

# Bridgewood Health Care Limited

# Bridgewood Mews

## Inspection report

38 Bridge Road  
Tipton  
West Midlands  
DY4 0JW

Tel: 01215225780

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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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Bridgewood Mews is a 22-bedded purpose-built property and provides nursing care and support for younger adults with complex physical and mental health needs. At the time of our inspection there were 20 people using the service

### People's experience of using this service:

- People felt safe at the home which they said was well-staffed. They had personalised care plans and chose how they wanted staff to meet their individual needs.
- Staff supported people with their cultural needs, including those relating to language, ethnicity and religion.
- Staff had additional training to ensure they understood the complex needs of some of the people using the service. They met people's healthcare needs in conjunction with external specialists.
- People had plenty to eat and drink. They were offered food from different cultures including Asian, Caribbean, and English and chose what they liked.
- The home was purpose built and all areas were accessible to people with limited mobility. It was clean, tidy and fresh throughout. Improvements to the decoration were ongoing.
- The staff were kind and respectful. They knew people well and understood what was important to them.
- Members of the staff team used Sign Language and people had the support of external communication specialists to ensure their voices were heard.
- 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 led active lives and staff supported them to take part in a wide range of one-to-one and group activities.
- The staff worked as a team, supporting each other, and ensuring they were there for people, regardless of their specific roles at the home.
- People had the opportunity to provide feedback on the home at one-to-one and group meetings, and through the service users council and the provider's regular quality surveys.
- The provider and managers carried out audits of all aspects of the service to ensure it was running well and providing people with safe, high-quality care and support.

### Rating at last inspection

At the last inspection we rated this service Good (report published on 8 September 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Bridgewood Mews

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of people with physical needs.

#### Service and service type:

Bridgewood Mews 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.

At the time of our inspection visit the home did not have a registered manager. However, the acting manager had applied to the Care Quality Commission for registration and was undergoing the registration process.

#### Notice of inspection:

This inspection was unannounced and took place on 7 March 2019.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies.

During the inspection, we spoke with four people using this service and four relatives. We observed staff interacting with people and providing support and activities. We also spoke with the acting manager, deputy manager (who was also a nurse), operations manager, service user engagement manager, head housekeeper/care worker, another care worker, and the activities co-ordinator.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People told us they felt safe at the home. A person said, "I feel safe because all the staff are good and I've got friends here." Another person told us having people around them made them feel safe.
- The provider had safeguarding policies and procedures which staff followed if they had concerns about the well-being of any of the people using the service.
- All staff, including ancillary staff, were trained in safeguarding so they understood the types of abuse and what signs to look out for if a person was being abused.
- Staff worked with people to find out what 'safe' meant to them. This helped staff understand people's perspective and act to address areas where people might not feel safe.

### Assessing risk, safety monitoring and management

- Senior staff assessed people to determine where they might be at risk. They put guidance in place so staff knew how to minimise risks without compromising people's independence.
- One risk assessment, identified at the inspection visit, needed improvement as it was unclear from reading it how staff should respond when a person decided to mobilise independently. The acting manager said she would update and improve the risk assessment.
- Each person had a personal emergency evacuation plan so staff and others, such as the fire service, would know how to help evacuate the person in an emergency. These were personalised, for example, one person's stated, '[Person] will not hear the fire alarm, but will be able to lip read "fire".'
- Maintenance staff carried out regular checks of the premises and equipment to ensure they were safe for people and staff to use.

### Staffing levels

- The home was well-staffed. People and relatives said there were enough staff on duty to meet people's needs and support them to take part in one-to-one and group activities.
- Staff worked as a team for the good of the people living in the home. For example, one of the housekeepers, who was skilled at communicating with a person, supported them to share their views with us.
- Staff told us that staffing levels at the home were good. A staff member said, "We are well-staffed which is right for this home. People go out a lot and they need staff to go with them."
- The provider had safe staff recruitment procedures in place. Checks were carried out before employment to make sure staff had the right character and experience for their roles.

### Using medicines safely

- A person told us they had their medicines safely and on time. They told us, "I get them in the morning, tea

time and night time."

- Nursing staff were responsible for medicines at the home. They completed a medicines management course, a shadowing period, and a competency check so they could give out medicines safely.
- Medicines were stored securely. The deputy manager carried out audits to ensure medicines stocks and records were in order.
- Where possible people were encouraged to take responsibility for some or all their medicines. For example, one person was doing this successfully at the time of our inspection visit.

#### Preventing and controlling infection

- The home was clean, tidy, and fresh. Staff were trained in infection control and knew how to protect people from the spread of infection.
- The head housekeeper told us how they were working to a new schedule to further improve cleanliness in the home. They said, "We're going wild with deep cleaning here. We do a deep clean of bedrooms fortnightly, communal areas weekly, and ensuites daily, and that's on top of the usual cleaning."

#### Learning lessons when things go wrong

- The provider and acting manager had systems were in place to review accidents or incidents, identify any trends, and learn lessons, where appropriate.
- A relative told us staff had acted to improve safety after a person had an issue with a piece of equipment in their bedroom. Staff had put measures in place to prevent this happening again.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed before coming to the home to ensure their needs could be met.
- Assessments were personalised and included a section on people's preferences and life stories, and information on their health and social care needs.
- Consideration was given to people's cultural needs including those relating to language, ethnicity and religious needs. This ensured staff could support people with their cultural needs as soon as they moved into the home.

Staff skills, knowledge and experience

- People and relatives said they thought the staff were well-trained and knowledgeable because people received good-quality care.
- Staff told us they completed a wide range of training courses including a comprehensive induction, moving and handling, health and safety, and privacy, dignity and respect.
- Specialist training was provided to ensure staff understood the complex needs of some of the people using the service. For example, staff completed courses in Huntington's Disease, acquired brain injury, and care following a stroke.
- Nursing staff had recently been trained in a medical procedure so a person could stay at the home rather than having to go into hospital.

Supporting people to eat and drink enough with choice in a balanced diet

- People had enough to eat and drink and could choose their own meals. A person said, "The food's nice."
- The acting manager had started a 'brunch club' and people were having brunch during our inspection visit. There was a wide choice of brunch items and staff helped people to choose what they wanted using sign language and gestures.
- Staff served food in consistencies that were safe for people based on instructions from the SALT (speech and language therapy) team.
- People were offered food from different cultures including Asian, Caribbean, and English and invited to choose what they would like.
- People were referred to dieticians and/or the SALT team if they needed support with their nutrition and hydration. Staff monitored people's weight and nutritional intake to ensure they were getting the food and drink they needed.
- People were encouraged to get involved in shopping and cooking. For example, one person's care plan stated, '[Person] to be assisted to go out to the shops to buy their own food and drinks as this is something they enjoy and they often pick up what they want.'

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives, access healthcare services and support

- People and relatives told us people's healthcare needs were met. They said staff looked after them if they were unwell and sought medical help for them if they needed it.
- Advice given by community healthcare professionals was followed, documented and communicated across the staff team.
- Staff said the Huntington's Disease Association provided expert support to people at the service and supplied a specialist occupational therapist and dietician to work with people on an individual basis.
- The home had a GP who visited the home regularly and when needed giving them the opportunity to get to know people well.

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

- Some people and relatives thought the premises needed redecorating in some areas. A person said they thought 'the painting and the walls' could be improved.
- The managers said the premises were on schedule for upgrading and the work was to be carried out this year following consultation with the people using the service.
- The home was purpose built and all areas were accessible to people with limited mobility.
- On or prior to admission people were invited to personalise their rooms with staff support. One person showed us their room which was themed and decorated in the way they wanted it with lots of interesting things to look at. The person was proud of their room.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- The service took the required action to protect people's rights and ensure people received the care and support they needed.
- Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being protected.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives said the staff were kind and respectful. One person said, "They say please and thank you and they give me privacy."
- Visitors were made welcome and said they were offered refreshments and encouraged to make themselves at home. They told us the staff were caring and put people using the service first in everything they did.
- Staff knew people well and understood what was important to them. For example, staff were arranging a prom for one person who was enjoying planning this.

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

- Staff ensured people's communication needs were met. Members of the staff team used Makaton and British Sign Language and people had the support of external communication specialists to ensure their voices were heard. Makaton is a form of sign language developed for people with a disability.
- If a person's first language was not English managers ensured they had the opportunity to converse in their first language either with members of the multicultural staff team or with support workers from outside the home.
- People and relatives, where applicable, were involved in care planning and making decisions about how people wanted their care and support provided. People told us about some of the daily choices they made, around meals, personal care, and activities.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their privacy and dignity at all times. We saw staff knock before entering people's bedrooms and consulting with them about what they'd like to do that day.
- There was a colourful and eye-catching noticeboard in the home's reception area with information about dignity on it.
- People's preferences regarding privacy were recorded in their care records. For example, people could choose to have their bedroom doors locked and to use privacy signs on their doors if they did not wish to be disturbed, providing this was safe.
- Staff promoted people's independence and encouraged them to develop their skills. For example, some people were doing their own laundry and cleaning in preparation for eventually moving into supported living services in the wider community.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- People had personalised care plans to ensure their individual needs were met. These included a section called 'My Preferences' where people's likes, dislikes and choices were recorded.
- People were asked whether they wanted male or female staff for personal care, their chosen times for getting up and going to bed, and whether they preferred a bath or a shower.
- People's well-being had improved since coming to the home. For example, one person had increased their mobility, improved their nutrition and health, and was now looking at living more independently.
- People were asked positive questions for example, 'What do I want most out of my life?' and 'How do I like to look?' This meant staff could support with their wishes and goals.
- People told us they lived active lives. A person said, "I do a lot of walking, read books, go to church on Sunday and sometimes more." Another person told us, "I have my nails painted, I have my hair done. I like to watch the telly with the subtitles on."
- People had individual programmes of activities to suit their needs. People chose their activities, both in-house and within the wider community.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the home had met this standard.

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

- People and relatives knew how to make a complaint if they needed to. They said they would speak with a manager or contact the provider.
- The provider's complaints policy and procedure was available to people and relatives. Staff knew how to support people to complain and refer them for independent advocacy if appropriate.
- Complaints were investigated thoroughly and action taken to put things right. For example, as a result of an informal concern being raised a person's care plan was updated and improved.

### End of life care and support

- Staff were trained in end of life care and knew how to support people, in conjunction with palliative care services, and make them comfortable and pain-free at the end of their lives.
- A nurse told us how staff had supported one person by involving their family, playing their favourite music, and staying with them at all times.
- Staff had specialist skills in the provision of end of life care for people with Huntingdon's Disease and had been asked to share their learning with palliative care nurses at a local hospital.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives made many positive comments about the home. They said the atmosphere was friendly and the staff proactive. A person said, "I think it's good here and the staff always try and help you. You've only got to say something and they sort it out straight away."
- People and relatives knew who the acting manager was and said they saw her around the home. One person said, "If I want to talk with acting manager I can and she listens to me."
- Staff told us the acting manager was supportive and experienced. A staff member said, "The staff have confidence in her. She's firm but fair, she puts the service users first but she also cares about the staff."
- Staff said they would recommend the home. A staff member told us, "It's got a family feel to it. The staff really care about the people here and want the best for them." Another staff member said, "I would put a relative in here. We've got a brilliant team of staff and a lovely crowd of service users and they are very funny – they have a great sense of humour and seeing them happy makes the staff happy."
- Staff were aware of their responsibility to provide high-quality, personalised care and support based on the home's ethos and values. The acting manager promoted transparency and honesty and supported people, relatives and staff to speak out if they had any concerns.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the time of our inspection visit the home did not have a registered manager. However, the acting manager had applied to the Care Quality Commission for registration and was undergoing the registration process.
- The staff worked as a team, supporting each other, and ensuring they were there for people, regardless of their specific roles at the home.
- The acting manager understood her duties and sent notifications to CQC as required.
- The provider had a quality assurance system in place to ensure the care and support was provided was high quality. The management team and the provider carried out audits of all aspects of the service. They produced action plans followed and the provider checked these to ensure improvements were made where necessary.

Engaging and involving people using the service, the public and staff

- People and relatives were encouraged to share their views on the home in a variety of ways. A person told us, "They have asked for my views and I think the service is good."
- We met with the home's service user engagement manager whose role was to involve people and relatives

as 'partners' and empower them to influence the way the provider developed their homes.

- One way they did this was through a service user council. This was set up so people from the provider's homes could meet to share their views on the service and make suggestions for changes and improvements.
- The service user council was in the process of re-writing the provider's service user guide to make it more accessible. The service user council was also lobbying the provider to develop a holiday home for people at a seaside location.
- We met the service user council representatives/ambassador for Bridgewood Mews. They had written a blog about their life at the home. This was due to be presented to the provider's board to give member's a better insight into the life of a person using the service.
- People and relatives attended meetings at Bridgewood Mews which enabled them to provide feedback on the service. The minutes of the most recent meeting, in January 2018, showed people and relatives were given information and updates about the home. However, people's and relatives' views were not clearly represented in the minutes. The managers said that in future this would be rectified.
- The minutes of the most recent staff meeting, in February 2019, showed that training, policies and procedures, and meal arrangements were discussed. However, as in the people's and residents' meeting minutes, staff views were not recorded although they had been asked how they were feeling about the home. Again, the managers said this would be addressed so that staff member's views were recorded.
- The home's 'Comments Book' showed visitors, including health and social care professionals, had a high regard for the service. Comments from the last six months included: 'always a warm welcome'; 'very comprehensive care plans and records'; 'great communication'; 'loving caring thoughtful staff'; and 'wonderful care'.
- The home's latest service users survey, which took place in February 2019, showed people were happy overall with the home. Most people took part in the survey, but some people were unable to due to communication challenges. The action plan showed staff were looking at alternative ways of gathering feedback from the latter group.

#### Continuous learning and improving care

- The acting manager worked to continually improve the home. Staff told us she had started new initiatives, like the 'brunch club', and supported people using the service to 'spread their wings' and achieve their potential.
- Staff were recognised for their achievements both at the home and externally. One staff member told us, 'I feel valued here. I've won a 'Making a Difference' award and was nominated for 'Carer of the Year' and had to go to Birmingham for the award show.'