

Bridge House (Elmwood) Limited

# Bridge House Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bridge House is a residential care home providing personal and nursing care to up to 66 older people. At the time of the inspection there were 48 people living at the home. The care home accommodates people across three separate floors, each of which has separate adapted facilities. The first floor supports people who need residential support. The second floor supports people who need nursing care. The third floor supports people who are living with dementia.

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

Significant improvements had been made since the last inspection which had resulted in better outcomes for people using the service.

Medicines were managed safely. People received the right medicine at the right time.

People received safe care. Risk assessments were in place to support staff in knowing how to manage any identified risks to people. Staff knew the processes to follow to manage any allegations of abuse.

Systems were in place to manage the risk of spread of infection within the home.

Care records detailed information about people's needs and preferences and people were involved in making decisions about their care. People's health care and nutritional needs were well managed.

People were complimentary of the care and support they, or their relatives received.

Recruitment processes ensured staff were suitable to work in the care service. Staffing had been reviewed and new positions had been introduced to make sure people's needs were met effectively. Staff were trained and said they felt well supported in their roles. They had the required skills to meet people's needs.

The service was well run. There was a new management team in place who worked together to ensure improvements were made and sustained. They promoted good practice and worked alongside the staff supporting them and making sure the quality of care was maintained.

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 inadequate (published 28 September 2021).

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.

This service has been in Special Measures since September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced inspection of this service on 18/08/2021 and 06/09/2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The breaches were in relation to Safe care and treatment, Safeguarding service users from abuse and improper treatment, Staffing and Good governance

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

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 Inadequate to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridge House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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 safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Bridge House Care Home

## 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 Health and Social Care Act 2008.

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

#### Service and service type

Bridge House Care Home 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 did not have a manager registered with the Care Quality Commission. Two managers were in place and both were in the process of application to CQC for registered manager status. This means that the provider was 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. Inspection activity started on 10 January 2022 and ended on 31 January 2022. We visited the service on 19 January 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We observed care and support in communal areas. We spoke with two people who used the service and five relatives about their experience of the care provided. Many of the people using the service at the time of our visit were not able to tell us about their experience of care at the home but we made observations of care in communal areas. We spoke with ten members of staff including the operations manager, managers, unit supervisors, and care workers. We reviewed a range of records. This included seven people's care records and multiple medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines issues identified at the last inspection had been fully addressed and we found medicines were managed safely across the home. Medicines were administered safely, at the correct time and in a person-centred way. Medicines issues, including findings from audits, had been dealt with appropriately to make the necessary improvements.
- All medicines were stored safely in a clean and tidy environment.
- Competencies and medicines training had been completed by all staff handling medicines.
- Good communication was seen between the Home and outside agencies such as nurses, GP's and pharmacies to make sure medicines were managed safely.
- Medicines that needed to be given covertly (hidden in food or drink) were given safely and appropriate paperwork was in place.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At the last inspection the provider had failed to make sure systems were in place to demonstrate risk to people's health and safety were effectively managed. This contributed to the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety had been assessed. Detailed plans to manage the risks had been put in place and care plans reflected the information contained in the risk assessments.
- Where people had been assessed as nutritionally at risk, action had been taken. For example, for one person assessed as losing weight, medical support had been requested. This included GP and speech and language therapy (SALT). Fortified meals were provided, and weight monitored closely.
- Risks to people's skin integrity were assessed and detailed care plans put in place. Documentation included details of pressure relieving equipment used, including correct settings for

mattresses. Wound care management records were robust and reflected the detail in the related care plan.

- Risk assessments and related records were checked as part of the auditing system.
- Auditing of risks to people's health and safety and environmental safety had been improved following the last inspection with new robust systems introduced. This included audits at unit, managerial and provider level.

### Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to make sure robust systems were in place to ensure people were protected from abuse and neglect. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Following the last inspection, the new management team had completed a review of all records relating to incidents which could have put people at risk and had worked with the local authority safeguarding to address these.
- An audit of management of safeguarding had identified a need for review of the safeguarding policy and this had been completed.
- The management team reported that the introduction of a supernumerary role of unit supervisor had greatly improved the reporting of potential safeguarding events.
- Referrals to the local authority safeguarding team had been made appropriately. When we identified that these were not always being notified to CQC, the management team took immediate action to make sure this was done and made an addition to the audit process to make sure this was checked.
- Staff told us they had received safeguarding training and were clear in what actions they needed to take if they felt someone was at risk. Staff recognised signs someone might display if they were being abused.

### Staffing and recruitment

At the last inspection we found systems were either not in place or robust enough to demonstrate there were enough staff deployed to care for people safely. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection a new dependency tool had been introduced to assess staffing levels needed in relation to people's needs. Up to date dependency tools were displayed on the units and one of the unit supervisors said the managers reviewed this regularly and were very open and transparent about it.
- Two managers were in place and new supernumerary roles had been introduced including a clinical lead and unit supervisors.
- Some people expressed concern about the use of agency staff. However, the provider was proactive in relation to recruitment of staff. This included successful recruitment days at the service.
- Staff told us there had been real improvements. One said, "its lovely as we can give the care we are meant to give". Another staff member said, "Management are working with us. Got an extra person between 8am – 2pm to help with mornings. Staff asked for this and were listened to."



- People said, "(Relative) is very safe, it's the regular staff more than anything else. I have no fears for (person)" and "I feel safe here because there is someone around".
- Systems for safe recruitment of staff were in place with all required checks completed before staff started work.

#### 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were complimentary of the care and support they, or their relatives received. One person told us staff were "Always friendly and caring and helpful." A relative of a person who had moved into the home from another service said, "It's so different here. They (staff) love (person) and (person) loves them."
- One relative, who had previously been concerned about the quality of care at Bridge House said, in an email to the provider, how much they had looked forward to telling CQC how much the service had improved. They said, "I know you (the provider) do everything possible to make (relative) feel safe, comfortable and cared for. For the last few months, I've noticed a lot of positive changes. I feel my (relative) is in safe, capable and kind hands from the carers to the nurses, I can honestly say that there's nowhere else I would want my (relative) to be."
- Staff told us about how the management changes had enabled them to provide people with the care and support they needed. Their comments included, "Its very person centred" and "I feel very proud of the work that has been done."
- People's privacy and dignity was respected. An example of this was the use of pictures of different flowers on people's bedroom doors to indicate to staff such as the person being COVID positive or that a DNACPR was in place.
- Care plans included examples of staff respecting people's dignity. One care plan described the person as 'private and proud' and instructed staff to make sure their dignity was promoted.
- Staff spoke about promoting people's independence and referred to the positive impact of their recent training in 'Positive behaviour support'. One member of staff spoke about making sure people were supported to retain their skills.
- Staff interactions with people were kind, supportive and respectful.

Supporting people to express their views and be involved in making decisions about their care

- Care plans reflected the involvement of the person. They were person centred and reflected the person's choices and preferences in relation to the care and support they wanted to receive.
- We saw people's care was delivered as detailed in their care plans.

# 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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership had not always been consistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

At the last inspection the provider had failed to have in place effective governance systems to make sure people were not placed at significant risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Since the last inspection the registered manager had left the service. A new management team had been put in place including two managers, a clinical lead and a new operations manager. Both managers had submitted registered manager applications to the CQC.
- The position of supervisor for each of the three units had been introduced to provide additional oversight and leadership for the individual units and support the senior management team.
- New and robust systems of auditing quality and safety within the service had been introduced. This included audits at unit level, manager audits and provider level audits.
- Audits included an in-depth review of people's care records, medicines management, staff recruitment and training and environmental safety. Where audits had identified the need for change or improvement, this had been actioned.
- Effective systems to assess and manage risks to people and improve the quality of care had been introduced and maintained. Risk management was included in the new auditing system.

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

- The new management team had introduced an approach to care planning that demonstrated the involvement of the person or, where appropriate, their family. Care plans were detailed, person centred and regularly reviewed to make sure they reflected people's current and changing needs.
- Questionnaires were used to gain the views of people living at the home and their relatives about all aspects of care and support. The results of a recent survey were very positive.
- Staff were unanimous in their praise of the new management team. One said, "They are amazing, I have

never had a manager that listens to us as much." Another staff member told us, "It's amazing. It works so much better. The management are keeping us involved in things. Staff are so much happier. The negativity has gone." A third staff member said, "Management are more approachable. They will try find a solution. Your opinion is heard. No question is too silly."

- People and their relatives also praised the new management team. Their comments included, "They are a breath of fresh air and very approachable." "I know (manager) she's lovely and is always willing to chat."
- People and their relatives felt more involved and included. One relative said, "(Manager) keeps us informed now. There's a wind of change. They encourage us to email in."
- People told us they would be happy to speak up if they had any concerns or something was wrong.

Continuous learning and improving care: Working in partnership with others; 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 new management team had worked closely with the local authority and Clinical Commissioning Group (CCG) to make and sustain improvements as detailed in the action plan they produced after the last inspection.
- The management team understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things went wrong. When, during the inspection, we identified a small gap in reporting, action was taken immediately to address this and to make sure it did not reoccur.