

Elysium Neurological Services (Badby) Limited

The Bridge Care Centre

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

The Bridge Care Centre is a care home providing personal and nursing care for up to 40 adults. People accessing the service are living with a neurological disorder and or a physical disability. At the time of inspection 24 were staying at the service.

The Bridge Care Centre is a large, purpose built home providing accommodation over four separate units, each supporting up to ten people and all having their own adapted facilities.

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

People and their relatives were happy with the care and support they received from the service. One person said, "I am definitely safe and well cared for here." One relative said, "[Person] feels safe. This is the most responsive team [Person] has had, they [Staff] are empathetic, very intuitive at recognising and trying to understand [Person's] needs."

Staff supported people to be as independent as possible whilst ensuring they remained safe and well. There was a proactive approach to assessing and managing risk which allowed people to rebuild their life whilst living with neurological disorders and physical disabilities. One health professional said, "Staff interact genuinely with people, they are very motivated to provide the best possible care and achieve people's outcomes."

Medicines systems were organised, and people were receiving their medicines when they should. The service was following national guidance for the receipt, storage, administration, prompting and disposal of medicines.

Staff were skilled and knowledgeable in the care and support people required. They provided flexible care and support in line with a person's needs and wishes. Staff worked alongside a range of health professionals to provide people with a better quality of life, supporting them to develop in areas such as communication, social interaction and independence.

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.

The management structure in the service ensured people and staff had access to, and support from, a competent management team and specialist therapists. The provider monitored quality, sought people's views and planned ongoing improvements.

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

Rating at last inspection

The last rating for this service was good (published 5 September 2019).

Why we inspected

We received concerns in relation to the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Bridge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Bridge 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 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

Two inspectors, a specialist nurse and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Bridge Care Centre 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 Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with nine members of staff which included the registered manager, charge nurse, registered nurses, occupational therapy lead, therapy assistant, health care staff and the maintenance officer.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke by telephone with 11 relatives and five external health professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the services provided. One person said, "I am definitely safe and well cared for here." One relative told us, "[Person] is very safe. The care and interest staff show [Person] is exceptional. They have put a full plan in place to support [Person] and that makes [Person] and myself feel safe.
- Staff had a good understanding of their responsibilities and told us they would not hesitate to report any safeguarding concerns to the management team. They were confident action would be taken to keep people safe.
- The service worked with a wide range of health professionals to ensure people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Care records were up to date and reviewed to ensure they reflected people's current health needs. Staff were provided with clear guidance on the actions they should take to manage and support people's health needs. One person told us, "Staff have been really good here. They have spotted any breakdowns in my skin straight away. My wounds are doing really well. They are really on top of their game."
- One external health professional told us, "Staff have a good awareness of potential risks and take appropriate action to prevent or minimise their impact on people. For example, they have introduced 24-hour postural management programmes for people."
- The service has their own multi-disciplinary team (MDT). This consisted of occupational therapists (OT's), physiotherapists, speech and language therapist (SALT) and psychologists. They all worked alongside health care staff to ensure people's individual and complex health needs were assessed and any specialist support and equipment provided. Staff received extensive training from this team which ensured the best outcomes for people and safe use of any equipment.
- The provider had robust contingency plans in place to support people in emergency situations for example, recent staffing shortages during COVID-19 and safety of the building.

Staffing and recruitment

- The provider had a robust recruitment process which helped to minimise risks to people. All staff were checked before they began work for the service to ensure they had the appropriate skills and character to work with people.
- We received mixed views regarding staffing levels at the service. People told us, "The staff are so busy they could do with more [on duty]" and "There are not always enough staff. Staff have had to isolate and then

they send in agency staff and they don't always know where things are." One visiting health professional told us, "There always seem to be enough staff on duty and they are always up for a challenge and receptive to requests for change."

- The registered manager provided rotas to show agency staff have been used during the pandemic. This was to cover health care assistants' roles and not nursing staff. Agency staff are block booked and the provider ensures they only work in this service, receive COVID-19 testing and specific health care training alongside permanent staff. Recruitment is ongoing to fill these vacancies.

Using medicines safely

- Medicines were managed safely.
- Where people required help or prompts to take their medicines, staff had received specific training to offer this support in line with national guidance.
- Staff kept accurate records of when people's medicines were received, administered, prompted or refused.

The management team monitored records to ensure people received their medicines as prescribed and action was taken to review medicines when needed. One relative told us, "I have been involved in reviews about [Person's] medicines. Staff keep us updated on any changes."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Effective arrangements were in place to learn lessons from when things went wrong.
- Where accidents and incidents occurred, the management and therapy team would look at these, learn lessons from them and ensure any changes required were shared with the whole staff team.

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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's health needs were fully assessed before they moved to the service. This ensured the service was able to meet people's complex needs. One external professional working with The Bridge told us, "Our discharge co-ordinators have been really impressed at the commitment of The Bridge and their management team when we have looked to discharge people to there. Their MDT participate in the discharge process and travel to our [specialist service] to get face to face handovers from our own MDT."
- People received care and support in accordance with their assessed needs because the staff team clearly understood the importance of dynamic care planning to meet people's continually changing health needs.

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.

- Care plans clearly set out the support people needed to make decisions regarding their care needs.
- Where people lacked mental capacity to make specific decisions about their care and treatment, procedures were in place to ensure these were made in the persons best interests and involved all professionals and people important to the person.
- Staff worked in a way which respected people's wishes. People were supported to take positive risks which supported them to regain independence.

Staff support: induction, training, skills and experience

- People were supported by a staff team who were highly skilled, knowledgeable and experienced in the support they required. One person told us, "The Bridge was recommended to me by my specialist. They told me it was the best place for me as they have specially trained spinal injury staff."
- Staff had regular assessments of their competency skills in areas such as the care of people living with a tracheostomy and or percutaneous endoscopic gastrostomy (PEG).
- Professionals working with the service told us staff training was of the highest standard. The registered manager evidenced how staff were supported to attend external training to enhance their knowledge and skills with the most up to date practices.
- New staff completed an in-depth induction programme when they began work which included working alongside experienced staff and the therapy team.
- All people and staff said the management team were approachable, supportive and were always available if they required advice or support. One member of staff told us, "[Registered manager's name] is by far and away the best manager I have had".
- Staff were supported through regular supervision, appraisal and clinical updates.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us the food was home cooked, nutritional and they had a choice. One person said, "I don't think there is anything they could improve. Perhaps that they feed me too much as I have put weight on!" One relative said, "The food is very good. They are very good at supplying things that [person] likes. They can choose where they want to eat their meals."
- People's weights were closely monitored. Where people were at risk of losing weight, this was assessed by the speech and language therapist (SALT) and individual plans put in place to ensure the person received appropriate meals and drinks.
- Staff were observed to respectfully support people with their nutritional needs as required. This included where people's food and drinks were required to be administered through their PEG.
- Kitchen staff had completed training to meet people's needs. The cook was fully aware of people's individual dietary and nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with a wide range of health professionals who specialised in the care of people living with neurological disorders and or physical disabilities. This ensured people received seamless and joined-up care to achieve their best outcomes.
- One relative told us, "I feel staff have taken their time to understand [Person's] needs. The MDT's all work together. I have a 'go-to' person who can tell me about the whole picture. This is the first service in ten years where I feel they care for me too and I don't feel on the outside. They involve me in goal setting because they know how this affects my life too."

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

- The Bridge is a purpose-built care home. Each area has their own adapted communal area for people to use. There is also a therapy gym, hydrotherapy pool and adapted kitchen to support with daily living skills development.
- People's individual preferences, culture and support needs were reflected in the environment. One health professional told us how staff had, "Adapted the environment to support a person's regulation of their sensory needs."
- People's bedrooms had been decorated to specifically to their individual taste.
- Risks in relation to the premises were identified, risk assessed and well managed.

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 good. At this inspection this key question has remained the same.

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

- People benefited from a service run by a management team who were committed to continual service development and improvements.
- Quality assurance systems were in place and used effectively to monitor the service. Audits and competency checks were completed on a regular basis by the management team. Regular spot checks and reviews were in place to ensure high standards of care were delivered in line with national guidance.
- Care records were reviewed by both the management team and external health professionals involved in people's care to ensure their needs were being met. One health professional said, "From entering The Bridge and speaking to staff you know it is well run and that gives me confidence."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People received care which was extremely personalised to their individual needs and focused on their recovery and outcomes.
- Partnership working supported people to have positive experiences when moving to and from hospital and rehabilitation services. One health professional told us, "The Bridge is such a fantastic facility to support people in stepping down from hospital and going home. Staff are passionate about getting things right and making sure people have a seamless transition from hospital, to The Bridge, to their next home. It's a privilege to work alongside such a caring staff team."
- The management team had established links with a range of external health professionals, organisations and the wider community which people benefitted from.
- The service worked closely with Advocates and a local solicitor to get people the right support. Advocates help ensure that people's views and preferences are heard.

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; Continuous learning and improving care

- The management team understood their responsibilities under the duty of candour and were open and honest about where lessons needed to be learned following any accidents, incidents or complaints.
- Feedback from people, relatives and professionals involved with the service told us it was of a consistent, high-quality. One relative said, "I have never had such amazing support. Letters and updates are sent out. I

get regular phone calls, communication is great."

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

- People and their relatives told us communication between themselves and staff was good and how they were supported to be involved in the running of the organisation. One relative told us, "I get involved in talking to staff at training and conferences about brain injury and the effect of loss on the family. Staff listen to me and ask me what they can learn from me to improve care for people at The Bridge."