

Berwick Bridges Limited

# Berwick Bridges Limited

## Inspection report

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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?

Outstanding 

Is the service well-led?

Requires improvement 

### Overall summary

The inspection took place on the 26 March 2015 and was announced. The provider was given 48 hours' notice of the inspection because both the registered manager and people who lived in the home were often out in the local community. We needed to be sure that they would be in the home at the time of the inspection.

The home was last inspected in October 2013. We found they were meeting all the regulations we inspected.

Berwick Bridges provides care for up to six people who have learning disabilities. Accommodation is provided in

a purpose built bungalow which is located in a housing estate approximately one mile from the centre of Berwick upon Tweed. There were five people living there at the time of the inspection and one person was in hospital.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

# Summary of findings

People told us they felt safe. There were safeguarding policies and procedures in place. There were no ongoing safeguarding concerns. This was confirmed by the local authority safeguarding adults officer. Staff knew what action to take if abuse was suspected.

We saw that the building was well maintained and clean. Medicines were managed safely.

People, staff and relatives told us there were enough staff to meet people's needs. This was confirmed by our own observations. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at Berwick Bridges. Many of the staff had worked at the home for a considerable number of years. This experience contributed to the skill with which they carried out their duties.

Safe recruitment procedures were followed. There were some issues with the recording of the recruitment checks which were carried out. The registered manager told us that she would address these immediately.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was liaising with the local authority with regards to submitting DoLS applications for authorisation.

People told us that they were happy with the meals provided at the home. They told us and our own observations confirmed, that people were involved in the planning and preparation of meals.

People and the relatives told us that staff were caring. One relative said, "I thank my lucky stars that [name of person] is here." Another said, "It's a very friendly, caring home." A third said, "I wish she had been there years ago." People said that they were happy living at Berwick Bridges. This was confirmed by relatives. One relative said, "[Name of person] absolutely loves it and I think it's wonderful too...The atmosphere is lovely and you always get a lovely greeting when you arrive."

People were supported to maintain their hobbies and interests and housekeeping skills were encouraged to help promote people's independence. There was a complaints procedure in place. The registered manager told us that no complaints had been received. There were a number of feedback mechanisms to obtain the views from people, relatives and staff. These included meetings and surveys.

The registered manager carried out a number of audits and checks to monitor the quality of the service. We found however, that insufficient time was allowed for the dedicated leadership and management of the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe. There were safeguarding procedures in place.

We found the premises were clean and well maintained. Medicines were managed safely.

People, relatives and staff told us there were enough staff to meet people's needs. This was confirmed by our own observations. Safe recruitment procedures were followed.

Good



### Is the service effective?

The service was effective.

Staff told us that training was provided. They told us that they felt well supported and supervision and appraisal arrangements were in place.

The registered manager was liaising with the local authority with regards to submitting DoLS applications to them to authorise.

People were happy with the meals provided. We saw that the kitchen was well stocked with meat, fresh fruit and vegetables.

Good



### Is the service caring?

The service was caring.

People and relatives informed us that staff were caring.

All of the interactions we saw between people and staff were positive. We saw staff spoke with people respectfully.

No one was currently accessing any form of advocacy. The registered manager informed us that there was a procedure in place if advocacy services were required.

Good



### Is the service responsive?

The service was responsive.

People were supported to maintain their hobbies and interests. They were actively involved in the local community.

People's independence was encouraged. Care plans documented how people's independence was promoted. They also included people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Outstanding



# Summary of findings

## Is the service well-led?

Not all aspects of the service were well led.

Insufficient time was allowed for the dedicated leadership and management of the service.

The registered manager carried out a range of audits to monitor the quality of the service provided. We found that documented care plan audits were not carried out. In addition, the two directors carried out visits to check all aspects of the service. These checks were not documented. Following our inspection, the registered manager told us that a system to document these checks was now in place.

**Requires improvement**



# Berwick Bridges Limited

## 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.

The inspection was carried out by one inspector. The inspection took place on 26 March 2015 and was announced. We announced the inspection because the registered manager and people were often out in the local community and we needed to be sure that they would be in.

We spoke with five people who lived at the service on the day of our inspection. We contacted eight relatives by

phone following our inspection to find out their opinions of the service provided. We conferred with a local authority safeguarding officer and a local authority contracts officer. We also consulted two care managers and an occupational therapist from the local NHS Trust following our inspection.

We spoke with the nominated individual, registered manager and three care workers on the day of our inspection.

We read three people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The registered manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

# Is the service safe?

## Our findings

All people told us that they felt safe living at Berwick Bridges. Questionnaires were carried out for people who lived at the home. One of the questions that people were asked was, “Does anyone hurt you?” No concerns were raised. One person had stated, “Not no one.”

Relatives told us that they considered that their family members were safe. One relative said, “I would know if [name of person] was not happy, but there’s no concerns there.” Other comments included, “It’s extremely safe;” “He says he’s happy and he looks happy, yes I think he’s safe;” “I have never felt so at ease since she moved in” and “I wouldn’t want [name of person] to be anywhere else. He feels safe.”

There were safeguarding procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There were systems in place to manage people’s finances to help prevent the risk of financial abuse. We found that receipts were not always kept for any purchases which were less than £5. We spoke with the registered manager about this issue. She stated that all transactions were documented, but receipts for items less than £5 were not always obtained. She stated that receipts would now be obtained for all purchases.

We saw that the home was clean and well maintained. The registered manager informed us that they were in the process of organising portable appliance testing. An electrical safety check had been carried out on the home’s electrical installations in March 2015. Regular fire safety checks were undertaken. The registered manager had contacted an electrician to address some issues with the emergency lights.

We checked medicines management. People told us that staff supported them to take their medicines. Most of the care plans were up to date with regards to medicines management. We read one person’s care plan which stated that they self-administered their own medicine. We spoke with the registered manager about this issue. She told us that staff were now administering these medicines. She told us that she would update this care plan immediately. There were systems in place for the safe receipt, storage, administration and disposal of medicines. We noted that medicines administration records were completed accurately.

People, staff and relatives said there were enough staff to meet people’s needs. Two staff were on duty from 8am to 9pm. There was one member of staff on sleep-in duty from 10pm to 7am. This member of staff would wake up if assistance was required. The registered manager explained that the staffing levels were based on the needs of people. Additional staff would be on duty for those times when extra support was required to facilitate activities, trips and holidays.

A contingency plan was in place which documented the actions to be taken in the case of any emergencies. A local hotel had been identified should people need to be evacuated to a place of safety. Each person had a personal evacuation plan which documented how they should be supported in the event of an emergency. Fire drills had been carried out early in the morning to ensure that the “sleep in” member of staff was able to evacuate people safely and in a timely manner.

The registered manager explained and records confirmed that there had been one accident in the previous 12 months. She explained that at present she did not monitor accidents and incidents for any trends because of the low incidence. She said that this situation would change if there was an increase in accidents and incidents.

We checked staff recruitment. The registered manager told us that people were involved with interviewing prospective staff. She said, “They ask questions, their favourite questions are, ‘Can you cook?’ and ‘Can you drive?’ It’s important for me to see how people interact with the staff member and how they [prospective staff member] interact with them [people].”

We checked two staff recruitment files. We noted that a Disclosure and Barring Service check had been carried out which helped ensure that staff were suitable to work with vulnerable people. We saw that copies of the DBS checks were not kept in line with legal requirements. We noted however, that the date which the DBS check had been obtained was not documented. This meant we did not know whether the DBS check had been received prior to the staff member starting work. The registered manager told us that she would address this immediately. Two written references had been obtained for each staff member which included a reference from their previous employer. We noted that an application form was used which recorded the applicant’s work history. There were

## Is the service safe?

some unexplained gaps in one of the application forms which we viewed. The registered manager told us that she would document the reasons for any gaps in the applicant's work history.

# Is the service effective?

## Our findings

Relatives with whom we spoke informed us that they thought staff were well trained. One relative said, “They know exactly what they are doing.” Other comments included, “They are on the ball” and “They know what they’re doing.”

Staff told us that there was training available. This was confirmed by the training records we examined. We noted that staff had completed training in safe working practices such as food hygiene and training to meet the specific needs of people who lived at the service such as learning disabilities, certain genetic syndromes and epilepsy training.

Many of the staff had worked at the home for a considerable period of time. This experience contributed to the efficiency and skill with which staff carried out their duties.

Staff told us that they felt well supported and had regular supervision and an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or

support requirements.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom.

The registered manager informed us that she was liaising with the local authority with regards to DoLS applications. She told us that best interests decisions were carried out for important decisions. We saw that mental capacity assessments had been carried out with regards to people’s ability to manage their finances.

We checked whether people’s nutritional needs were met. People told us that they were happy with the meals at the home. The registered manager went shopping during our inspection. She came back with some black pudding because she knew one person loved it. This individual told us, “I like black pudding I do.”

Staff told us and people confirmed that they took it in turns to choose the menu each week. One person wrote the meal choice on the white board in the dining room each day. We observed that people were involved in preparing the meals. We heard one staff member say, “[Name of person] are you going to help me make the tea?” We observed this person stirring the mince and onion. The staff member said, “You are the chef tonight aren’t you.” We saw another person making a strawberry smoothie. She was blending fruit and milk with a hand blender. She said, “look” to indicate the weight she had lost. Staff told us that she was following a healthy diet to try and lose a little more weight.

We noted that people were supported to access healthcare services. We read that people attended GP appointments; visited the dentist, optician and podiatrist. Annual health checks were carried out. Relatives told us that people were supported to see the GP and other health care services. One relative said, “They make sure all their health care needs are met.”



# Is the service caring?

## Our findings

We spoke with people who told us that staff were kind and caring. Relatives also said that staff were caring. Comments included, "It's very much caring. Everyone has made us feel like part of their family;" "It's unbelievably caring;" "It's caring but not in a patronising way if you know what I mean;" "I find the staff excellent. They really look after him well;" "It's homely, welcoming and very kind" and "The staff are very kind."

We observed that staff communicated well and people reacted positively to all interactions. Staff knew people well and could describe their needs to us. We saw that one person liked writing in his note book. This was documented in his care plan which stated, "I like to write things in my note book...sometimes it's letters, numbers or patterns." Staff took interest in what he was writing and gave him encouragement to continue.

We saw there was a partnership between staff and people. One member of staff said, "There's no them and us. It's their home." We spent time with people over lunch and tea time. We saw that staff ate with people during each meal. One member of staff said, "We always do this - we sit with them, it's nice to do this - why wouldn't we [sit with people]."

One person was in hospital on the day of our inspection. Staff assisted people to visit this person in hospital which people appreciated. One person said excitedly, "Going to see [name of person] in hospital." We considered that this was important not only for people at the home, but also the person who was in hospital. This was confirmed by one relative who said, "They go above and beyond."

We noticed that staff treated people with dignity and respect. They spoke with people in a respectful manner. This was confirmed by relatives who commented, "They're good with all of that. They speak to them nicely."

We read people's care plans and saw that these were personalised. We saw that a "This is me, my life, my choice" section was included in people's care plans. This gave information about people's likes and dislikes. This

information helped staff to provide more personalised care. We saw that people's end of life wishes were included. The registered manager told us that discussing end of life care was sometimes a difficult subject to approach. She said, "It's a tricky subject because you don't want to alarm them and make them fearful, but equally you want to find out what's important to them and find out what they understand." We read one person's end of life wishes which stated, "I don't want to go to heaven, but I'll see Jesus there."

The registered manager informed us that no one was currently accessing any form of advocacy. She told us and records confirmed that there was a procedure in place if advocacy services were required. Advocates can represent the views and wishes for people who are not able express their wishes.

The registered manager told us that people were involved in all aspects of the service. This included staff meetings, recruitment, planning menus and social and recreational activities. This was confirmed by people and relatives with whom we spoke

We noted that people completed questionnaires to provide feedback on the service they received. None of the completed questionnaires which we viewed raised any concerns. One person had stated, "I'm happy." Meetings were also held for people who lived at the service. We read the minutes from the most recent meeting which was held on 5 February 2015. One person had mentioned that people were not staying after meals to help clear away the dishes. Staff had spoken with people about this issue and everyone agreed to, "stay and help."

Reviews were also carried out with people, their relatives and their care manager from the local NHS Trust. One relative said, "I always try and go to these meetings and find out what's been happening...Communication is good." We spoke with a care manager from the local NHS Trust. She told us, "Communication is good between the home and relatives." She also said that staff always contacted her if there were any concerns or changes in people's needs.



# Is the service responsive?

## Our findings

Relatives said that staff were responsive to their family member's needs. One relative said, "The difference when he first went there to now is amazing. [Name of person] was poorly, but they dealt with him very well." Another said, "It's responsive to [name of person's] needs. They also do a lot to encourage [name of person]. [Name of person] would spend a lot of time in her chair, but they encourage her to get up and about." Other comments included, "They adapt to the residents' changing needs. They're all getting older and staff recognise this and adapt to any changes" and "The staff work so hard to meet the individual needs of people."

Seven out of the eight relatives told us that they considered that the service was "outstanding" in this area. One relative said, "I would rate them as outstanding because every single one of them [staff] goes the extra mile." Another said, "They're outstanding in meeting people's needs. I can't praise them enough." The eighth relative said, "It's definitely very good, but I have nothing else to compare it to."

We spoke with a care manager from the local NHS Trust. She told us, "They are proactive at meeting people's needs" and "They promote their independence." This was confirmed by an occupational therapist who said, "They follow any advice and recommendations."

One person had recently moved to the home. The registered manager told us, "We liaised with her social worker and advocate. We were working from scratch finding out about information. [Name of person's] case was quite complex." We spoke with this person's relatives. One of her relatives said, "I have been very impressed with Berwick Bridges. She had been at the other place for 19 years. The transition has been so smooth. They have gone out of their way to make her feel welcome and feel at home. They have supported not only [name of person] but they have also supported the family as well which was appreciated." We spoke with the person's social worker who was overseeing their care at the time of the move. He told us, "I was impressed with quality of care at Berwick Bridges and how quickly [name of person] settled. They went the extra mile. I have nothing but praise for Berwick Bridges."

We saw that people were encouraged to carry out housekeeping skills. Housekeeping skills are important because they help promote people's independence. We saw people hoovering; ironing and making lunch and tea. One person told us, "I'm the bin man that's me." He explained that he helped take the bins out each week. We read people's care plans which documented what they were able to do. We read one care plan which stated, "I like to have Elvis playing when I'm doing my housekeeping as I sing and sometimes dance when I doing it and this makes me happy because I love Elvis."

People informed us that they were encouraged to maintain their hobbies and interests. One person went to the hairdressers when we were there. She took a photo from a magazine of how she wanted her hair to look. She came back and proudly showed everyone her new hairstyle. Another person told us that he was an avid Norwich City football fan. He said that staff had taken him to watch Norwich City play at Carrow Road. A third person told us that he had been to see the Sound of Music musical and sang "Doe a Deer" to us throughout our visit.

Relatives confirmed that there was an emphasis on meeting people's social needs. One relative said, "He was away at the football match at Berwick the other day." Other comments included, "They make sure all his needs and hobbies are met;" "They took him to the Newcastle match the other day and they're going to see Annie [musical];" "I have to phone up now to make sure that she's not out. She's always out and about. They take her shopping, she's been buying clothes and getting some nice scarves to go with her outfits" and "They're intuitive to the needs of people. Everything revolves around their needs and making sure they are happy and their individual needs and hobbies are met."

Relatives told us that people's independence was promoted. One relative said, "It's all the little things they do, all the choices they give them – it promotes their independence. They have choices about everything, what to spend their money on and what to have for their meals." Other comments included, "No matter how small the achievement, they praise them. It's all about making them feel good and promoting further skills;" "It's the choices she now has and her quality of life has improved. She was never given the choices before. She now has her own money, I've told her that we'll have to buy her a purse because she now has money...I love the way she's given



## Is the service responsive?

choices” and “I know that they’ll never be fully independent, but it’s the little things that make a difference. They have meetings where they talk things through and they decide what to have for meals.”

We read and observed that people’s health care needs were monitored and action taken if concerns were noted. One person had diabetes and we saw that staff monitored his blood sugar levels. This was confirmed by the person’s relative who said, “[Name of person] has diabetes and his insulin [dose] is changed on a regular basis. They are on the ball with this and will tell us what his blood sugars are and whether he can have half a scone if everything is alright or just a cup of tea if they are high.”

There was a key worker system in place. We read the service’s statement of purpose. This stated, “Service users are assigned a keyworker and we endeavour to consider compatibility when doing so. Keyworkers are responsible for co-ordinating and communicating information alongside, or on behalf, of the service user.” The appointment of key workers meant that each person had a

designated member of staff who helped ensure that people’s needs were met in a personalised manner. This was confirmed by a relative who said, “They have a person centred approach. They get to choose what they want.”

We noted that annual health checks had been carried out following government recommendations. In addition, each person had a ‘Hospital passport.’ These contained details of people’s communication needs, together with medical and personal information. This document can then be taken to the hospital or the GP to make sure that all professionals are aware of the individual’s needs.

There was a complaints procedure in place. The registered manager told us that no complaints had ever been received. None of the people or relatives with whom we spoke said they had any complaints or concerns. We asked each person individually whether they had any complaints or if there was anything they were not happy with and they all said “no.” Comments from relatives included, “I cannot fault them,” “I’ve no complaints; I’ve never had any complaints” and “I cannot think of any improvements, everything is perfect.”

# Is the service well-led?

## Our findings

Berwick Bridges Limited is a charitable organisation. The care home opened in 1993. There was a management structure in place which consisted of a voluntary board of two directors one of whom was the nominated individual. In the Spring of 2014 there had been a change in the board and a reduction of members. They were in the process of recruiting a further board member. The registered manager told us, "There had been a culture within the previous board members which didn't encourage openness and transparency and didn't acknowledge the experience and professionalism of the staff."

The registered manager had worked at the service since 1998. Her background was in nursing. She had been registered with CQC as manager since the service was first registered with CQC in 2010. In addition to her nursing qualification, she had undertaken further training in social care and had completed the Registered Managers Award. The completion of this award demonstrated the manager's competence in a wide range of areas.

We spoke with the new nominated individual who spoke enthusiastically about her vision for the future of Berwick Bridges. She said, "We've been through a lot as a team, but now we're open and relaxed. It's natural – there's no hierarchy... We talk about everything, there's no secrets." This was confirmed by the registered manager and staff.

Staff spoke positively about the registered manager. One staff member said, "You can ask her about anything. You never feel foolish." Other comments included, "She is a good boss, if the chips are down she would support you" and "[Name of registered manager] is approachable, she is very clever."

Staff informed us that they were happy working at Berwick Bridges. Comments included, "People are living their lives here. It's uplifting – I love working here;" "The day just evolves, there's something different everyday... I love it;" "I love it, it's so happy and relaxed, just like being at home" and "We've got a long standing staff team – that says it all. It's a good team, we all know each other, it's like an extension of my family."

The registered manager told us that she was included in the staffing numbers which sometimes made it difficult to concentrate on her management duties. She said, "I don't feel as attentive in my role because I'm constantly dipping

in and dipping out." She also explained that due to the home's rural location, she felt there was a degree of professional isolation. She stated that in the past, she had travelled to keep up to date with best practice guidelines and training. However, because they had to ensure that Berwick Bridges remained financially viable; certain cutbacks had to be made and that included the reduction in her management hours.

Following our inspection, the registered manager told us that she had planned in administration days to enable her to complete her management duties.

The nominated individual told us that she visited the home regularly. This was confirmed by the registered manager. The nominated individual told us that she checked all aspects of the service. We noted that these checks were not documented. Following our inspection, the registered manager told us that a proforma was now in place to document the provider's checks. In addition, unannounced visits would be carried out by both members of the board.

We noted that a number of checks were carried out to monitor the service. This included checks on health and safety, finances and medicines. We noted that care plan audits were not documented. We found that the care plans we viewed were not all up to date. For example, one person's medicines care plan had not been updated to state that she was no longer self-administering her medicines. We spoke with the registered manager about this issue. She stated that this would be addressed.

There were policies and procedures in place. We saw that these were based on the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We noted however, that these did not give specific guidance about what actions should be taken. For example, we noted that a recruitment procedure was in place. This stated that safe recruitment procedures should be taken, however it did not identify the specific actions which should be carried out, such as a DBS check and two written references. The registered manager informed us that they were going to review and rewrite the policies and procedures and were waiting until after 1 April 2015, when the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 came into force.

People, relatives and staff told us that they were involved in making decisions about the running of the service. They

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explained that there was open communication and their views were listened to and acted upon. One relative said, "They are absolutely fantastic. They keep me informed. I can't praise them enough."

There had only been one notifiable incident which had occurred recently. This related to an unavoidable injury to one of the people who lived at the home. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.