The Bridge Community Care Limited

Wesley Place

Inspection report

George Street
Snaith
Goole
DN14 9HZ

Tel: 01405800978
Website: www.thebridgecare.com

Date of inspection visit:
19 May 2021
20 May 2021
01 July 2021
25 August 2021

Date of publication:
20 December 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Wesley Place is a care home providing personal care to seven people at the time of the inspection. The service specialises in providing support for up to seven older or younger adults. They may have a number of needs, such as a learning disability and/or autism or mental health needs.

People had their own flats within one purpose-built building, each flat had been adapted to meet people's environmental and sensory needs. The offices were located on site with two separate areas for management and staff to oversee the running of the service.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The provider had not always consulted people's representatives to maximise people's choice, control and independence when significant decisions had been made that affected them. Staff did not always treat people with dignity and respect and/or protect their human rights. This demonstrated a lack of person-centred support. We evidenced some aspects of a poor culture within the service, management of complaints and staff reporting concerns to CQC instead of using the providers whistle blowing process.

People were not always supported to have maximum choice and control of their lives and although the service had considered the least restrictive practices and reducing incidents, the intensity had increased for some people and staff injuries were of concern. The policies and systems in the service did not always support in practice the best interests of people.

Improvements were required to monitor, analyse and effectively manage risks to people and staff. There was a lack of clinical oversight and in-depth knowledge to support staff to develop in their role. This was evident in the number of incidents where risks had not been managed effectively.

Care records detailed people's support needs, preferences and sensory needs. Positive behaviour support plans were in place, which detailed least restrictive options for staff to consider and how to interact, using certain responses, to prevent the escalation of behaviours that may challenge. However, we had some concerns about the leadership and skills of some staff to manage people's behavioural needs.

Sensory profile's had been completed. The provider needed further time to ensure the recommendations

were fully implemented for each person and to ensure their sensory needs were met. We identified some areas where staff had not fully considered people's sensory and communication needs.

Whilst the environment was observed to be clean during the site visit, we were provided with evidence following the site visit of one bedroom which was unclean and unhygienic.

The provider and staff advised staffing levels had improved since the service first opened. However, staff still raised concerns regarding the deployment of skilled staff that were able to confidently meet people's needs.

Staff being kind and respectful towards people. Staff overall wanted the best outcomes for people and were passionate in their approach. However, some records and feedback demonstrated there were aspects of a poor culture within the service.

Medicines records were managed effectively. We had concerns that 'as and when required medicines' were not always given at appropriate times to prevent behaviours from escalating. Following the inspection, the provider informed us they were seeking additional training in this area.

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

Rating at last inspection
This service was registered with us on 28 February 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the registration date. We returned to the service on 25 August 2021 due to concerns about people's living conditions and the support they were receiving.

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.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risks, safeguarding people from harm and abuse and overall governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We recognised as part of this inspection that the provider had failed to notify CQC of some safeguarding incidents. The provider submitted notification retrospectively and we have not taken any enforcement action in relation to this matter.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our well-led findings below.

Wesley Place

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 four inspectors, an inspection manager and a medicines inspector. Three inspectors and one inspection manager attend the second site visit.

Wesley Place 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 CQC. 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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We returned to the service on 25 August 2021 unannounced.

What we did before the 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 this information to plan our inspection.

During the inspection
We spoke with two people who used the service with support from staff. We spoke with five members of staff including the registered manager, service manager, chief executive officer and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and various other records including staff supervisions and meeting minutes. A variety of records relating to the management of the service, including policies and procedures were reviewed. We attended the service on the 25 August 2021 and visited three people in their flats and observed two people via CCTV monitoring to check their living conditions and welfare.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed further records and audits. We received feedback from three relatives, two advocates, and five other health and social care professionals. We also spoke with eleven members of staff by video link.

Requires Improvement

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse
- The provider had not notified CQC of safeguarding incidents, as required by law.

This was a breach of Regulation 18, (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We will investigate these concerns outside the inspection process.

- Staff received regular safeguarding training; they understood the different types of abuse, how to recognise them and knew where to report concerns.

Learning lessons when things go wrong; Staffing and recruitment
- Accidents and incidents were recorded and analysed. However, lessons learnt had not always been identified and the provider had not always taken appropriate action to reduce the likelihood of repeat occurrences.
- Triggers for people's behaviours were not always recognised. For example, incident records showed some staff failed to identify triggers for people's behaviours or had not followed agreed protocols.
- There was a high number of staff injuries. In addition, some incidents had the potential for staff injury due to poor management of known risks. These had reduced since the service first opened, but further work was needed to reduce these further. We contacted the Health and Safety Executive responsible for overseeing staff injuries in the workplace to highlight the high number of incidents at this service.
- Record keeping in relation to incidents were not always clear to ensure the level of risk had been appropriately responded to in line with protocols and care plans.
- We identified issues in relation to safety and effectiveness of staff deployment, including staff experience and skill mix. Staff feedback included: "It depends who you are put with, some people are frightened of [residents name]", "Some people are quite nervous, and some situations not managed well." Staff felt at times they were put in unsafe positions, they described working with staff that were inexperienced and often scared.

Assessing risk, safety monitoring and management
- Most risks to people were assessed and regularly reviewed. However, staff's knowledge was inconsistent in relation to managing potential risks associated with people's health conditions.
- Staff and relatives gave mixed feedback about the safety of people living at the service.
- Personal Emergency Evacuation Plans (PEEPs) were in place. However, these did not always guide staff to an alternative exit should a fire be blocking the front entrance.

The was a breach of Regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Systems were in place to maintain the health and safety of the premises.
● People had not always been supported by an experienced and consistent staff team due to a high turnover of staff. Staff told us the levels of staff were now much better, "The best they have ever been since the service opened." The provider was fully aware of the need to retain staff skills and experience.
● We observed sufficient staff were deployed to meet people's needs. The provider had rota's in place, which showed staffing levels were safe.

Using medicines safely
● Medicines were managed safely and consistently overall.
● The provider understood best practice guidance, "Stopping over medication of people with a learning disability, autism or both (STOMP)." These guidelines were put in place nationally to review and reduce the use of psychotropic medicines, when it was deemed safe to reduce them.

Preventing and controlling infection
● Consistent standards of cleanliness were not always maintained.
● The provider had policies and procedures in place in line with government guidance to admit people safely and ensure shielding and social distancing rules were adhered to.
● Staff were regularly tested and their temperature checked to minimise the risks associated with COVID-19.
● One professional told us they had raised concerns about staff's use of PPE. We gave feedback during the inspection about some minor concerns and best practice in relation to wearing PPE. Staff meetings evidenced there had been issues with staff wearing appropriate PPE.
● We received a concern that the service was not supporting visiting in line with government guidance. Other agencies were engaged, and the service changed their approach with regards to supporting visits.

Requires Improvement

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People's rights were not fully protected as records did not always evidence that best practice was being followed. For example, some records did not fully record whether people's family, representatives or other health professionals had been involved when significant decisions had been made. One relative told us they had not been consulted when some significant decisions had been made for their family member despite being their appointee/representative.
- Some records stated other professionals' input was required, but their input had not been recorded so there was no evidence this had been obtained.

We recommend the provider reviews all processes in records place in line with the Mental Capacity Act to ensure appropriate decision making is in place.

Staff support: induction, training, skills and experience

- Overall most staff were positive about the induction and training programme. Staff completed training, observations, read care plans and shadowed experienced staff.
- Staff completed mandatory training annually and additional training relevant to their role. Some staff felt they would benefit from further in-depth specific training for autism. We identified gaps in staff knowledge in relation to the Mental Capacity Act, epilepsy and accessible information standards. The provider advised

they had been running workshops to support staff with positive behaviour support.
● The provider had been transitioning to a new physical intervention model since December 2020. As all staff had not yet received the training in the new model, this meant there were two models in use at the time of the inspection. Staff attending incidents told us, "Some techniques have different names and are slightly different to the current model of care we use and is confusing." We made the provider aware of this feedback as potentially this could lead to an inconsistent approach from staff.
● We received mixed feedback from staff about how supported they felt. The content of supervisions showed a lack of exploration in some areas. Some staff lacked confidence in dealing with incidents. Further clinical oversight was needed to ensure staff were supported to build their confidence and reinforce learning.

Supporting people to eat and drink enough to maintain a balanced diet
● Robust systems were not in place to monitor and make sure people had enough to eat and drink. Records lacked the detail required for staff to effectively monitor people's fluid intake. For example, the full amount of fluid drank was not always accurately recorded, and there were no recommended daily amounts of fluid intake for staff to monitor intake and seek appropriate support should issues be identified. Following the inspection the provider informed us new monitoring systems where been implemented which will allow more accurate recording of people's fluid and diet intake.
● Care plans detailed people's food and drink preferences.
● Staff had referred people for additional support where they were identified as at risk of choking. Records showed speech and language therapists had been asked to complete assessments when needed.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● The provider had good working relationships with health and social care professionals. The GP had supported the service to ensure measures were in place for staff to monitor people including following an incident. This included a guide to ensure referrals were made in a timely way to the GP and/or emergency services, if needed.
● We were not assured one-person was always being supported to wear their glasses and therefore able to utilise their sight to their best ability.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had been assessed and documented. Information included people's specific needs, level of independence and preferences. Although people's life histories were recorded, we identified there were gaps which meant staff had limited knowledge of people's backgrounds to support them effectively. A relative told us, "I had to explain to staff what [name] used to be like, they had no idea." The registered manager had advised they would update these and where necessary look to develop these further.

Adapting service, design, decoration to meet people's needs
● The service had been purpose built and each apartment adapted to meet the needs of each individual. Following a number of incidents, further adaptations were made in response to people's needs.
● Some people's apartments were personalised in the décor chosen. People's preferred colour schemes had been considered and family photographs put on their walls. We had some concerns about one room which the provider told us they were looking to personalise further.

Requires Improvement

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 Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
- People's dignity had not always been promoted. For example, where staff supported one person with personal care, this was not always done in a dignified and respectful manner.
- Efforts had been made to support people to be independent. However, some relatives felt more could be done.
- Staff described how they supported people to maintain their privacy. They advised, "I always knock on the door before entering" and "Before washing someone I always make sure doors and curtains are closed when it is safe to do so."

Supporting people to express their views and be involved in making decisions about their care
- People did not always receive effective support to enable them to be involved in decisions about their care.
- We reviewed documentation relating to how the service obtained feedback from people. No pictorial formats had been adopted to support communication. The provider told us they had communication cards for staff to use, but only one member of staff we spoke with, referenced using these as a communication tool.
- Although sensory profiles had been completed, there was limited use of them to enhance people's quality of life and communication. One professional said, "In regard to the sensory summaries, it would be great to see more of the recommendations discussed and implemented."

Ensuring people are well treated and supported; respecting equality and diversity
- Overall the majority of feedback was positive in terms of respecting people's diverse needs. Staff provided examples of how they adapted the way they worked to support people.
- Staff received training and supervisions in relation to Equality, Diversity and Human Rights. People had care plans outlining their protected characteristics and guidance for staff to protect their Human Rights.
- Religious or cultural beliefs were explored during initial assessments, and if any were disclosed, these would be recorded and respected.

Requires Improvement

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 Requires Improvement. This meant people's needs were not always met.

End of life care and support

- People's end of life wishes were not explored and recorded. This was an area we would expect providers to approach with people and their families and/or representatives and develop a plan. Some people and their families may not want to discuss this, but we found no records to show these topics had been approached. After the inspection the provider told us they had taken steps to address this.

We recommend the provider seeks guidance and support from a reputable source around end of life care planning.

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

- Staff received annual training in positive behaviour support. However, we identified staff needed further on-going support in this area.
- Care plans provided information on how to care for people. Positive behaviour support plans guided staff on how to identify and support people who might become anxious or distressed.

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.

- People had communication care plans in place. Easy read documents were available for people to access. These included information about the complaints process and how to raise safeguarding concerns.
- The provider was looking at ways to further support people's communication needs including completing sensory assessments.

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 had been supported to maintain contact with their families during the pandemic. Video and phone calls had been facilitated where this was possible.
- Some relatives raised concerns in relation to social isolation. This had been difficult to manage during lockdown when transmission rates of COVID-19 were high in the community. The provider had developed plans to work around this, for example car rides and an internal tuck shop. More recently since the lifting of lockdown we saw an increase in activities.

Improving care quality in response to complaints or concerns

● The provider did not have a robust and transparent approach to recording complaints and how these were dealt with. The complaints log did not detail the actions taken to resolve complaints.

Requires Improvement

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People did not always receive safe high-quality care, because the provider had not taken adequate steps to ensure a positive and transparent culture within the service.
- People's rights were not always protected, as staff did not properly apply the Mental Capacity Act 2005 and associated good practice guidance. Safeguarding concerns were not always reported so they could be properly investigated, and people safeguarded.
- Staff did not always feel able to speak with management about their concerns, and went outside the organisation to report abuse and poor practice.
- The provider had placed emphasis on positive outcomes for people. This included reduction in medicines and incidents. However, we identified the provider had not always considered people's best interests when making significant changes yet had classed outcomes from these as positive.

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 had not immediately informed relatives of incidents that had happened within the service.
- The provider continued in their efforts to work with external agencies, however, they have failed to notify CQC of a number of incidents that had occurred at the service.

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

- The registered manager had been carrying out a new role alongside their registered manager role since December 2020. The service manager had stepped into the role of managing the day to day running of the service since January 2021. The registered manager was aware of their responsibilities but lacked oversight in some areas.
- Records provided around oversight did not always include enough detail. Some records received to support the inspection lacked important details such as dates completed.

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

- Communication tools used to support people 's involvement was inconsistent. We did see some good use of different techniques to support obtaining feedback from people. However, some people had not received the same level of support and further efforts were needed to improve this area.

● We received mixed feedback from staff in relation to their involvement in the running of the service.
● Meetings took place to discuss people's needs; however not all staff felt they were actively engaged.

Continuous learning and improving care
● The provider had systems and processes in place to improve the quality and safety of the service. However, these were not always effectively implemented and overseen by Senior Management. For example, the concerns we have identified in relation to, complaints, culture and governance issues.
● When concerns had been identified by the provider and highlighted with staff during team meetings, the planned improvements had not always been monitored.
● Some audits and meetings held showed elements of collaborative working to improve people's lives.

Failure to have systems in place to maintain an appropriate level of oversight was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The senior management team informed us they were implementing additional roles to support the service to make the required improvements.

Working in partnership with others
● We saw evidence of partnership working with other agencies.
● There was evidence to show the service had engaged with external professionals to develop areas such as; risk management plans, protection plans and sensory assessments.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always effectively managed. 12(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of oversight at the service to ensure effective governance. 17(2)(a)(b)(c)