

Ryedowns Limited

# Bridge House Care Centre

## Inspection report

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Date of inspection visit:  
30 August 2022

Date of publication:  
07 October 2022

## Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bridge House Care Centre is a residential care home that provides personal and nursing care for up to 35 people, mainly older people, some of whom were living with dementia or had other physical or mental health conditions. The service was supporting 35 people at the time of our inspection.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed and monitored and any professional advice was incorporated into care plans with clear guidance for staff to follow. People's health care needs were met and people were supported to attend appointments with professionals. People received a choice of food and drink and their risk of malnutrition and dehydration was reduced by staff. The premises were adapted for people with dementia to help them orientate around the home.

The registered manager was new in post and had made improvements to the service such as to checks and audits of the quality of care. A range of audits were in place covering all aspects of the service including staff support, medicines management and health and safety. The registered manager communicated well with people, relatives and staff and constantly gathered feedback as part of monitoring and improving the service. The provider worked closely with other health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was requires improvement (report published 5 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on the previous breach of the regulation relating to consent. We inspected 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service effective?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Bridge House Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Bridge House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we looked at the information we held about the service. This included previous inspection reports and notifications providers are required to send us about significant events that take place within their services. 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.

During the inspection

We spoke with three people who used the service, three care workers, the registered manager and administrator and the chef. We carried out observations of staff supporting people. We also looked at three people's care plans, two staff files and other records relevant to the management of the service such as audits.

After the inspection

After the inspection, we looked at additional evidence we had asked the provider to send us. We also spoke with the registered manager and operations manager for further clarification.

# Is the service effective?

## Our findings

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

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

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found people were sometimes deprived of their liberty without the correct legal processes being in place. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found the provider had improved and were no longer in breach.

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.

- The provider applied for DoLS for those people who required being deprived of their liberties to remain safe and made arrangements if anyone required urgent authorisations. The registered manager tracked all applications using a spreadsheet. The spreadsheet also made note of any conditions of people's authorisations and the registered manager ensured they were met.
- The registered manager carried out capacity assessments where it was suspected people lacked capacity to make some specific decisions.
- The provider followed best interest processes in line with the MCA in relation to these decisions. The purpose of such meetings is for relatives, staff and any professionals involved in the person's care to decide which decisions are in people's best interests.
- Staff were trained to understand the MCA and use it in their daily work, we found staff understood their responsibilities in relation to this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they came to live at the home by reviewing any professional reports and inviting the person and relatives to view the home in person or remotely. Once the person was

admitted, the provider gathered more personal details such as their preferences and background. The registered manager told us they were reviewing their assessment process to gather more person-centred information prior to admission to be sure their needs would be met from the point of admission.

- Care plans were written based on the key information gathered during the assessment process and care plans were robust with clear guidance for staff on reducing risks.

Staff support: induction, training, skills and experience

- Staff received regular training in relation to their role such as dementia, health and safety, moving and handling, infection control and food hygiene. The provider employed an in-house trainer who provided regular training with additional support for staff who required this. Specialist training was available for staff and staff were supported to complete diplomas in health and social care to further their knowledge and skills.
- New staff were supported to complete a nationally recognised qualification in care, the care certificate, to help them understand their role and responsibilities.
- Staff received regular supervision and annual appraisal to check they carried out their responsibilities well. Staff told us they felt supported by the provider.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received choice of food and individual risks were assessed, recorded and managed following advice from professionals. Staff monitored people's weight and eating and drinking and encouraged intake to reduce risks.
- The registered manager told us they planned to improve the dining experience further by gathering feedback from people on the provision of meals and food, using this to review the menu more often.
- The provider used an online system to get medical advice and urgent medical attention at any time day or night. This helped ensure people received the right medical attention at the right time.
- Staff supported people to see healthcare professionals when needed, including both specialist health services and regular healthcare such as dentist visits. Any specialist advice was included in people's care plans and followed by staff.

Adapting service, design, decoration to meet people's needs

- The provider adapted the environment to be dementia friendly with the use of colours for bathroom and bedroom doors and pictorial signs to help people navigate. People had photographs of themselves outside their bedroom doors to help them recognise their rooms. People could choose the colour of their rooms and the home was in a good state of repair. Pictures around the service were selected to help people remember their past. People could also spend time in the well-kept garden.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection the provider followed their action plan to improve in relation to the concerns we identified. For example, the provider now monitored DoLS applications closely and explored gaps in employment records so this was no longer a concern as it was at our last inspection.
- The registered manager was new in post but was an experienced and knowledgeable manager and they kept their training up to date as a registered nurse. Since they began their role they spent time reviewing the service and making improvements such as to audits and checks of the quality of care. A range of audits to assess and monitor medicines management and health and safety were also in place to improve care.
- The registered manager was well supported by senior staff and their staff team. Staff had a good understanding of their roles and responsibilities. The registered manager attended regular meetings with other managers in the organisation to share learning. The registered manager and staff engaged in frequent training on a range of topics to keep themselves up to date with best practice.
- The provider submitted notifications to CQC of significant incidents as required by law. However, the provider had not always sent CQC notifications of the outcomes of DoLS applications promptly but they rectified this after this inspection. The provider displayed their rating in the service as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered promoted a positive culture with person-centred care plans and regular meetings to gather feedback from people about their care. People also had individual meetings where staff engaged with them considering any equality characteristics. The registered manager had an open-door policy and encouraged people and relatives to speak with them about any concerns.
- The registered manager had frequent meetings with their staff, including daily meetings, to aid good communication and help people receive good quality care. Staff also received regular supervision and felt well supported.
- The registered manager understood and followed the duty of candour in responding to issues openly and honestly, apologising if the service was at fault.

Working in partnership with others

- The provider worked closely with GPs and other health and social care professionals involved in people's

care such as the local hospice and district nurses, and also the local church.