

# Aitch Care Homes (London) Limited

## Bridgewater House

### Inspection report

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Date of inspection visit:  
18 October 2016

Date of publication:  
04 November 2016

### 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

This inspection took place on 18 October 2016 and was announced.

Bridgewater House provides personal care for up to nine people with learning and physical disabilities. At this inspection they were providing care and support for nine people.

A registered manager was in post but owing to pre-arranged annual leave was not present at this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported day to day by a deputy manager who was present at this inspection.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. People received help with their medicines from staff who were trained and assessed as competent to support them safely. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work.

The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

Staff members had the skills and knowledge to meet the needs of those they supported. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's specific requirements was provided.

Staff members were aware of the guidance and legislation that governed their practice. People were supported in a way that maintained their individual rights. People were involved in decisions about their care and were given information they needed in a way they understood. When people were not able to make decisions themselves staff members knew what to do to ensure any decisions made were in their best interests.

People had positive and caring relationships with staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by staff members. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

Staff were supported by a management team who they found approachable. The provider undertook regular quality checks in order to drive improvements. People were involved in their home and felt their opinions mattered to the provider. Any suggestions people made were valued. The provider had systems in place to respond to the suggestions of others.

## 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.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. There were enough staff to safely meet people's needs. Checks were made before staff could start work to ensure they were safe to work with people. People were supported with their medicines by trained and competent staff members.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff members who had the skills and knowledge to effectively meet their needs. People had their rights protected by staff members who knew the current guidance governing their practice. People were supported to access healthcare when needed to maintain their well-being.

### Is the service caring?

Good ●

The service was caring.

People were supported by a kind and compassionate staff team. Staff spoke about those they supported with warmth and respect. People were supported at times of upset and distress. People were involved in making decisions about their own care and support.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. Regular reviews took place and accounted for any changes in people's needs. People's individual preferences were known by the staff supporting them. People and their relatives were encouraged to be involved in the planning and support and to raise any concerns or comments.

### Is the service well-led?

Good ●

The service was well led.

People felt involved with their home and their suggestions were valued by the provider. The provider and staff team had shared values in supporting people in a way they wanted. The provider

had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

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# Bridgewater House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 October 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

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.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with three people, the deputy manager, two staff members and the locality manager. We looked at care and support plans for two people including individual assessments of risk and medicine administration records. We looked at records of incident and accidents, compliments and complaints and the recruitment records of two staff members.

# Is the service safe?

## Our findings

We looked at how people were kept safe from abuse. One person told us, "I feel safe, no one hurts me." Staff members told us they had training on how to recognise and respond to concerns of abuse. One staff member said, "I would report anything straight away and take immediate action to make sure the person was safe." Another staff member told us they would always report anything they didn't feel was right to the registered manager or to the on-call manager. We saw information was available which informed staff on where they could report their concerns. We saw the registered manager had made referrals to the local authority in order to keep people safe.

People were kept safe when using services from the provider. People had individual assessments of risk including mobility, health and medicines. We saw staff members assisting people whilst following people's risk assessments. Staff members we spoke with knew the individual risks to people and what to do in order to minimise the risk of harm. People had personal evacuation plans in place in case of emergency. These plans were personalised to their own strengths and needs. Staff members understood these plans and could tell us what to do in an emergency.

People were encouraged to be independent within their own home and measures were taken to prevent harm and specialist equipment was available. For example, we saw people making their own hot drinks and using easy pour kettles. These were used to minimise the risk of harm whilst enabling people to still do what they wanted. One staff member told us, "Everyone can come in and help make meals or drinks whenever they want. We assist people so they keep safe whilst doing so."

Staff members we spoke with knew how to report incident, accidents or issues relating to people's care. Incidents and accidents were monitored by the registered manager and the provider. Any patterns or trends identified were responded to in order to keep people safe. For example, it was identified that one person had started to become unsteady whilst walking and at a greater risk of falls. As a result a reassessment of need was completed and equipment was provided to safely assist this person.

At this inspection we saw there were enough staff to assist people safely. One staff member told us, "Staffing was a problem in the past but [provider] started to use consistent agency staff who knew people living here and how they liked to be supported." The provider had systems in place to respond to any change need and to allocate additional staff members if required.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicines when they needed it. We saw staff members following safe practices when

supporting people to take their medicines which included the safe storage of medicines. Staff members told us after they had received training in the safe administration of medicines they were assessed to ensure they were competent. This was to make sure they followed their training and assisted people safely. We saw guidance was in place for "when required" medicines for staff members to follow. Staff members knew what to do in the event of a medicine error. One staff member told us about one error. They stated the medical advice was gained to ensure no harm was caused and the error was investigated by the registered manager. This was to identify any learning from the incident and to prevent reoccurrence.

# Is the service effective?

## Our findings

People were supported by a staff team that had the skills and knowledge to meet their needs. Staff members we spoke with told us they received ongoing training relevant to the people they supported. This included training to increase their knowledge of individual's specific needs in order to support them. Staff members told us they recently received training on how to assist people to manage their individual anxieties. In addition to the training provided several staff members received extra support in order to become trainers in this type of intervention. One staff member told us this was so they could continue to provide any new staff members with the skills to support people without having to wait for a training event. This meant that people received care and support from a skilled and knowledgeable staff team.

New staff members received an induction to the role they would be completing. One staff member told us, "When I first started I completed several shifts where I just assisted a more regular staff member. This allowed me to build my confidence. I was not expected to do anything until I felt comfortable. I could support people as they wanted." Another staff member told us that there was no pressure from the provider to complete any element of their job until they were fully confident. They said, "I didn't feel comfortable to assist people with their medicines at first. When I felt ready I was provided with the training. I was never rushed" At this inspection we saw one new staff member working with other staff members as part of their induction.

People received care from a staff team who were supported in their role. Staff members told us they received regular one-on-one sessions with a senior staff member. During these sessions they could discuss what has gone well and what could be improved. Staff also had the opportunity to discuss any development opportunities including any additional training they felt they needed in order to do their jobs. One staff member told us, "We spoke about how to support people more around their house and to involve them in more activities like cooking. As a result [provider] has started to purchase equipment so people can be more involved in their meal preparation." Staff members we spoke with told us they would approach anyone of their colleagues or the management team at any time when they needed support or guidance.

Staff shared information appropriately with the people they supported and other professionals involved in their care. We saw recently revised assessments for people had been shared with staff members assisting them. This information was checked with the staff members who were knowledgeable about the changes. This meant that people received care and support from staff that were kept up to date with any changes in their needs.

People had access to information that was presented in a way which was personal to them. We saw staff members using various methods for communicating with people. These included picture prompts, gestures, signs and speech. We saw staff understood what people were telling them and responded appropriately.

We saw people were supported to make their own decisions and were given choices. One person said, "I choose what I want to do." Throughout this inspection we saw people being offered choices on what to eat, what to do and where to go. People were given the time and support to make decisions for themselves. For

example, we saw people had been involved in the creation of their weekly menu.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made for someone. This was regarding the best method to support them with managing their emotions and any anxiety they might be experiencing. The decision included the person, their relatives and the multi-disciplinary team involved in the person's care. The decision was made for the person in the least restrictive way possible to meet their needs.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made applications to ensure people's rights were maintained whilst living at Bridgewater House. The decisions relating to the majority of these applications were yet to be made. However, we saw that the provider was supporting people in the least restrictive way possible and were complying with the recommendations of those which had been authorised. The provider had systems in place to monitor the timescales for reviews and to make repeat application if necessary.

We saw people were supported to eat and drink sufficient amounts to maintain good health. One staff member said, "[Person's name] would choose an unhealthy diet and this would impact on their wellbeing. We try and promote alternatives when we can but people can still have what they want. At least they are now making more positive healthy choices." We saw people had been involved with their own meal planning. We saw people could get their own drinks when they wanted and could eat their meals where they chose. People had the assistance of adapted cutlery and crockery which promoted their independence and encouraged their eating.

People had access to healthcare services when needed to maintain well-being. We saw staff members had requested a medical review following changes in one person's medical condition. One staff member said, "Following the medical review and the changes made we saw this person taking part in a lot more in activities." We saw the provider had engaged the services of specialist medical practitioners to address people's specific medical diagnosis. This was in order for people to receive the medical support they needed to maintain their health.

# Is the service caring?

## Our findings

We saw people being supported by staff in a way that was kind, respectful and caring. People told us they liked those who supported them and felt that they had a good relationship. One person told us, "I love them, they're great." Another person said, "They (staff) are good, I like them." We saw people interacting with staff members in a relaxed and good humoured atmosphere. We saw people playing games with staff members whilst joking and laughing all together.

We saw people were able to spend time with staff at times they felt upset and were able to express any emotions they felt. Staff members were knowledgeable about the people they supported and any difficulties they may experience when expressing their emotions. One staff member said, "When [person's name] gets upset they can often become remorseful afterwards. It is important that we also support them at this time as expressing emotions is part of who we are. People should never be made to feel bad but supported to express themselves and for us to help them deal with how they are feeling appropriately."

People were supported by staff who knew them well and took an interest in them as individuals. Staff members told us about people's personal histories and the things that mattered to them. These included families, previous living arrangements, what people liked and also what they didn't like.

People were involved in making decisions about their own care and support. One person said, "If I want a bath it is up to me." Throughout this inspection we saw people being asked how they wished to be supported. We saw people being involved in decision about what they wanted to do with their time, what help they wanted and if they needed any additional support. We saw people were presented with options and given the time to make a decision. One staff member said, "Sometimes we have to minimise the amount of choices we offer so we don't overwhelm the person. This in its self-limits their ability to make a decision. Sometimes we only offer a couple of options and the person can point to what they want which works better for them."

We saw people were encouraged to remain as independent as they could. People were involved in the preparation of their own meals and drinks and in keeping their rooms as they wish. We saw people being encouraged to complete house hold tasks like putting away their own laundered clothing. We saw one person was completing some cleaning. When they appeared to become distracted the staff member broke up the activity by making it fun and danced with them a little. This person then carried on doing the activity. One staff member told us, "By choice a lot of us wouldn't want to do things like cleaning but if we make it enjoyable people can become more independent and involved in their own home."

We saw people had their privacy and dignity maintained and respected by staff providing support. Staff members discreetly assisted people with personal care. Staff members knocked before entering people's rooms and announced themselves when allowed entry.

Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so.

## Is the service responsive?

### Our findings

People were involved in the development of their care and support plans which were individual to their own needs. People, and when needed family members and health professional, were able to contribute what they thought was needed. We saw care and support plans which included people's personal preferences and histories. One staff member told us when assisting with one person to move to Bridgewater House staff members went and worked with them in their previous home. The person then came and visited Bridgewater House in order to become orientated to their new home. One staff member said, "It was during this time when we got to know each other. As our rapport developed [person's name] told us what they wanted to do more and more including what college courses they wanted to take part in." We saw the care and support plans included these personal aspirations and how staff assisted people to achieve them. All the staff members we spoke with had a good knowledge of those they supported.

People told us they believed the support they received was good and adapted as their needs changed. We saw people's care and support plans were regularly reviewed and updated with any changes that were relevant to them as individuals. One person told us they took part in regular meetings about what they wanted to change. This included what they were doing well and what they wanted more help with. For example, one person told us they were looking at increasing their skills to be more independent and this was included in their activities.

Following changes with one person the provider had identified they and staff required additional support to manage their anxieties. Following this care and support plans were changed to include the recommendations made to assist the person with the changes they experienced. We saw this was communicated to all staff supporting the person so that they received consistent care and support.

At this inspection we saw people engaged in a number of activities. These included shopping, meal preparation, household tasks, puzzles and games. People we spoke with told us they took part in leisure, vocational and skill building activities. One person said, "I like to do drama and acting and also going out for lunch." One staff member told us that the day's activities are dictated by the people they are supporting. They said, "It is entirely up to people what they want to do and what they don't. We encourage and we have a programme of activities but we will also be directed by them. If they don't feel like doing something then there is no pressure and if needed we will look at doing something else with them."

Staff members told us people were encouraged to maintain relationships that mattered to them. Family and friends could visit at any time they wished. When visiting people were able to use private areas of their home for visits. This allowed people privacy when spending time with friends and families.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "I just say if I am worried about anything." We saw people had information about how to make a complaint in an easy to read format making it accessible to the people who were being supported. The provider had systems in place to investigate any complaints received and to provide an outcome to the person raising the concern. We saw details of one concern raised and how this was investigated and the

learning passed onto staff members to prevent reoccurrence. People were confident that any concerns raised would be addressed appropriately.

## Is the service well-led?

### Our findings

People told us that they were involved in decisions about their home and the service they received. We saw one person was involved in the redecoration of their room and was purchasing additional storage to make their possessions more accessible to them. People told us they were involved in regular resident meetings. One person told us they felt listened to and that their opinion mattered. They went on to say that at the last meeting everyone went through how to raise a concern and to let others know what they felt. One staff member told us they discuss anything that people want to at the resident meeting but also took the opportunity to reinforce with them things like the complaints process. This was so that people were comfortable talking openly about things that mattered to them in order for anything wrong to be put right.

People knew who the management team were and felt that they could talk them at any time they wanted. We saw many spontaneous interactions between people and the deputy manager at this inspection. People told us who the registered manager was and that they saw them frequently and could speak with them about anything they wanted.

People and family members received regular updates about changes to the provider's organisation. We saw recent newsletters informing people about a range of subjects including people's personal experiences and the personal profiles of staff members.

Staff we spoke with felt that their opinions mattered to the provider and any contributions they made valued. Staff members were involved in regular staff meetings where they were able to discuss aspects relating to their work as part of a group. This included what was going well and any areas for improvements. One staff member told us they did not understand the rationale for changing certain documentation. They raised their point and this was considered as part of a programme of change the provider was making. Another staff member said, "It makes you feel valued when they [provider] listen to what you have said and are prepared to make changes based on your professional opinion." Staff members had access to an on-line support where they could share information and best practice regarding their work. This gave staff the opportunity to talk with others in different homes and share ideas. For example, different college courses for their professional development and new activity centres for people to access.

Staff members told us they felt they all worked together as part of a team with shared values and a common goal for people. We asked staff members about the values that they believe the provider demonstrated. One staff member told us, "It is all about putting the person first. Encouraging people all the way with whatever they want to achieve and overcoming any obstacles together." People told us they were supported in a way they wanted. They were encouraged to develop skills of independence which reflected the values staff members were demonstrating at this inspection.

Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern. We saw guidance was available for staff members should they have any concerns they wished to raise. Information was also published in a recent newsletters encouraging staff

members to "Speak out and unlock the issue". This included contact details for staff members.

Bridgwater House had a registered manager in place who was supported day to day by a deputy manager. The registered manager was not available at this inspection owing to pre-planned leave but we did have the opportunity to talk to them on the phone. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager had submitted notifications to us. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager and provider had systems in place to monitor the quality of service provision. We saw that when advice was given the provider had systems in place to relay this guidance to other homes within their organisation. Information from quality checks, training, incident and accidents and feedback from people and staff was analysed to drive improvements in the support provided. For example, following a locality manager's quality check the recommendation was made for meals to be displayed in pictures for people to follow. At this inspection we saw this recommended change had been made and pictures were on display as recommended.