

Independence and Well Being Enfield Limited Bridgewood House

Inspection report

1 Old Road
Enfield
Middlesex
EN3 5XX

Tel: 02088047800

Date of inspection visit:
27 August 2019
28 August 2019
29 August 2019

Date of publication:
18 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Bridgewood House is a residential care home providing personal and nursing care to people aged 65 and over, some of whom may be living with dementia. The home is registered to provide care to 70 people. At the time of the inspection there were 53 people using the service.

The home is a modern purpose-built building covering three floors. There are six units, two on each floor, named after local parks and the home refers to each unit as a 'park'. One park provided nursing care and the other five parks provided residential care with no nursing. We have referred to the units as 'parks' throughout this report.

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

Records relating to people's care was inconsistent across the home. Some people's risks assessments provided staff with clear guidance on how to minimise the risks. However other risk assessments failed to document risks. Accidents and incidents were not adequately recorded. Medicines were not well-managed and we could not be assured that people were receiving their medicines safely.

Complaints were not well documented and often failed to note outcomes. Relatives told us they did not have faith in the complaints' procedure.

Management oversight, including auditing processes did not identify the issues found at this inspection. There was a failure to address the issues found at the last inspection around managing risk, medicines management and good governance, and a failure to implement changes to improve the quality of care.

People told us that they felt safe living at Bridgewood House. They said that staff were kind and caring and treated them with dignity and respect. Whilst we observed some caring interactions between staff and people, we also observed some interactions which indicated that people were not always treated with dignity and respect.

There were a wide range of activities for people and people were actively encouraged to go out on day trips or to day centres. People told us that they were happy with the activities that were offered at the home.

People had a choice of food and were consulted about what they wanted to eat each day. People were provided with food that was culturally relevant to them.

Staff told us they felt supported in their role and received regular supervision. However, there had been no annual staff appraisals completed.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 August 2018). The service remains rated as requires improvement.

This service has now been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve the quality of care. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches of regulation around safe care and treatment, complaints and good governance. The failings found are detailed in the main body of the report.

With regards to the breaches for regulations 12 (safe care and treatment) and 16 (complaints), please see the action we have told the provider to take at the end of this report.

We are taking enforcement action and will report on this when it is completed. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Bridgewood 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 carried out by two inspectors, a specialist nurse advisor, a pharmacist inspector and four experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two experts by experience attended the inspection and spoke with people to gain their views and opinions of the home. The other two experts by experience supported this inspection by carrying out telephone calls to people's relatives following the on-site visit.

Service and service type

Bridgewood 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 Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. 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 reviewed the action plan the provider sent us following the last inspection. This is an

action plan where the provider tells us how they plan to improve the service in response to our concerns. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 staff including the service manager, registered manager, clinical lead, the hospitality manager, the facilities manager, four nurses, three team leaders, one care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 23 people living at the home, two healthcare professionals and two relatives that were visiting at the time of the inspection. We looked at 13 people's care records, 12 risk assessments, six people's medicine records, 10 staff files and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

After the inspection

We spoke with 18 relatives and five care staff by telephone.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found that the provider had failed to robustly assess the risks relating to the health safety and welfare of people; the provider had failed ensure that medicines were safely managed. This included management of 'as needed' medicines, covert administration and a lack of staff competency assessments. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Assessing people's personal risks was inconsistent across the home. On the nursing park, risk assessments were comprehensive and gave staff clear guidance on people's personal risks and how to minimise them. However, we also found that other people's risks on other parks were not always identified or adequately risk assessed to ensure that the person was kept safe.
- There had been a high number of falls since January 2019 and the home had notified CQC of 12 fractures due to falls in the past year. The registered manager had completed a falls analysis for 2018 which we saw. However, they were unable to access the analysis for 2019 due to a computer error. We were not able to check if there had been an analysis of falls since January 2019. We requested that this was sent to us but did not receive this.
- Where people required a fluid chart to monitor their hydration, recording was inconsistent. We found fluid intake and monitoring was well documented on the residential parks.
- However, on the nursing park, there were often gaps in recording with no information why a fluid chart was required, and the person's name was not always written on the chart. Another person was regularly exceeding the recommended daily maximum amount of fluid. Others were recorded as having under the recommended daily amount. There was no information on whether this had been followed up or if this was a concern. This meant that we could not be assured that people's fluid intake was safely monitored and managed.
- Where people required repositioning to reduce the risk of developing pressure ulcers, charts on the nursing unit were not completed regularly to show that people were being turned. Although there were very few incidents of pressure ulcers, the lack of recording meant that we could not be assured people's risk of developing a pressure ulcer was being appropriately managed.
- Accidents and incidents were inconsistently documented. Records did not always include what the outcome of the accident or incident was or if there had been any follow up action.

- Medicines systems were not organised, and medicines stock was poorly managed. We were not assured that people received their medicines when they should.
- Staff used an electronic medicines administration recording system, but we were not assured that staff maintained oversight of the medicines information held on each person. We were also not assured that medicines records were accurate and saw discrepancies. In one example, when a dose of a medicine was increased, the lower dose was not removed from the medicines administration record. Therefore, there was a risk that this medicine could have been administered twice.
- The clinical lead and registered manager confirmed staff had still not received competency assessments to ensure that they were safe to administer medicines despite this being a concern at the last inspection.
- Systems for recording and investigating medicines incidents were not consistent. We saw one incident recorded but we did not see evidence that it was investigated and followed up appropriately.
- Staff did not have oversight of the management of medicines being administered covertly. We saw conflicting information for covert administration and were not assured that this was managed in line with good practice guidance.
- Where people had been prescribed 'as needed medicines' there were protocols of when to administer the medicine in place. 'As needed' medicines are medicines that are given when needed including, medicines for pain relief and anxiety. However, these were not regularly reviewed to ensure that protocols were up to date.
- Temperatures of medicines storage areas were not always in the correct range to ensure medicines were suitable for use.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found that people did not have easily accessible Personal Evacuation Plans (PEEPs) in case of a fire as they were stored on a computer. At this inspection we found that PEEP's were in an easily accessible file.
- There was a call bell system in place for people to summon help if they needed to. Throughout the inspection we observed call bells were answered in a timely manner. A person told us, "Yes, every time I need something they look after me. If I press the button there is never a problem."
- All staff had recently received training on 'falls awareness'.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood how to recognise signs of abuse and how to report any concerns. Safeguarding was discussed in staff meetings.
- Staff told us that they had received training in safeguarding.
- People that we spoke with told us that they felt safe living at Bridgewood House. One person said, 'The home is very good. I feel safe.'
- We saw that where there had been safeguarding concerns raised, management plans had been put in place to help prevent reoccurrence of the issue.
- Staff told us that any learning from safeguarding or accidents and incidents was discussed in staff meetings and with team leaders on each park.

Staffing and recruitment

- At our last inspection we found that the home was using a high amount of agency staff. At this inspection we found that this was still the case. The registered manager and rotas confirmed that these were regular

agency staff. Many of the relatives that we spoke with told us that they were concerned by the amount of agency staff that were being used at the home. One relative commented, "They employ a lot of Agency staff and care is inconsistent because they have a carer come in and they're not briefed properly. They then stay a short duration and another carer comes in and the process starts all over again."

- People told us that they felt there were enough staff. People said, "They [staff] treat me very good. I like that they [staff] are always around" and "There are easily enough staff. If I need anything, I can call. They [staff] can be busy." A relative told us, "It feels safe because she [relative] is well cared for."
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons when they supported people with personal care.
- The home was clean and smelled fresh at the time of the inspection. There was a team of housekeeping staff and we observed cleaning of people's rooms and communal areas throughout the inspection.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- When people moved into the home a pre-assessment was completed before they moved in. However, these were not always detailed. Healthcare needs were documented but there was very little detail of how these should be managed. For example, one pre-assessment noted the person had risk of shoulder dislocation but there was no further information on why or how this should be managed.
- Pre-assessments were not person centred and there was very little information about the person, their background, likes or dislikes. One staff member commented, "It's communication in this place. We don't get told things that are happening until it's there. For example, we had a client that came in for respite and we had nothing on this lady, there was no paperwork, nothing. I think that needs to be addressed. We got paperwork that day but I think we should know so we can put things in place before they come in through the door."
- Once a pre-assessment was completed and a decision made that the placement was suitable, information from the pre-assessment was used to help create the care plan.

Staff support: induction, training, skills and experience

- Staff received a 12 week induction when they began working at the home. This included training, shadowing more experienced members of staff and supervision to monitor their progress.
- At our last inspection we found that staff were not receiving regular supervision. At this inspection records showed staff received regular supervision. Staff told us that they felt more supported in their roles.
- Nurses had not received regular clinical supervision despite there being a clinical lead in post. However, the registered manager who was non-clinical was supervising these staff. As part of nationally recognised best practice it is recommended that nurses receive clinical supervision from a suitably qualified manager. We spoke with the service manager about this who told us that this would be reviewed.
- The registered manager confirmed that no staff had received an annual appraisal. Appraisals are an opportunity for staff to review their working practice and set goals for the coming year.
- At our last inspection we found that no staff had received training in working with people living with dementia. The registered manager confirmed that staff had still not received this training. Following the inspection, the registered manager sent us information that this training was being sourced.
- At our last inspection we found that staff training on manual handling was not up to date. At this inspection, staff told us they had completed manual handling training. One staff member said, "We just finished level two falls prevention and I've just done manual handling which was face to face."
- Staff told us that they received regular training. Following the inspection we received training records that showed staff had received training in mandatory subjects such as safeguarding, mental capacity, medicines

and infection control.

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

- It was very warm weather during the inspection. However, we noted on several occasions that people in two park's communal lounges did not have access to drinks. There was no jugs of juice or water available to ensure that people remained hydrated. Where people remained in their rooms we saw that access to drinks was inconsistent. Some people had jugs of water that were easy to access. However, other people either did not have any drinks in their rooms or jugs of water were located out of reach. We raised this with the registered manager and later in the day we observed that people had access to drinks.
- The hospitality manager was passionate about ensuring that people received food that they enjoyed and was culturally relevant to them.
- People were asked on a daily basis what they wanted to eat and an alternative would be made for them if they did not want what was on the menu. The chef told us that they knew people's likes and dislikes and would often make meals for people based on their preferences.
- Where people required specialised diets such as puree food, this was provided. We observed that people who required help to eat were supported by staff. Staff spoke with people as they were helping them, offering encouragement and chatting.

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

- Each park was kept locked. People did not have freedom of movement around their home. The nominated individual told us that each park was considered a 'flat' and the entrances were the front doors. However, where people were unable to freely leave the parks and there had been no assessment to show that locked doors within the home met people's needs. The clinical lead told us people could leave the units if they asked staff and were accompanied.
- On the second floor there was a lovely small old-style sweet shop located outside one of the parks. The service manager told us that this had been designed to help people reminisce. However, people did not have access to this unless taken there by staff as they were unable to leave the park.
- The home had put some dementia friendly sensory decorations in place. This included a floor to ceiling wall of vines and flowers that people could touch and look at. There were also sensory boards on the park with different tactile surfaces on them. However, these boards were a similar colour to the walls which made it difficult for people with dementia to see.
- Food menus were displayed on a wall in each park. However, these were written in small font and there were no large print menus available for people to see.
- Some bedrooms had people's names on their doors to help them recognise their rooms. However, this was not consistent across the parks. One person told us, "I like cats. They put a picture of kittens on my door."
- Communal lounges on each park had been redecorated since the last inspection to make them look more-homely and less clinical.

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

- People's care files showed that people were supported to attend healthcare appointments.
- People told us that they saw a GP when they needed to and were supported to attend other healthcare appointments. One person commented, "The dentist and chiropodist come in."
- We received mixed feedback from relatives about access to healthcare. One relative told us, "I asked for a referral to a dentist. [The] nurse said [they] would refer. I then found out no referral had been made. I then had to call the dentist myself to get an appointment." Another relative said, "Dad can be aggressive so when he had to go to hospital to have his teeth out they coped well. Needed two carers and the team leader made

sure the carers who dad gets on with best went with him."

- Staff understood how to report concerns if there were changes in people's health or presentation.
- We observed healthcare professionals visiting the home during the inspection including social workers and the GP.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were subject to a DoLS this was clearly documented, and records showed when DoLS needed to be reviewed. Information on DoLS had been carried through in to people's care plans.
- Where people lacked capacity, there were records of best interest meetings and mental capacity assessments.
- Staff told us that they had received training in the MCA.
- Staff that we spoke with demonstrated a good understanding of the MCA and how this impacted on people that they worked with. One staff member said, "I know that you have to assume that they have capacity and let them do everything that it is possible for them. They would have to be assessed to see if they can't do things and only then can they put any restrictions in place."

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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they felt that staff were kind and caring. Comments included, "They are [caring], but it took time to know me. Making a cup of tea is very important to me. They know now to always ask me when passing and they do, including the night staff" and "The staff are caring, there is a nice feeling. I do feel comfortable and well cared for."
- We also received some positive feedback from relatives. We were told, "I am happy with the care. She loves the home and the care is good" and "The ones [staff] she knows well talk to her, always chatting and making mum laugh."
- We observed many caring interactions throughout the inspection between staff and people. Staff took time to chat and listen to people. One staff member told us, "I have a lady that does not like to come out of her room. I always go into her in the afternoons. I spend time with her and listen and she holds my hand. It's about being caring and listening to her, I always find the time. It's about taking time and listening to them."
- However, we also observed some interactions that were less caring. For example, during a lunch time we observed a staff placing bibs on people. One staff member said, "Give these [bibs] to the messy ones, the ones who make a mess." This was said in front of people which did not promote dignity and respect.
- On three occasions we observed the communal lounges on three residential parks. There was very little interaction between staff in the lounges and people and people were left sitting with no interaction. Staff did not talk to people or were working on lap-tops.
- A person told us, "I prefer a wash [to a shower]. A couple of the carers just throw things down and walk out without speaking."
- Throughout the inspection we observed relatives and friends visiting. Relatives told us there were no restrictions on visiting and were made very welcome by staff when they visited.
- People were provided with meals that were culturally relevant to them. We saw that people's faith was documented in their care files.

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

- We received mixed feedback from people and relatives about being involved in planning people's care. Some relatives told us that they had not been involved. However, other relatives were positive about the involvement they had. People told us, "I don't know what a care plan is" and "I haven't seen a care plan, but I need to cooperate with them about my blood."
- People told us that they thought care staff knew them and understood what they liked. Comments included, "The carers are alright. They know what I like" and "They ask what I like and ask if I want help." People confirmed that staff gave them choices daily around what to wear, eat and what activities they

wanted to do.

Respecting and promoting people's privacy, dignity and independence

- Staff that we spoke with were positive about promoting people's independence and support people to do what they could for themselves. A person commented, "They [staff] encourage me to keep going." One staff member told us, "Look after the person in the best way possible and give them choices and help them to maintain their independence. It's not about me and what I think it's about them." A relative commented, "They encourage [relative] to do things for herself."
- People were able to get up and go to bed when they wanted to. One person said, 'All of the carers care for me here. They knock. When you want to get up, you get up.'
- People told us that staff had asked what they wanted to be called. People said, "I do get called by the name I like" and "The staff are polite and call me as I want to be called." Preferred names were documented in people's care plans.
- Relatives were positive that staff understood how to work with people if they were becoming anxious or showing behaviour that challenges. Comments included, "They cope with dad, he wants peace and quiet. He is not good at personal care and staff know if he is rude to leave him and come back later in the day" and "The key worker and those who know [person], well know she is stubborn and don't force her."

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Complaints were inconsistently documented. We saw that not all complaints were documented on the electronic system. Complaints that were documented failed to clearly record the actions taken and any outcomes.
- A healthcare profession told us they had made two complaints in writing to the service during a six-month period. However, they had not received any acknowledgement. We spoke with the registered manager who was unaware that these complaints had been made. The registered manager told us they would look into this.
- Relatives told us that they knew how to complain and would speak to the manager. However, we received mixed feedback about when complaints were made. Comments included, "I would speak to the manager", "I have made complaints, but nothing ever seems to get done" and "I lack faith in the home's complaint procedure."

The lack of adequate response to complaints demonstrates a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were able to communicate verbally they told us that they knew how to make a complaint. People said, "Oh yeah I quite like it [living at Bridgewood House]. I haven't anything to grumble about, if I did I would grumble" and "My family would talk to the manager for me if I wasn't happy about something."

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

- The home was in the process of changing care records to an electronic system. We were told that during this transition, staff would have access to both paper records as well as the more up-to date electronic records. However, the registered manager told us that care staff did not yet have access to the electronic system but that staff should have paper copies of what was on the system as well as the current paper care plans.
- Access to the printed information from the electronic system was inconsistent across the parks. On the nursing park, we found that staff had access to all up to date information. However, on the residential parks staff only had the paper records that were not always up to date.
- Information in care plans was inconsistent. Some care plans had detailed information around people's background histories and their likes and dislikes but others failed to document this.
- The registered manager told us that staff had recently received some training in how to make care plans more person centred and this was being implemented.
- Each person had a key worker. A key worker is a staff member that has oversight of a person's care and has

input into the care plan. A relative said, "Key worker has a good relationship with us and with mum and chats to her about her life in the past."

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.

- The registered manager told us they were not familiar with the AIS and said that this would be something they would look into.
- Care plans had a 'communication needs' section. This detailed people's communication needs and how staff could effectively support the person. We saw that one person who did not have English as their first language had clear guidance on how to communicate with them. Staff had worked with the family and had a list of words that the person used in their day to day life to enable staff to communicate with them. One relative said, "There are language issues but the staff have a list of words and there is someone [staff] who speaks the language."
- Some care plans clearly documented how a person's behaviour was a form of communication and what it may mean if the person was showing certain behaviours. There was guidance for staff on how to recognise and work with the person.
- One relative was positive about how staff communicated with their relative, "It's very good. She loves it there. They take time to listen to her although her speech is difficult, and they need time to figure out what she's saying. They don't talk to her as if she is a child but as an adult even if she's not got an adult mind, they treat her on a level basis."

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

- There were activities coordinators that planned a wide range of activities for people in the home including knitting classes, cooking, reminiscence sessions and arts and crafts. People were encouraged to go to day centres and we observed people getting ready to go out on both days of the inspection.
- The home had a large activities room where people could take part in activities. At 11.00am each morning there was a breakfast club where people were able to help prepare breakfast and socialise with each other. A person said, "We make cakes and have a lovely breakfast when in activities." There was hair dressing salon and people were able to make appointments with the visiting hairdresser.
- Where people stayed in their room, we saw that the activities staff went to see people and do activities with them. However, we also observed that there was sometimes little involvement in supporting activities by some care staff that were on the parks.
- There was a large exercise room where people were encouraged to take part in movement classes. One person said, "We do lots of exercise to help keep us moving more freely."
- Relatives were positive about the activities offered at the home, Comments included, "Staff go above and beyond to keep mum active. If there is music or exercises mum is top of the list to go" and "My daughter goes out twice a week, she goes swimming and they take her out."
- The televisions in two parks communal lounges were not working properly. However, we observed that these had been left on with people looking at a blurred blue screen. This had caused one person to become anxious and began shouting at the television. One person told us, "I don't want to go out, I just want to stay here [in the lounge] but the TV is not nice."

End of life care and support

- On day one of the inspection we found that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)

documentation was not well managed and inconsistent.

- For one person we saw that DNACPR had noted it had been replaced and was not an original document. We discussed this with the registered manager who checked and confirmed that they did not have an up-to-date DNACPR. We asked the registered manager to review the DNACPR for this person immediately. On day two of the inspection we saw this had been addressed.
- Due to our concerns we asked that all paperwork regarding DNACPR's was checked to ensure it was correct. Following the inspection, on 4 September 2019, we received written confirmation that the GP had reviewed the DNACPR's.
- End of life wishes were inconsistently documented. In some people's care plans, their wishes had been recorded. However, in other care plans there was no information or reason why this had not been addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure there were effective systems and processes in place to assess, monitor and improve the quality of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Following the last inspection, the home had been working closely with the local authority on an improvement plan. We saw an action plan from February 2019 that detailed concerns and how these would be addressed. However, progress on the action plan and improving the quality of the service has been slow. This inspection identified numerous ongoing and new concerns, as detailed in this report.
- Systems and processes, including record keeping, were not consistently implemented and monitored across the parks. Implementation of the electronic systems for medicines and care plans had not been well managed with both systems being rolled out simultaneously.
- The electronic system of care records was not being implemented smoothly to ensure that staff had access to relevant up to date information.
- There had been several changes in the care plan format since the last inspection. This meant that staff were constantly trying to keep up to date with changes. One staff member said, "They're [care plans] the one thing that's changing all the time. Every time someone comes in they [management] change the care plans. It just seems like we've got care plans coming out of our ears."
- The registered manager did not have easy access to maintenance records such as gas, electricity and water safety checks. This was overseen by a maintenance officer and all records were held with the local authority. This meant that the registered manager was unable to have adequate oversight of this aspect of safety and maintenance. Following the inspection, the maintenance officer sent us all relevant safety certificates. All relevant checks were up-to-date.
- The registered manager and maintenance officer confirmed the home had not completed any Portable Appliance Testing (PAT). These are checks to ensure that electrical appliances such as televisions, fans and stereos are electrically safe for use. The registered manager told us this would be looked into.

- Team leaders for each park completed a monthly audit. This included looking at things such as, care plans, reviews, risk assessments and MCA were up to date. However, audits did not always pick up issues identified during this inspection. One audit had failed to identify a DNACPR's in place was correct. The registered manager told us they had oversight of these audits. There were no records to show that these audits had been checked or that there was adequate management oversight.
- Medicines audits failed to identify the issues picked up during this inspection.
- Staff had not received an annual appraisal to support them in their role. This was confirmed by the registered manager.
- Staff had still not received training in working with people living with dementia, despite this being highlighted at the last inspection.
- We received mixed feedback from staff about the management of the home. Some staff told us that they felt there had been an improvement in the management of the home since the last inspection. One staff member commented, "With [the registered manager] he has a clear vision and we seem to be moving in the right direction." However, other staff told us that they did not feel listened to. One staff said, "I just want to sometimes be listened to. We do our best, but they always pull you down, but they never say you've done a good job. It would be nice, but you never get that, you just get told off."
- Some relatives told us that they felt communication with the home was sometimes difficult. Relatives told us, "The Manager never answers his emails", "I have had a few dealings with the manager. I have emailed but received no reply" and "The direct carers are good, and they listen. In terms of going up the hierarchy, I feel it just gets lost."
- On each park staff had 'resident of the day'. This was a 'flash meeting' every day at 11.00am. During this meeting, staff evaluated the care plans, risk assessments, Waterlow scores and other paperwork related to the person. This was an informal process and documented only on one park. As this as not documented on all parks, we were unable to see if care files had been updated.
- The registered manager told us that a service manager for the provider organisation completed a quarterly service audit. We asked for a copy of this to be sent following the inspection. However, this was not received.
- At the time of the inspection we requested the accident and incident analysis for the home for 2019 to be sent to us. We did not receive this document and were unable to be assured there was adequate management oversight of this area.
- Pre-assessments completed before people moved into the home were not detailed or person centred and failed to clearly document the physical and emotional care that people required.
- People told us they had not been asked for their feedback about the service. Comments included, "I haven't been to meetings and I haven't had a questionnaire" and "I haven't been to meetings, if there are any, they don't invite me. No questionnaires."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager completed quarterly audits for infection control and staff supervision. We saw that where there were any issues, there were plans in place to address this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Where there had been any safeguarding meetings with the local authority the registered manager and team leaders had been actively involved. Management plans were put in place to help prevent and further

issues.

- Although accidents and incidents were poorly documented, feedback from relatives confirmed that they were contacted if people had an accident or fall.
- Staff meeting records confirmed that accidents and incidents were discussed in staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There had been an annual staff survey completed by the provider. However, no staff from Bridgewood House had responded. The registered manager told us that they were looking into why there had been no staff response.
- There were regular staff meetings. Staff told us that they were able to raise any issues and discuss concerns.
- There were family and friends' meetings held every six months. Following the meetings, a newsletter was produced which was available for people and relatives to read. Activities, events and any news from the home was discussed.
- We received mixed feedback about the friends and relatives' meetings. Relatives' commented, "We have family meetings and we express our views there; our comments are taken on board and dealt with", "If I don't go to relatives' meetings, I get feedback and a letter saying what was raised and the response" and "They have relatives' meetings and I usually go. Whatever I raise, nothing seems to happen."
- People's care records showed that healthcare professionals were involved in people's care. This included physiotherapists, dieticians, community stroke rehabilitation teams and Speech and Language Therapists.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were inconsistent. The provider failed to ensure that known risks to the health and safety of service users had been assessed and guidance in place to minimise the risks. Medicines were not safely managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to establish and operate an effective system for handling and responding to complaints.