

HC-One Limited

# Bridgewater Park Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Bridgewater Park Care Home is a care home providing personal care and accommodation for up to 63 people, some of whom may be living with dementia. At the time of the inspection 47 people were living at the service.

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

The provider had made improvements since the last inspection. Continuous improvement was a focus for the registered manager and the staff team, who used their audits and checks to drive forward improvements.

Whilst improvements had been made in the cleanliness and maintenance of the building, staffing levels, care planning and record keeping, further improvements were required to ensure standards were met, maintained and embedded in practice. We made recommendations about staffing levels, planned refurbishment and risk management.

People and their relatives were happy with the care being provided and told us they felt safe. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. People's medicines were managed safely, and safe recruitment and selection processes were in place.

People, staff and relatives were given the opportunity to be involved with the running of the service through meetings and surveys. People gave positive feedback about the food available.

People were supported to have maximum choice and control of their lives and staff supported 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 Care Quality Commissions (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (Last report published 21 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective

and Well-Led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last inspection, by selecting the 'all reports' link for Bridgewater Park care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bridgewater Park Care Home

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector, a specialist advisor and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bridgewater Park Care Home 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

## During the inspection

We spoke with the registered manager, two directors, a nurse, two senior carers, a carer, a housekeeper, activities coordinator and a laundry assistant. We spoke with nine people who used the service about their experience of the care provided and four relatives. We received feedback from four visiting professionals. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

### Staffing and recruitment

At our last inspection the provider had failed to deploy appropriate numbers of suitably qualified, skilled, experienced and competent staff. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Following the last inspection, staffing levels had improved. The provider had increased staffing levels at the service and had a dependency tool in place to support them to know how many staff they needed. This was reviewed regularly, and the service was staffed in line with their dependency tool.
- We did not observe people waiting for long periods of time for their needs to be met. However, feedback from all staff, people and relatives was that there was still not enough staff to meet people's needs in a timely manner. People said, "I can't say I always feel safe. They use a lot of agency staff and of course they don't know you." and "The staff can be very busy and don't have time to chat." Staff said, "There is not enough staff here. I believe it is the reason why there is such a high turnover of staff." The provider said they would discuss this with staff, people and relatives and continue to review the staffing levels within the service.

We recommend the provider engages people, staff and relatives in a review of staffing levels within the service and takes action where needed.

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure the premises and equipment were clean and properly maintained. This was a breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some planned refurbishment had been completed since the last inspection, including changes in the laundry. However, there were still some areas of the building waiting to be refurbished. We were given assurance by the area director that plans were in place for this work.

We recommend the provider continues to prioritise the planned refurbishment for this service to ensure it maintains a clean and maintained environment for people to reside.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visiting arrangements followed current government guidelines. Risk assessments and care plans were in place to support safe visits to the care home and when people visited family and/or friends.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place and reviewed on a regular basis. We identified one person whose health risks had not been sufficiently care planned or risk assessed. We shared this with the provider during the inspection who gave us assurance this would be addressed.
- There was inconsistency in care planning and risk management. Staff did not have the correct information to ensure they met people's needs. For example, care plans and risk assessments were not up to date and accurate regarding specialist diets and catheter care.

We recommend the provider reviews all risk assessments and care plans to ensure risk is captured and sufficient guidance is provided to staff on how to manage this risk.

- Personal emergency evacuation plans were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The equipment had regular checks to ensure it remained safe to use.
- Accidents and incidents were reviewed by the registered manager and lessons learnt was considered.

#### Using medicines safely

- There were safe medicines processes in place. Medicines were safely received, stored and returned to pharmacy when they were no longer required.
- Staff who supported people with their medicines had a good knowledge of medicines processes.
- People received their medicines on time and were proactively supported to manage their own medicines where they could.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People felt safe in the service. Their relative's also felt their loved ones were safe. One person told us, "I feel

safe and cared for living here."

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure consent to care in line with the law. This was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Records evidenced capacity assessments had been undertaken and where appropriate, best interest meetings took place. Where people's records indicated their representatives had legal authority to make decisions on their behalf, evidence had been obtained to support this.

Staff worked with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to effectively monitor and manage people's health needs safely. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12

- People were supported to access health care services such as doctors and district nurses.
- Care and support was predominately based on a full assessment of people's needs and reflected current evidence-based guidance. Most people's care records contained a full assessment of people's needs.
- Some areas of the building had been adapted to meet people's needs. Bedrooms were homely and personalised. There was access to a garden area which was maintained by one person who lived at the service.
- The service still required planned refurbishment to ensure it was fit for purpose. This included areas of the home which were out of use, including the main dining room.
- The environment in the dementia unit did not follow best practice and the use of dementia friendly signage could have been improved to help guide people. The provider took immediate action to address this and further changes are scheduled with the refurbishment.
- We identified one security risk during the inspection due to rear access doors being left open. The provider confirmed action had been taken to ensure the building was safe following the inspection.

Staff support: induction, training, skills and experience

- Staff were supported in their role to access mandatory training to enable them to meet people's needs. The provider had systems in place to monitor staff compliance with mandatory training.
- Staff had good knowledge about people and their health needs.
- Staff received supervision to support them in their role.

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

- People's lunch time experience followed best practice and included choice. Staff showed people meals in the dementia unit to assist people with making their own choices.
- Menus were on display and included alternatives available.
- Feedback was positive about the food. People told us, "The food tastes nice" and "We eat what we like."
- Some relatives raised concerns about staff spending enough time with people to encourage them to eat. We observed most people eating their meals in their room, staff gave encouragement when they could but had limited presence within people's bedrooms during this time.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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; Continuous learning and improving care

- Systems and processes to monitor the quality of the service were in place. The new registered manager had worked closely with the area director and the staff team to make improvements. One person told us, "I'm quite happy and contented. The staff are all very nice. There have been some changes for the better recently. The home has had a makeover." A relative told us, "There have been a lot of staff changes although there does seem to be a difference since the new manager came, for the better I would say."
- Further embedding of monitoring systems and process was needed to ensure improvements continued within the service and gaps were identified promptly.
- Records required further improvement to ensure they captured and reflected people's care and support had been delivered in line with their care plan. For example, daily charts and records were not reliable to confirm care had been delivered.
- The management team and staff were motivated to provide the best possible person-centred care and support for people. Staff were kept informed of progress within the home by the management team and open and honest feedback was given following the inspection.
- Staff said they felt supported by their colleagues, nurses and seniors on the floor.
- People, relatives and staff were supported to share their feedback and views. Surveys were circulated, resulting in feedback and action plans. However, not all relatives and people we spoke with felt involved in the care planning process and not all staff felt their concerns about staffing levels were listened to.

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; Working in partnership with others

- The registered manager understood their responsibility in relation to duty of candour. They also knew what important events needed to be notified to CQC and understood they were required to be open and honest in the event of something going wrong with people's care.
- The management team worked closely with other agencies and professionals.