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# Bridlington House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place 11 and 21 September 2018 and was carried out by two inspectors. This comprehensive inspection was unannounced on the first day and announced on the second day.

Bridlington House 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.

Bridlington House is registered to accommodate up to 22 adults who have mental health needs in one building over three floors. Some bedrooms are shared.

There is 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 2008 and associated Regulations about how the service is run.

During the last inspection, the service was rated requires improvement. We had found concerns with person-centred care records. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve person-centred care records so they were compliant with this.

At this inspection, we found the service had made improvements in this area and was compliant with ensuring people had person-centred records in place. Despite this, the service continued to be rated requires improvement. We found concerns in three other areas including the safety of the premises, managing risk and quality assurance systems. This is the third consecutive time the service has been rated requires improvement.

The provider was unable to assure the safety of the building because there was no electrical safety certificate. Due to the problems with the electrical safety this also meant there were issues with the reliability of the fire alarm and emergency lighting. Maintenance work was in the process of being carried out by an electrical contractor to address the issues with the electrical safety.

We observed poor maintenance in some areas of the home during our inspection. This included two damaged radiator protectors and one broken radiator. The provider confirmed these would be rectified as soon as possible.

Risk assessments were in place, but some had not been reviewed. One person's risk assessment had failed to mitigate risk appropriately. The risk assessment had identified that bed rails were required to prevent the person falling out of bed. Bed rail protectors were required to prevent the person becoming trapped in the bed rails and causing subsequent injury. The bed rail protectors were in place, but did not cover the full

length of the bed rail, which meant there was still a risk they could become trapped in the bed rail. We raised this with the registered manager who agreed to seek advice and address as soon as possible.

Some systems were in place to improve the safety and quality of the service, but there were gaps in these systems, so not all shortfalls were identified and addressed. This included the shortfalls in the safety and maintenance of the premises. There was also no system for auditing staff files including recruitment and training and support or accident and incidents, which led to shortfalls. As systems were ineffective this meant any opportunity to drive improvement was lost.

You can see what action we have asked the provider to take in response to the above concerns at the back of the full version of the report.

Staff felt supported in their role, however there were gaps in the frequency of supervision provided to staff and they had not received annual appraisals. We have made a recommendation about this.

Sufficient staffing levels were in place to meet people's needs. Systems were in place to recruit staff safely. Staff were equipped with the necessary skills to provide effective support. They supported people to manage their medicines safely, as well as supporting them to meet their nutritional and healthcare needs. Staff knew people well and how best to communicate with them.

People 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. People felt the service was homely and staff were friendly and respected their privacy and promoted their independence.

Staff knew people well and were knowledgeable about their needs, which meant support was provided in a person-centred way. People had care plans in place which reflected their needs.

There was a complaints procedure in place, although none had been received. People told us they would know how to raise one if required. People and staff told us the registered manager was approachable and communication was good.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The provider had failed to ensure the electrical safety of the premises. Maintenance work was underway to address these issues.

Risk assessments were in place, but some had not been reviewed. One person's risk assessment had failed to mitigate risk appropriately.

There were sufficient numbers of staff available to meet people's needs who had been recruited appropriately. Staff supported people with their medicines as prescribed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff felt supported in their role, however, regular supervision and yearly appraisals had not been provided.

Staff were equipped with the skills and knowledge to provide effective care. They had awareness of the Mental Capacity Act (MCA).

Staff supported people to maintain a healthy diet and access healthcare appropriately.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and friendly and interacted positively with people.

People were treated with dignity and respect. Confidentiality was maintained and people's independence was promoted.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff were knowledgeable about people's individual needs and were responsive in meeting their needs in a person-centred way. People had care plans in place which reflected their needs.

A complaints policy was in place and people told us they knew how to make a complaint if required.

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

The service was not always well-led.

The provider failed to ensure effective systems were in place to assess, monitor and improve the quality and safety of the service.

People and staff told us the registered manager was approachable and would support them with any problems.

**Requires Improvement** 

# Bridlington House

## **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.

This was a comprehensive unannounced inspection, carried out by two inspectors, on the 11 and 21 September 2018.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local safeguarding team and commissioners.

We looked at three people's care records and five medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for four members of staff, staff training records and policies and procedures. We took a tour of the premises to check general maintenance as well as the cleanliness and infection prevention and control practices within the service.

We spoke with five people who used the service and four members of staff, as well as the registered manager, provider and cook. We also spoke to the contract manager who was carrying out the electrical work and one healthcare professional.

## Is the service safe?

### Our findings

The service was not always safe. At the time of the inspection, the provider failed to assure the safety of the service. There were issues with the electrical safety, as they could not provide a current electrical safety certificate. We spoke to the contract manager who had started work to rectify this; they identified there were also issues with the reliability of the fire alarm and emergency lighting. The provider confirmed this and informed us that work was under way to address these issues as soon as possible. We will continue to liaise with the provider until this work has been completed and the provider can provide assurances in relation to the electrical safety of the premises.

This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed poor maintenance in some areas of the home. This included two damaged radiator covers and one broken radiator. The provider confirmed these would be fixed or replaced as soon as possible. There was also a worn sofa, which had been removed by the second day of the inspection. Some systems were in place to monitor the maintenance of the premises, but these were not always effective at identifying and addressing shortfalls, which we have referred to in the well-led section. We saw that domestic staff kept the home clean and people we spoke with confirmed the home was kept clean and tidy.

Most risks were identified and recorded with actions taken to minimise risk where possible. However, not all risk assessments were effective. We found a risk assessment for the use of bed rails and bed rail protectors identified that a person was at risk of becoming trapped in these. Despite the risk assessment being regularly reviewed, it failed to consider the suitability of the bed rail protectors, which were not appropriate. In this instance the provider had not done all that was practical to mitigate risk and ensure the appropriate and safe use of equipment. This meant this person was still at risk of becoming trapped in the bed rails because the bed rail protectors were not appropriate. We highlighted this to the registered manager who agreed to seek advice and ensure the appropriate equipment was used as soon as possible. We found some other risk assessments were not reviewed regularly to ensure they remained accurate and up-to-date. We noted this to the registered manager who agreed to ensure these were considered when the associated care plan was reviewed.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we noted areas of concern in regard to the safety of the premises and one piece of equipment people told us they felt safe. One person said, "There were some problems with people coming into the home before, but CCTV has been installed which has resolved this." Another person told us, "I feel safe. Staff check who is visiting for safety but they also make people's visitors welcome."

Medicines were managed, stored and administered safely. One person said, "I always get my tablets on time." Staff recorded when they administered medication on a medication administration record (MAR). We

found medicines had been recorded correctly, although there were some minor recording errors for PRN medicines also known as 'as required' medicines. Protocols to guide staff on when to administer PRN medicines were not available. On the second day of our inspection, the registered manager had started to address this by implementing guidance for one of these medicines.

Staff had a good understanding of safeguarding and felt confident in reporting any concerns. Staff were familiar with the different types of abuse and potential indicators to be aware of. Staff were also familiar with the whistleblowing policy.

There were sufficient numbers of staff available to meet the needs of people living at the service and staff had been recruited safely. Relevant pre-employment checks had been carried out for staff, including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Systems were in place to protect people from the spread of infection. Staff told us they were provided and used personal protective equipment (PPE); People and their relatives confirmed this.



## Is the service effective?

### Our findings

The service was not always effective. Staff told us they felt supported in their role and they could approach the registered manager at any time to ask for advice and guidance. A supervision policy was in place which stated staff should have regular, structured, planned and recorded supervision, in addition to day to day consultation and advice. The provider's policy required improving to state how often regular supervision should be held. We found staff were not receiving regular supervision. One member of staff had only had three supervisions in the last 18 months. We found gaps in a further four members of staff's supervision records. Staff had not received yearly appraisals, despite a policy being in place to say these were required.

We recommend that the service reviews the supervisions policy, in line with best practice, to ensure it is clear how and when staff are supported through supervisions and appraisals.

People were supported by skilled staff who knew how to meet their needs. Staff had the skills and abilities to communicate effectively. Staff we spoke with were aware of how to communicate best with people, dependent on their needs and preferences. Staff had completed a range of training to equip them with the skills and abilities to carry out their roles effectively.

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that DoLS had been requested where required. Staff had awareness of the MCA and could tell us about how they applied this in their role. People were supported to make choices and decisions in their best interest, however these had not always been recorded appropriately. People told us staff sought their consent before providing care and support.

People were supported to maintain a healthy lifestyle, in line with their choices, and access support services and systems to maintain their health. Staff could tell us about other services they would signpost people to. For example, drug and alcohol and addiction services. Staff knew people well and could tell us how they would recognise a deterioration in their health. Support was available to access appropriate care when necessary, which included contacting relevant healthcare professionals and supporting people to attend appointments. One person said, "Staff are good at getting in touch with my GP." A healthcare professional told us, "Staff are good at contacting us for advice. If they are concerned about anything they will get in touch with us. They seem really engaging anytime we ask for something to be done."

People's dietary needs were met and a nutritious diet was provided. Staff provided people's meals and supported them with eating if this was needed. People were offered choices about what they would like to eat that day. They told us they were always offered a choice at meal times and the cook would often ask them what they would like to see on the menu next. We saw people were enjoying their food at lunch time. One person said, "The food is great." Another told us, "The food is nice and they will always do what you like." The food was prepared in the kitchen by the cook and appeared appetising.

## Is the service caring?

### Our findings

The service was caring. People were positive about the staff who were kind and caring. One person said, "The staff are friendly" and another described them as "respectful." A third person told us, "My keyworker is ever such a nice person." We observed positive interactions between staff and the people who lived at the service.

People told us the care home was homely and they felt relaxed being there. One person said, "It's a nice place and has a good atmosphere. It's not the poshest, but it is relaxing and homely." Another person told us, "It's like a big family. There are the occasional problems, like in any family because people experience different moods, but overall I'm comfortable and happy here."

We saw people had personalised their bedrooms to their own taste and style. Some of the bedrooms were shared, or designed for two people to share; some people, where they did not share a room, but the room was designed for two, had used the second half of the room as a lounge area. One person had a pet bird, staff supported them to look after them. Although there was a communal lounge and dining room, and people did use these, people's privacy and personal space was respected. People told us they could use these rooms, but some preferred their own space.

We saw the dining room was well used throughout lunch time. Two family members lived at the service and sat together in the conservatory area to eat their meal. This supported them to maintain their relationship. Staff engaged positively with people who lived at the service. We observed some people were given their dessert before they had finished their main meal, which was left to melt and this could have made people feel rushed. We noted this to the registered manager who confirmed this would not happen again. Despite this, people were observed enjoying their meal time experience and told us they did not feel rushed.

People were encouraged to maintain relationships with family and friends and told us their visitors were made to feel welcome. One person said, "Staff will bring my family drinks and biscuits when they visit." One person told us staff had organised them a birthday celebration and their friends from outside the service had joined them.

Most people had lived at the service for several years and staff knew them well as a result. Staff were aware of people's likes and dislikes and promoted people's choices and valued their individuality and what was important to them.

Staff respected people's privacy and maintained their dignity. Staff could tell us ways they would do this, whether it was respecting someone's personal space or when supporting them with personal care. We saw they knocked and waited for permission before entering people's bedrooms. People confirmed they did this normally.

Staff valued people's independence and promoted this where possible. A member of staff said, "Independence is about encouraging people to continue with what they're doing, even if it is just a small

task like making the bed." People confirmed staff had a positive approach to encouraging them to maintain their skills and abilities. One person told us, "Staff promote your independence, but they also help you when you're stuck."

Staff were aware of the importance of maintaining confidentiality. People felt staff demonstrated this. One person said, "Staff are good at maintaining confidentiality." We saw records were stored in a locked office so only relevant people had access to these.

## Is the service responsive?

### Our findings

The service was responsive. Staff were knowledgeable about people's individual needs and were responsive in meeting their needs in a person-centred way.

During the last inspection, the provider was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people's care plans included full information about how people's needs were to be met in a person-centred way. During this inspection, we found improvements had been made in this area and this regulation was now being met.

Staff had regard for what was important to people and had awareness of their preferences and preferred routines. They were knowledgeable about people's needs and could provide person-centred care as a result. People told us staff were responsive at meeting their needs. One person said, "If you want anything in particular, staff will do it."

People's care plans contained personalised information about their abilities, health needs, likes and dislikes. Information was relevant and accessible for staff, which enabled them to access to up-to-date information about people's needs and the support they required. Some people's care plans were more detailed than others. Some could have included more details about people's mental health needs and life history. The registered manager agreed with this and showed us a new template they would be using in future to develop these.

One care plan contained contradictory information about a person's needs and how this impacted on them. Their needs varied day to day and staff were in the process of reviewing this person's care plan with relevant professionals. The registered manager agreed to record the varying levels of care provided while this was being reviewed, which would provide guidance to staff in the interim.

Staff were responsive to people's complex and changing needs and involved people and professionals in reviewing care plans. We found care plans were regularly reviewed.

People were protected from discrimination and supported to live their lives at they wished. We saw people's right and choices were promoted and valued. We saw people's values and beliefs were respected.

Most people told us they preferred to follow their own interests rather than accessing arranged activities within the care home. One person told us, "Staff try to do different activities, but not a lot of people are interested." They also said, "Staff always tell us if we want to go out somewhere we can." We saw this had also been discussed with people at a residents meeting and other people living at the service were in agreement. Some people did enjoy engaging in activities which were provided including Bingo and Keep Fit.

People were supported to access the community and engage in social and leisure activities if they wanted

to. Most people were independent with this and did so for themselves. One person said, "I go out with [relative's name] every week." Another person told us, "I like my music and TV and go out and do my own thing."

A complaints policy was in place, for if complaints were received, although there had not been any since the last inspection. People told us they would be able to speak to staff or the registered manager if they had any issues or concerns. One person said, "I would go straight to the manager if I had a complaint." Another person told us about a complaint they had made in the past, "I have a copy of the complaint procedure. I made a complaint and was happy with how it was managed."

## Is the service well-led?

### Our findings

The service was not always well-led. Systems were in place in some areas to assess, monitor and improve the quality and safety of the service, however, these were not effective and were missing altogether in other areas.

The systems and processes were not effective at improving the safety and quality of the premises. They had failed to identify environmental concerns. For example, the electrical safety certificate had been absent for several years and there had been a gap in the validity of a gas safety certificate for a period of six months. Damaged items had not been identified including two broken radiator covers, a broken radiator and a faulty bath side panel in the upstairs bathroom. It had been recorded that window safety restrictors had been checked and all were in place and without fault. However, we found two of these were missing, although, they may have been on a ground floor window, and another on a smaller window, the system to check these proved to be ineffective. Some maintenance issues had been identified and actions set to address them. Although, these had not all been completed.

There was no audit of accidents and incidents, so patterns and trends could not be identified to prevent similar incidents reoccurring, which would improve the safety of the service. There were no systems to monitor staff files including recruitment, training and staff support. This has led to the shortfalls in staff supervision and appraisals being unidentified.

The provider did not always ensure there were accurate, complete and contemporaneous records in place for each person living at the service. Monthly audits were carried out on care plans and some actions were identified. However, there was no system for recording what was checked. As a result, the audit failed to identify recording shortfalls. For example, there was no system for checking the application of the Mental Capacity Act 2005 (MCA). For one person who lacked capacity there was no record of MCA assessments or best interest decisions for decisions including consenting to their care records and for other decisions regarding their care such as the use of bed rails for their safety. There were also some other gaps in people's care plans which had been missed. For example, we saw in one person's care plan there was no information about their communication needs.

Similarly, regular audits were carried out on medicines, but there were gaps in the audit showing what areas should be checked. For example, there was no reference to checking 'as required' medicines. As a result, the audit had failed to identify shortfalls in this area including the missing guidance for these medicines. The audit had also not identified an out of date product stored in the medicines cabinet.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback was gained from people who used the service, relatives and professionals. The results had been collated to identify areas for improvement within the service, although feedback was mostly positive.

People felt the registered manager was approachable and would help them resolve any issues.

One person told us, "[Registered managers name] is a good manager and will help sort things out." Another person said, "The manager is always approachable if we have any problems."

Staff felt the manager was approachable and supported them in their role. One member of staff told us, "I wouldn't have a bad word to say about the manager. They are open and honest and people can go to them with problems."

People told us there was regular communication between staff, residents and the registered manager. Information was shared through a variety of ways including staff handovers, staff meetings and resident's meetings. This enabled any concerns to be discussed and ideas or information to be shared. Links had also been made with professionals including district nurses, GP's and social workers.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  12. (1) (b) (e) Everything reasonably practicable was not carried out to mitigate risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  15. (1) (e) The provider had failed to ensure the safety of the service and that electrics were properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17. (1) (2) (a) (c) Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the service.