialised in providing ‘pampering’ sessions to people to ensure their personal wellbeing was promoted.

People told us they were able to express their views and that they or their relatives were involved in planning their support. People and their relatives confirmed they were invited to reviews of their support to ensure their wishes, feelings and best interests were met. We saw information in people’s care files about their past life histories, personal likes and preferences, to help staff understand them and promote their individual wishes and aspirations. We observed staff demonstrated consideration and respect for people’s wishes for privacy when required, together with the maintenance of people’s personal confidentiality. We saw people were able to spend time in their own rooms and that they were able to bring items of furniture and favourite possessions, to enable them to personalise their rooms. Visiting relatives told us they were encouraged to visit and take part in the life of the home.

# Is the service responsive?

## Our findings

People who used the service told us that overall they were very happy with the service they received. One commented, “They respond as quickly as they can to call bells and buzzer but it depends how busy they are, as they can’t be in two places at once.” A visiting relative said, “They [staff] respond to the buzzer in good time when I have been here and they see to my wife well.”

People and their visiting relatives told us they knew how to make a complaint when this was required. They said they would go to the registered manager and had confidence that action would be taken to resolve issues. Two relatives told us they had spoken with the registered manager in the past about aspects of support and laundry services that were provided. They said following this, things had improved. One person who used the service however indicated that problems with the laundry had not yet been fully resolved. They told us, “My daughter in law takes my laundry to her house for me, its best, because you can’t expect miracles can you?” One relative commented, “Communication could be better, I put names on everything to save any hiccups regarding clothing. All in all, it’s as well as can be expected here.” We saw items of clothing returned from the laundry in one person’s room, that appeared soiled and a pool of liquid on the en-suite bathroom floor. A relative told us this was a regular occurrence and stated, “It’s frustrating really, goodness knows how many pairs of pyjamas they have misplaced.”

We found that staff had an appropriate understanding of people’s individual needs to ensure their personal wishes and feelings were promoted. We saw photos of staff on display to help people identify and remind them of who was on duty. We spoke with an activity worker who was in the process of returning to work, following a period of illness. They told us they were currently working a few hours a day and were reviewing people’s activity files to ensure they were up to date and preparing a number of events for people to participate in. We observed the activity worker was passionate about their role and they told us about the importance of delivering person centred support that focussed on people’s individual interests, hobbies and

beliefs. The activity worker told us they tried to ensure the service provided was based on “Friendship and trust” and worked with people’s families to ensure a personalised approach was delivered.

The activity worker commented, “A smile goes a long way, we try to encourage people to make their own decisions.” We observed one person who used the service was supported to communicate with their son who lived abroad by using their own item of electronic technology (I Pad). A programme of social events was in place to enable people to have opportunities for social stimulation and we were told about parties that took place to celebrate people’s birthdays. People who used the service and their relatives confirmed these included games of bingo, dominoes, films and a recent outing to Cleethorpes. On the day of our inspection a fundraising event was held to raise money for National Breast Cancer (“Pink”) Day with a coffee afternoon and homemade cakes and many of the staff wearing items of pink clothing to support this charity.

People and their relatives told us about their involvement in reviews of their support. People’s personal care files contained evidence of their participation and involvement in decisions to ensure they were in agreement about how their support was provided. We found this included information and assessments about known risks to people such as falls, infections, skin integrity and nutrition that were completed and kept up to date on an on-going basis. This enabled staff to have accurate information about how to keep people safe from potential harm.

There was a complaints policy and procedure in place to ensure the concerns of people and their relatives could be listened to and followed up when required. People and their visiting relatives told us they knew who to go to and what to do if they had any complaints or worries and had done so in the past, but were overall satisfied with the service provided. The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service delivered. We saw evidence in the complaints log of concerns that had been received and addressed by the registered manager. We were told that complaints were monitored by the registered provider to enable common themes to be identified and take action to develop the service where possible.

# Is the service well-led?

## Our findings

People and their visiting relatives told us they had confidence in the management and were happy with the service that was provided. Visiting relatives said the registered manager was approachable and responded to them well. A relative told us, “Yes they are always quick to sort things out for you and the manager is very amicable.”

There was a registered manager in place with appropriate experience and knowledge of health and social care to manage the service. We found the registered manager was clear about their responsibilities to ensure the welfare of people was promoted and the service was well led. Notifications about incidents affecting the health and welfare of people had been submitted to the Care Quality Commission to enable the service to be monitored and action to be taken when required.

We were told a recent takeover of the business by a new parent company had led to changes to enable the service to develop. This included the introduction of a ‘Resident of the day’ involving different department representatives meeting with people individually to review their level of provision and make improvements where required, to ensure their needs were met in a more person centred way. The registered manager told us management arrangements associated with this had not yet been fully implemented and that currently they were working with different operating systems, such as policies and procedures from both the old and the new company.

The registered manager told us about daily ‘Flash meetings’ that had been introduced with heads of departments to enable communication in the service to be provided. They told us they would take the issues highlighted in this report, such as shortfalls in cleaning, issues with the laundry and the dignity and respect shown by some staff to this group the next day, to ensure action was taken to resolve them in a timely way.

We found the registered manager took their role seriously and had built up close working relationships with local health and social care professionals, such as district nurses, GP’s, hospice and local authority staff. The registered manager told us about local network meetings they attended to ensure best practice initiatives were followed to enable the service to develop and improve.

We saw evidence of regular meetings with staff to enable clear direction and leadership to be provided and ensure staff were supported to question practice. We were told the service had a clear set of visions and values, based on the involvement of people who used the service, compassion, independence, quality and safety. We saw evidence of individual meetings with staff to enable their performance to be monitored and skills to be appraised. The registered manager told us this ensured staff were accountable for their decisions, actions and behaviours and to enable them to be clear about their professional roles and responsibilities and understand what was expected of them.

Care staff we spoke with were clear of their duties to keep people safe from harm and told us they received feedback from the registered manager in a constructive way. They said the registered manager was adaptable and fair and listened to their ideas, to help improve the service. One told us, “[registered manager’s name] is always there for me if I ever have a problem.”

We found the registered manager held weekly surgeries for people who used the service and their relatives to enable them to have opportunities for providing feedback and make suggestions about the service. The registered manager told us they had struggled to get relatives to attend meetings in the past but would continue to explore this to enable them to have an input into the service. One relative told us, “Yes there are meetings held for the residents and relatives I think”. Another commented, “I don’t need to go to any relatives meetings because I come to the home on a regular basis anyway and if there’s anything I want to say, I would just say it, I don’t need to go to a meeting.”

There were systems in place to enable the quality of provision to be assessed to support the running of the service. We saw evidence of audits of care plans, medicines management arrangements and accident and incidents that had taken place, together with actions developed to address shortfalls that had been noted. We found arrangements were in place with external contractors to enable the regular servicing of equipment and ensure people’s health and welfare was safely promoted.