

# Methodist Homes Bridge Court

## Inspection report

43 Moathouse Lane West  
Wednesfield  
Wolverhampton  
West Midlands  
WV11 3HE

Tel: 01902738124

Website: [www.mha.org.uk/hs22.aspx](http://www.mha.org.uk/hs22.aspx)

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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

Our inspection took place on 10 June 2016 and was unannounced. We last inspected the service on 29 January 2014 where we found the provider was meeting regulations.

Bridge Court is a domiciliary care and extra care housing service that provides personal care to people who are tenants. At the time we inspected Bridge Court was providing personal care to 25 people who lived at the scheme. The service caters for older and younger adults who may have a range of needs, for example a learning disability, mental health need or a physical or sensory disability.

There was a registered manager in post at the time of our inspection. 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.

People had confidence that the provider would keep them safe. People were supported promptly by staff when needed. Risks to people's health, safety and well-being were identified and staff worked to minimise these. The provider completed suitable pre-employment checks of staff to ensure they were safe to work with people. People's medicines were managed safely.

People were confident staff were suitably trained and had a good understanding of their needs and individual requirements. People's rights were protected, with staff ensuring their consent was gained before delivering care. People were supported with access to food and drink when needed and in a way they were satisfied with. People had good access to healthcare professionals when required.

People told us staff were kind, caring and showed them respect. People's dignity and privacy was respected and they were able to make choices about how their care was delivered. People's independence was promoted.

People had involvement in planning their care. Where changes to people's care was required we saw the provider responded appropriately to these. People knew how to complain and had confidence any complaint they raised would be resolved.

People had confidence in the provider and said the service they received met with their expectations. The provider had systems to capture and respond to people's experiences and monitor the quality of the service. Staff felt well supported by the provider and they enjoyed their work.

## 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 said they felt safe. People said there was sufficient staff to ensure they received support promptly when needed. There were systems to identify risks to people and staff were aware of these, and how to minimise them. People were supported by staff who were checked appropriately before employment. People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were confident in staff skills and knowledge. Staff had a good understanding of people's individual needs and how to meet these. People's rights were protected as staff were aware how to obtain their consent before delivering care. People were supported to have sufficient food and drink. People were supported to access healthcare professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind, caring and showed them respect. People said their dignity and privacy was respected and they were able to make choices about how their care was delivered. People's independence was promoted.

### Is the service responsive?

Good ●

The service was responsive

People were involved in planning their care. People said that any changes to their needs and preferences were responded to by the provider. Staff knew what people's needs and preferences were. People were aware of how to complain and were confident that any complaint would be resolved.

### Is the service well-led?

Good ●

The service was well led

People were confident in the provider and felt the service was well led. There were systems to capture and respond to people's experiences and monitor the quality of the service. Staff felt well supported by the provider and were happy in their work.

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# Bridge Court

## **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 inspection took place on 10 June 2016 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service. We looked at any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. In addition we sought the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

During our inspection we spoke with five people and one relative of a person who lived at the service. We spoke with the registered manager and four care staff.

We reviewed a range of records about how people received their care and how the provider's personal care service was managed. We looked at five care records of people who used the service, three care staff records and records relating to the management of the service. The latter included records of spot checks carried out by managers on the quality of the service, call records, provider quality checks, complaint records and surveys completed by people.

# Is the service safe?

## Our findings

People told us they felt safe with the care staff who supported them. One person said, "Yes I'm a 100% safe, for example the staff came in at night and reminded me to shut the window as I was on the ground floor". Another person said, "I feel safe as I know the staff are in the office". A third person said, "The staff reply to you at the press of the pendant [call button] and you tell them what you want and they say they are coming". A fourth person said, "I'm perfectly comfortable and safe here, you do feel safer with the staff around".

The registered manager and staff had a good understanding of what potential abuse looked like so they could recognise how to protect people from harm. Staff knew how to escalate any concerns to ensure people were kept safe. The registered manager had demonstrated their awareness of local procedures for protecting people by alerting the local safeguarding authority when they had concerns about potential abuse. This indicated systems were in place to ensure that any allegations of suspected or actual harm would be promptly and appropriately escalated

We found there were sufficient numbers of staff available to keep people safe. People told us staff arrived at the times they were expected. One person said, "They come in the morning usually around the same time and if you need them all you do is buzz and they are here". Another person said, "The staff come at a certain time and that fits with the time I want, they are never late". A third person said, "I get the service I want when I want it". A fourth person said, "I Have a bell and when I have used it staff have come quickly". Staff told us if people's dependency increased the senior staff would get more involved in people's personal care and when needed the registered manager had called in bank staff to ensure enough staff were available. This showed staffing levels reflected people's changing dependencies and the provider had appropriate systems in place to cover for staff absence

The staff told us how calls were planned and they had daily allocation sheets telling them which people's care calls they were responsible for. The staff said these allocation sheets were updated on a daily basis. One member of staff said this allowed them to, "Know what we are doing". They told us this ensured they knew when people needed their care calls and had sufficient time to spend with people. People we spoke with told us they always received their calls when needed and if staff were delayed they called them on their intercom so they would be aware of any delay. They said their care calls from were rarely late. One person told us, "Staff would let us know if there was a delay". This showed that people were confident their care calls were timely and if there were delays they would be informed of any changes to the times of these calls.

We looked at the provider's staff recruitment systems and found these made sure that the right staff were recruited to keep people safe. We saw that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. We spoke with staff who confirmed that these checks had been completed before they started work at the service. These checks made sure the right staff were employed to keep people safe.

Assessments were undertaken to assess any risks to people and to the staff who supported them. This included environmental risks and any risks due to the health and support needs of people. For example where people may have been at risk due to the environment suitable aids had been considered. One person told us how they had been provided with aids that allowed them to be more independent with less risk of falling. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example we saw risk assessments reflected risks to people due to specific health conditions and how these could be minimised. One person told us they had epilepsy and, "Staff do understand" what risks this presented and how to keep them safe. Another person said, "Staff look out for things that may be a risk". This showed risks were considered and action taken to promote people's safety.

People were happy with the support they received with their medicines, and they said they received these in a safe way. The majority of the people we spoke with were able to take their own medicines but they told us how staff assisted them to do so independently. They said the level of support they were provided reflected what they wanted. For example one person said staff reminding them when they needed to take their medicines was helpful. Staff we spoke with were able to tell us how they administered medicines in a safe way. We looked at some people's medicine administration records (MARs) and found that these were accurately completed, and reflected the stock of medicines people had. We saw the registered manager had carried out competency checks on staff while administering medicines. This showed people medicines were managed safely.

## Is the service effective?

### Our findings

People said staff always asked if they were in agreement and consented before providing any care or support. They said they had discussion with the registered manager or senior staff about their consent and agreement to the planned care and support they received. The registered manager and staff were able to tell us how they would ensure they acted in accordance with 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. Staff confirmed what their responsibilities were in respect of the MCA and how they gained people's consent prior to any care and support they offered. Staff told us they would give people support to make decisions. One member of staff said as an example, some people may not understand the need to wear a coat outside when it was cold and they would, "Give the person the support" to make an informed decision. Staff told us they had received training in the MCA which helped them understand the importance of gaining people's consent. This showed staff were aware of their responsibilities under the MCA.

People said their care was provided by staff in a way that allowed them to be confident in their staff skills and knowledge. One person said, "They [the staff] are very good". Another person said, "Staff are quite good, quite obliging and helpful". They also told us about staff they thought were, "Quite clued up". A third person said, from their experience staff were able to do their job well. Staff told us they were well supported by the provider with regular training and they felt supported to do their job well. We saw the provider had a robust system for monitoring the training staff needed, ensuring they received updates so their skills and knowledge were up to date. The registered manager told us that all care staff held a vocational qualification in care, this confirmed by training records. We spoke with a recently employed member of staff who told us their, "Induction went really well" with "Two weeks shadowing" more experienced staff. We saw their induction to the service was documented in an induction workbook and this tested out staff knowledge of fundamental care standards. This was through use of written question sheets and observation of their practice. Staff told us they had regular one to one supervision meetings, appraisals and their competency was checked by the registered manager or seniors through spot checks. Staff said this meant they received the support they needed to understand their roles and responsibilities. This showed staff were supported by the provider to gain the knowledge and skills required to support people.

People were happy with the support they had to eat and drink. People told us the support they needed with meals and drinks varied dependent on their individual circumstances, but staff had a good awareness of their needs. One person told us staff were aware of their dietary needs due to their living with diabetes and provided appropriate food and drink in accordance with their requirements. The person said staff were aware of the importance of support to ensure they had food and drink at regular intervals. Another person told us how staff would always prepare their meals in their flat if they chose not to have the meal available in the communal dining area. People told us they also had access to meals from a centralised kitchen facility within the scheme. We did see however when people chose to have their meal in their flat, staff would bring their meal to them. This showed people had the support they needed to have sufficient food and drink.



People said staff were observant of any changes in their health and supported access to health care services when this was required. One person told us if they were unwell staff, "Would get the doctor". Another person told us how the staff worked with community health care services so they received the correct health care support. For example they understood when staff were unable to support them due to a need for district nurse input, such as with changing dressings, they were confident staff would ensure the nurses were promptly informed. Staff we spoke with recognised what they should look out for in respect of monitoring people's health, and any action they should take. We saw this was reflected in people's records, where concerns about people's health were shown to be escalated appropriately, for example where they were concerns about people's fragile skin action was taken to involve other healthcare professionals. This showed that the provider ensured people's health care needs were monitored and people were supported to access health care services when needed.

# Is the service caring?

## Our findings

People said staff were consistently kind and caring. One person said they could, "Always have a laugh and a joke" with staff and, "They are alright, they are caring". Another person said, "The staff working here are very good". A third person told us, "All the staff are very nice, no problem with any of them" and the staff were kind. Another person said the staff, "They are marvelous in what they do, do get the impression the staff are genuine".

People told us they had good relationships with the staff who visited them. One person said, "I know all the staff" and "I do see quite a lot of certain carers, I know them all well enough now". Another person told us, "Any new member of staff is introduced to you and they go round with an existing member of staff". We saw one of the newer staff working alongside a more experienced member of staff on the day of the inspection. People also told us they were happy with the gender of the carer that supported them. This showed people were supported by staff they knew well.

Staff understood the importance of communication and talking to people about the care they provided. For example staff understood some people may need additional time and support to understand and discuss choices staff gave them. People told us staff spoke with and listened to them before and during providing care, this meaning they had choices about how their care was provided. One person told us staff understood how they were feeling, and how to respond to what they told them. They said, "You can have a serious conversation and a happy smiley conversation, sometimes if you are down they can pick you up and make you smile". We saw occasions where staff spoke with people and this was done in a way that was appropriate and on a number of occasions we saw people responded to the staff with smiles, and presented as comfortable in their presence. This showed staff understood the importance of communication with people.

People told us the staff treated them with dignity and respect. One person told us, "Staff ring the bell, knock and then open door and ask if they can come in". Another person said, "Staff always ask permission". We also saw this reflected in staff's approach when they went entered people's flats, for example we saw staff were polite and spoke to people in a way that met with their expectations. Everyone we spoke with said staff would always knock the door and let them know who was there before entering. This showed people were shown respect and treated in a dignified way by staff.

People consistently said that staff were all polite, friendly, showed them respect and considered their privacy. We saw staff were polite and considerate in all the conversations we saw they had with people. Staff we spoke with were able to tell us of ways in which they promoted people's privacy and dignity. For example, staff told us they how they took care when assisting people to wash to ensure doors were shut, and they covered them with towels to preserve their dignity and privacy when helping them wash. This meant people's privacy and dignity was respected.

People told us staff helped them be more independent. One person said, "I Still have my independence, staff don't interfere unless I ask them and sure they would help if I asked them". Another person said, "I try to be

independent, not looking for staff support but sometimes I need it, but staff are very good and do not try to take over". This meant people's independence was promoted.

## Is the service responsive?

### Our findings

People told us assessments of their needs and personal requirements were carried out prior to the commencement of the service. One person said the registered manager visited them before they moved into Bridge Court and completed an assessment of their needs and personal requirements. A person's relative told us before their family member came to Bridge Court there was a, "Full assessment and social services were involved". People told us they were given information about Bridge Court and the care service that was available before they moved in. They also confirmed their personal requirements were discussed and the care plans they agreed reflected these, for example people told us they had agreed how and when they would receive support from staff. We saw this information was recorded in people's care records, and people we spoke with confirmed the plan's accuracy. Staff told us they were able to read initial assessments of people's needs and preferences so they could provide people with care they had agreed when they were assessed by the registered manager. These showed people were involved in planning their care before they moved into Bridge Court and agreed what this support would be.

We talked through three people's care plans with them and they told us the care they received was as documented in their plan. People told us they were involved in planning and agreeing their care. One person told us they were involved in planning their care, "It's what I want". One person said they were going to ask about some changes to their planned care but had not discussed this with the staff at the time we spoke. They did say they were confident the changes would be addressed when they raised them. People were able to show us they had copies of the care plans and assessments they had agreed with the provider. Some people told us as they received the care they wanted, and were able to share their views; they were not too interested in their records. The registered manager told us they would review people's care at least every six months or more often if there were any changes. People told us their care was reviewed by staff when there were any changes in their circumstances. Staff were able to demonstrate a good awareness of people's needs and preferences, which reflected what we saw written in people's records. This showed the provider had systems in place to ensure they were responsive to any changes in people's needs.

People told us they knew who to complain to and were confident that any complaints would be addressed by the service. People also told us they were aware of the provider's complaints procedure, which some told us they had copies of. We saw the complaints procedure displayed in communal areas of Bridge Court. One person told us that, "If staff did anything I did not like I have the confidence to say something" and they said they were confident any complaint would be resolved. They said, "I do believe in making a complaint, just get in there and say what's what". They said any concerns they raised would be listened to by staff. Another person said, "If there were any problems they [the registered manager] would sort these out". A relative told us, "I can phone anytime with any concerns, and they will definitely sort these out". The registered manager told us there had been no formal complaints received in the last 12 months but told us any received would be treated seriously, investigated, and the complainant involved in any resolution. This showed that people's complaints would be listened to, and addressed by the provider.

## Is the service well-led?

### Our findings

People told us they thought the service was well run and they were satisfied with the care they received. People we spoke with knew who the registered manager was and said they saw them often, and knew how to contact them. They also expressed confidence in other senior staff with whom they said they had regular contact with. The registered manager demonstrated a sound knowledge of the people's needs and their responsibilities as a registered manager.

The provider had a number of ways in which they gathered people's views. For example people told us they had received surveys forms from the provider to ask for their views of the care they received. We saw the provider had written to people to tell them of the outcome of the last survey, in 2015 to tell them what the findings were. We saw the majority of people who received personal care had said they were satisfied with the quality of the service they received, and it allowed them to live independently. People also told us they attended tenants meetings where they would discuss the service and any concerns people may have. One person said, "We are happy with things". People did express confidence in making suggestions and said these would be responded to by the provider. One person told us if they had suggestions they would talk to the registered manager who they were, "Comfortable talking to and was perfectly approachable". This showed people were able to share their views about the service they received.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service was managed and told us the management were available when they wanted to talk to them. Staff said the registered manager, "Is definitely approachable, no concerns, no member of staff that is not approachable, good teamwork". They also said, "You can speak freely" and felt they were able to be involved in the development of the service. Staff told us they felt able to raise concerns by speaking to the registered manager or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization that is either private or public. This meant staff felt well supported and able to share their views with the provider.

We saw the provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw changes to people's care, and any risks that presented were recorded and monitored for trends and patterns, to inform how these risks were managed. For example accidents and incidents were recorded and examined for any possible trends that would help improved people's safety. We saw copies of regular audits the registered manager completed, and documented records of provider visits where they checked on the quality of the service. We found the provider had identified some areas where the registered manager would be able to make improvements, for example to ensure staff were more careful in ensuring records were clear and accurate. The registered manager showed us how these findings had led to a targeted action plan that they were expected to address, and was based on what we found, addressed in respect of activities related to people's personal care. The registered manager said the provider monitored how they were addressing areas this action plan on a regular basis. They also added they had received good support from the provider. This showed the provider, was proactive in finding areas where there was scope for improvement in the service people

received, with clear targets setting out how and when these would be achieved by.

We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so.