

Mr Akintola Olapado Dasaolu

# Bridlington House

## Inspection report

4 Bridlington Avenue  
Hull  
Humberside  
HU2 0DU

Tel: 01482217551

Date of inspection visit:  
05 November 2019

Date of publication:  
05 December 2019

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bridlington House is a residential care home providing personal care to 12 adults at the time of the inspection. The service can support up to 22 people with mental health needs. Accommodation is provided within a house and annex.

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

Quality monitoring of the service still required improving in some areas to ensure the home remained a pleasant place for people to live in.

We made recommendations in the well-led section of this report about introducing systems to ensure timely quality monitoring is undertaken and advice provided regarding fire safety is acted upon.

Minor environmental issues found during the inspection were addressed. Medicine management was robust. People were protected from the risk of harm and abuse. Safeguarding procedures guided staff about the action they must take if they suspected abuse was occurring. People's risk assessments identify hazards to their health or wellbeing. Action was taken to reduce risks whilst maintaining people's independence and choice. There were enough staff to meet people's needs. Incidents and accidents were monitored, and corrective action was taken to prevent re-occurrence.

Staff undertook training to maintain their skills. Supervision and appraisal were undertaken by staff to develop their skills.

People had their capacity assessed and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring. They provided encouragement, guidance comfort and support to people. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

Staff supported people to meet their health and nutritional needs. People were supported and encouraged to maintain their independence, where possible. Staff worked with healthcare professionals to maintain people's wellbeing.

People felt able to raise concerns and were confident they would be addressed. A programme of activities was provided in line with people's hobbies, preferences and interests. End of life care was provided with support of relevant healthcare professionals where possible.

The registered manager was available, and they listened to and acted on feedback provided about the

service. Data security was maintained.

For more details, please see the full report which is on the Care Quality Commission (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 (published 08 November 2018) and there were multiple breaches of regulation. 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 was a planned inspection based on the previous rating. The inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridlington House 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 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was 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.

# Bridlington House

## 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.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Bridlington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

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 about 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 also asked Healthwatch for their views. 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 this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager, cook and two care workers.

We reviewed a range of records. This included two people's care records and 13 medication records. We looked at records relating training and staff supervision. We inspected a variety of records relating to the management of the service, which included policies and procedures and quality assurance checks and audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to maintenance of the environment, fire safety, quality monitoring checks and audits, staff training, appraisals and supervision. We received information from the registered manager about these areas and the action being taken to address issues found during the inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- Risks to people's wellbeing were assessed. Accidents and incidents were monitored to aid learning and prevent reoccurrence.
- Staff understood the support people required to reduce risk to their health and wellbeing. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Bed rail protectors to decrease the risk of entrapment were used, and their use remained under review by staff.
- The provider undertook advised work following a Fire and Rescue Service visit on 11 September 2019. A further meeting was scheduled to take place later in November 2019 to ensure all necessary work has been completed.
- People's medicines were managed safely. Medicine checks and audits were carried out, issues found were addressed. People's 'as and when required' medicine protocols had been enhanced to help guide the staff.
- Competency checks for medicine administration were undertaken for staff who administered medicines.
- Medicines to manage people's behaviour that may challenge the service or others were not overused.

Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 15 (Premises and equipment) 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 15.

- People's safety was protected. Safety checks had improved since our last inspection. For example, a five-year electrical safety and a gas safety certificate were in place and radiator covers were in good repair.
- Maintenance was undertaken. Environmental issues found during the tour of the service were addressed

swiftly. For example, re-painting the stairwell in an area following a leak from the roof.

- A leak in the roof of the walkway near the conservatory was to be repaired.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding training was undertaken by staff. Staff confirmed they would report concerns straight away.
- Safeguarding issues were reported to the local authority. Action was taken to prevent further re-occurrence. This information was shared with relevant external bodies.

Staffing and recruitment

- No new staff had started work at the service since the last inspection. Continuity of care was provided for people by staff who understood their needs.
- People's needs were met. One member of staff told us, "There are enough staff." Another member of staff said, "We could sometimes do with more staff. If people need help from two staff." Staffing remained under review by the registered manager.

Preventing and controlling infection

- Staff undertook training about infection prevention and control.
- Staff were provided with gloves and aprons to prevent the spread of healthcare related infections.
- The concrete laundry floor was re-painted following the inspection to ensure it could be cleaned effectively.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we made a recommendation because the provider had failed to ensure staff supervisions and appraisals were undertaken.

Enough improvements had been made at this inspection in relation to this.

- Staff deployment, skills mix, experience and knowledge had been considered by the registered manager to help ensure people's needs were met.
- Staff undertook training relevant to their role. Training in a few areas for some staff had elapsed. The registered manager nominated these staff onto relevant training courses to maintain their skills.
- Induction training was provided for new staff. The registered manager informed us there had been no new staff recruited at the service since our last inspection.

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

- People's needs were assessed. Information was sought from the person, their relatives and relevant healthcare professionals, which helped inform staff about the care and support they needed.
- People told us they were supported appropriately by staff.
- Good practice guidelines were followed, for example the General Data Protection Regulations.

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

- People's dietary needs were met. Staff assessed and monitored people's nutrition and hydration needs. If staff had concerns, people's dietary intake and weight were monitored and relevant healthcare professionals were contacted for advice.
- People requiring prompting or at risk of choking were monitored by staff. Special diets were provided.
- People's dietary preferences were provided. Choices of food were available and the cook confirmed people were given whatever they liked. People told us, "The food is great" and, "It is always nice food here. I can get anything anytime."

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

- Staff liaised with healthcare professionals to maintain people's wellbeing. People were supported by care professionals relevant to their needs.
- Staff reported changes in people's wellbeing to the emergency services, where necessary to gain help.

- Staff were aware of people's needs, risks, goals and achievements. They worked with other agencies and people's social workers or community mental health staff to support them.

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

- Improvements to the environment had been planned, this included replacing the stair carpet. Redecoration to areas where water leaks had occurred had been completed.
- People's rooms were personalised. One person told us, "I love my room. I keep it nice."
- A conservatory and quiet lounge were available for people to receive visitors. A communal lounge with a TV and a games room enabled people to socialise, if they wished.
- The courtyard was accessible, and a seated smoking shelter allowed people to enjoy their cigarette outside.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 capacity was assessed. One person had DoLS in place and one application had been submitted to the local authority for their consideration. This helped to protect people's rights.
- People confirmed staff asked for their views and sought their consent before assisting with care and support.
- Where people did not have capacity to consent to their care this was provided in people's best interests following discussion with their relatives.

# 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 the last inspection this key question was rated good. At this inspection this key question has remained the same. 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

- People were treated as individuals with kindness and compassion. One person told us, "The staff are lovely, they are caring and kind."
- Staff were friendly and demonstrated a passion for providing appropriate care and support.
- The atmosphere at the service was homely. People looked comfortable and relaxed in the company of staff and with each other. One person told us, "It's like we are a family and the staff have my best interests at heart."
- Staff understood what was important to people and demonstrated a good knowledge of their personalities and individual diverse needs.
- Continuity of care was provided by a consistent staff team who knew people well.

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

- People confirmed they made decisions about their care. Staff provided appropriate support to people.
- Staff encouraged people to express their views about the support they required and made decisions about their care. One person told us "I go through my care records with my key worker."
- Staff followed the guidance in people's care records to ensure their needs were known and could be met.
- Positive open and honest relationships had been developed between people and staff which allowed people to feel safe and express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected by staff. One person told us, "Staff knock on my door. They close my curtains when providing personal care."
- People told us staff supported them to remain as independent as possible. Their care records contained information about tasks they could undertake themselves and goals they wanted to achieve and how staff could support with these.
- Confidential information was stored securely to ensure people's privacy was maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had their needs assessed before moving into the service. Relatives and healthcare professionals were involved in the pre-admission process to help advise staff about people's needs.
- Person-centred care and support was provided for people. People were supported in line with their likes, dislikes and preferences. Their routines were known by staff. People's care records were being developed to ensure they described in detail their individual needs in greater detail.
- Choices were made by people about how they wished to live their life. Staff respected people's decisions.
- People's relatives were kept informed of their changing needs so they were aware and informed.
- Care professionals were contacted for help and advice on how to maintain people's health and wellbeing.
- People were supported by relevant healthcare professionals. One person said, "If I was unwell staff would get the doctor for me. It has happened, and I have had to go to hospital."

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 were provided with information about the service in a format that met their needs.
- Staff understood each person's preferred communication needs and style. If people had difficulty understanding what staff were saying, the information was repeated or was rephrased to help them. Staff listened and acted upon what people said.

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

- Activities were provided in line with people's interests, they took part if they wished. This included outings and people attending Church services to gain spiritual support.
- Activities were provided for people to take part in if they wished. People were able to go out in the community themselves, where they were able.
- People's life history, hobbies and interests were recorded so staff could engage with them about their interests.
- People were encouraged to maintain relationships with family and friends. Friends and relatives were invited to events and activities held at the service. Visiting was permitted between eight and ten at night. The

registered manger told us people could visit outside these times, they just needed to let staff know so they were aware.

#### Improving care quality in response to complaints or concerns

- The provider's complaints policy was provided in a format people could understand.
- People could raise complaints, those we spoke with told us they had no complaints to make about the service. One person said, "I cannot find anything wrong at all."
- Complaints were documented, investigated and resolved. Learning from issues raised had occurred. There had been no complaints received since the last inspection. Issues previously raised had been acted upon to improve the service.

#### End of life care and support

- Information about people's end of life care and their wishes were documented. This including spiritual and cultural information and if people wished to receive resuscitation. Staff were aware of this information.
- Staff sought the support of relevant healthcare professionals to provide end of life care. If their needs could not be met at the service, people would be supported in hospital or by other services.

# 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.

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent and did not always support effective quality monitoring of the service or the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure robust checks and audits were carried out. 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.

- Audits and checks were more robust in relation to medicines, accidents and incidents, staff supervision, MCA & DoLS. Some dates of audits undertaken needed adding to documentation.
- We found checks of bathrooms, shower head cleaning, bedrails, wheelchairs and window restrictors had not always occurred timely. The registered manager took action to correct this. A timetable of checks to be carried out may ensure deadlines are not missed.
- The provider had not always taken timely action to address issues. For example the stair carpet was badly worn and required replacing. This was addressed after the inspection.

We recommend the provider seeks advice from a reputable source about quality monitoring.

- Staff understood what was expected of them. Where staff performance issues occurred, corrective action was taken. For example, staff had not signed policies when they had been read.
- Staff could gain help and advice by contacting the registered manager who was on call.
- The registered manager and staff were reviewing and re-writing everyone's care records to help enhance the care people received.
- The provider submitted notifications to the Commission, as required by law.

Working in partnership with others

- The provider had undertaken most of the work requested following a Fire and Rescue Services inspection undertaken on 11 September 2019. Their representative was re-visiting the service on 25 November to review the progress made.

We recommend the provider follows current guidance from the Fire and Rescue Service.

- People confirmed staff acted to gain timely help and advice from healthcare professionals to maintain their wellbeing.

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

- The registered manager promoted a positive supportive culture at the service.
- Person-centred care and support was provided to people and staff ensured people's needs were met.
- Surveys were sent to people to gain their views. Feedback received was acted upon to improve the service.
- People were positive about the service. One person told us, "I would not want to live anywhere else. The manager always asks for my views." Another person said, "The manager is always available to me. All I have to do is knock on his door. He would listen and act on issues."
- Staff told us the registered manager was approachable, a member of staff said, "It is good working here with the staff, manger and residents."

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 understood their legal responsibilities including the duty of candour.

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

- Staff meetings were held to allow staff to engage with the registered manager and share their views for the benefit of people using the service.
- People living at the service and their relatives had the opportunity to provide feedback to the management team on a one to one basis or through resident and relatives meetings.
- Surveys were sent to people living at the service to gain their views. Feedback received was acted on.
- The diversity of people using the service and staff was celebrated and protected by all parties.
- The registered manager and staff confirmed they liaised with the local authority, when necessary to provide feedback about the service.