

Bridgedale House LLP

# Bridgedale House

## Inspection report

381A Fulwood Road  
Sheffield  
South Yorkshire  
S10 3GA

Tel: 01142309675

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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

The inspection took place on 10 March 2016 and was unannounced. The home was previously inspected in April 2014 and the service was meeting the regulations we looked at.

Bridgedale House is a care home situated in a residential area of Sheffield. It provides accommodation for up to 22 older people who require personal care. Accommodation is provided over three floors, accessed by a lift and/or stairs. All bedrooms are en-suite. The home has a spacious garden which is well maintained, and a car park.

The service had a registered manager in post at the time of our 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.

We saw risk assessments in place regarding risks associated with people's care. These explained how people's care should be delivered in a safe way and how to reduce any risks involved.

The service had policies in place to manage medicines. We saw medicines were stored safely and temperatures were taken of the room and fridge where they were stored.

We looked at policies and procedures in place to safeguard people from abuse and found them to be informative and offer guidance to staff. Staff were knowledgeable about how to recognise and report abuse if required.

We saw the service had a staff recruitment system in place which had been followed effectively. Pre-employment checks were carried out prior to new staff commencing their role.

Staff we spoke with told us the training they received was informative and was face to face. This allowed staff to ask questions pertinent to their role. Staff told us their training covered mandatory subjects such as food hygiene, health and safety, first aid, moving and handling and safeguarding.

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the DoLS.

We saw that people were offered a nutritious and balanced diet which met their needs. People had a good choice of food and were served drinks and snacks in-between meals. We observed lunch being served and some people required assistance from staff to eat their meals. This was provided in a caring and unrushed manner.

People had access to health care professionals when required. We saw care plans included professionals

involved in people's care and referrals were made to other professionals when required.

We observed staff supporting people and found they were keen to respect people and to maintain their dignity. Staff spoke to people in a lovely, calm and quietly spoken manner.

Staff took time to support people in an unrushed way. Every task was carried out at the persons pace and with their consent.

People's needs were assessed and care and support was provided in line with their individual care plans. Staff ensured people were involved in their care and reviewed the records on a regular basis to ensure they were still current.

We saw all staff took part in activities and shared the responsibility throughout the day. Staff had the ability of involving everyone in as far as they wanted to be involved. This could be just watching, or chatting about the activity or taking an active part.

The service had a complaints procedure in place which was displayed throughout the home. The service had not received any concerns but had a log set up in preparation.

During our inspection we saw the registered manager interacting with people, relatives and staff and knew them all really well. There was an open door policy and people felt at ease just turning up to the office and chatting.

Audits took place to check the quality of the service and to ensure policies and procedures were being followed.

## 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.

We saw risk assessments in place regarding risks associated with people's care.

The service had policies in place to manage medicines. We saw medicines were managed in a safe way.

We looked at policies and procedures in place to safeguard people from abuse.

We saw the service had a robust staff recruitment system in place.

### Is the service effective?

Good ●

The service was effective.

Staff we spoke with told us the training they received was informative and gave them the skills and knowledge to carry out their role well.

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the DoLS.

We saw that people were offered a nutritious and balanced diet which met their needs.

People had access to health care professionals when required.

### Is the service caring?

Good ●

The service was caring.

We observed staff supporting people and found they were keen to respect people and to maintain their dignity. Staff spoke to people in a lovely, calm and quietly spoken manner.

We observed staff knocking on doors and waiting for a response. This showed staff were respectful.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support was provided in line with their individual care plans.

We saw all staff took part in activities and shared the responsibility throughout the day.

There was a complaints procedure in place and people felt able to raise concerns if they needed to.

### Is the service well-led?

Good ●

The service was well led.

Good leadership and support was evident and staff appeared committed to providing a high quality service.

We saw audits took place to measure the quality of the service.

# Bridgedale 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 checked 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.

The inspection took place on the 10 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with five people who used the service, and two people visiting relatives or friends.

We spoke with two care workers, a cook, the registered manager and the deputy manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

We spoke with people who used the service and they told us they enjoyed living at the home and felt safe. One person said, "If I saw anything I didn't like I would tell the manager that's for sure. She would sort it out."

We spoke with staff who were knowledgeable about protecting people from abuse. Staff confirmed that they had been trained in safeguarding and knew what the types of abuse were, how to recognise it and report it. One care worker said, "I would report abuse straight away to the manager and I know she would act on it."

We spoke with the registered manager about safeguarding people from abuse. They showed us a file with a procedure in place and a log was available to record any incidents. At the time of our inspection there were no current safeguarding incidents.

The service had a system in place to manage medicines in a safe manner. We spoke with the deputy manager who had overall responsibility for medicines in the home. We saw a very organised system in place for booking medicines in and out of the home with records in place to evidence this. Medicines were stored safely and appropriately in a locked trolley or cupboards which were situated in a locked room. We saw records that showed the temperature was taken of the room and the fridge where medicines were stored. This was to ensure medicines were stored correctly.

We saw controlled medication was stored appropriately. We checked to see if the controlled medicines stored were in line with the records kept. We checked three people's controlled medicines and found they were correct.

Care plans were in place to ensure that people chose how to take their medicines. For example, one person liked to have a drink of water with their tablets. Another person could not eat grapefruit due to the medication they were taking. All this information was contained in their care plan. Where people required medicines on an 'as and when' basis, these were recorded in line with their care plan.

We saw risks associated with people's care had been assessed and plans put in place to manage the person's care in a safe way. For example, we saw risk assessments in place for things such as falls, moving and handling and nutrition. These were reviewed on a monthly basis to ensure they were still relevant.

Through our observations and talking with people we found there was enough staff available for people's needs to be met and for social interaction to take place. Staff were available to sit and relax with people. Staff we spoke with felt there were always enough staff working with them and felt they could support people well. People we spoke with told us the staff were always around and very helpful.

The service had an effective system in place to safely recruit new staff. Pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the

risk of the registered provider employing a person who may be a risk to vulnerable people.

We looked at three staff files and found the recruitment procedure had been followed. Staff we spoke with confirmed this procedure had been followed when they were recruited.



# Is the service effective?

## Our findings

We spoke with people who used the service and staff and found that staff received appropriate training in order to do their job well. People we spoke with told us they had confidence that the staff were well trained and knew how to support them.

Staff we spoke with told us the training they received was informative and was face to face. This allowed staff to ask questions pertinent to their role. Staff told us their training covered mandatory subjects such as food hygiene, health and safety, first aid, moving and handling and safeguarding. We looked at three staff files and found they contained certificates for training courses completed. The administrator showed us a training record. This showed what training staff had received and highlighted staff where training required completion. We saw training was up to date in line with the provider's policy.

Staff felt supported by the registered manager and the senior staff team, which comprised of the registered manager, deputy manager and senior staff. Staff told us they received regular supervision sessions. These were one to one sessions with their line manager. In addition to these meetings, staff received an annual appraisal, where their performance and development was discussed. Staff we spoke with told us they could speak with their line manager with ease and they found the senior team very approachable.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in this subject. The registered manager told us that one person was subject to a DoLS and three other people had been referred to the supervisory body and they were waiting for these to be dealt with.

Care plans we looked at informed the reader of the person's capacity and a care plan was in place where needed to support the person. Where appropriate people had been involved in best interest meetings.

We saw that people were offered a nutritious and balanced diet which met their needs. We spoke with the head chef who was knowledgeable about people's likes and dislikes. People were offered a choice of food and this was respected. When we arrived at the home people were being served breakfast on a flexible basis depending on when people wanted to eat. We observed lunch being served. This was a three course meal which complied of a melon starter, chicken dinner or liver and was followed by a sweet trolley and tea and coffee. People who required support to eat their meals were assisted by staff in a caring, unrushed manner. Staff sat with people chatting as they were assisting them which made meal times a sociable event. During

the day we saw drinks and snacks were provided at regular intervals.

People we spoke with said they enjoyed their meals. One person said, "There is always a choice and even if we don't like that we can have something else." Another person said, "The chef will provide what food we want, it's never any trouble."

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. For example, falls team, speech and language therapist, chiropodist, dentist and doctor. Most people using the service had the same doctor. This was offered on arrival at the home, however people were able to maintain their own doctor if they wished to and if this was practical. The doctor visited every Thursday afternoon to see anyone who wished to be seen.

## Is the service caring?

### Our findings

We spoke with people who used the service and their relatives and were told the staff were very caring. One person said, "The staff are very nice. They always knock on my door when they fetch me a drink. They are very respectful." Another person said, "My family visit me regularly and they are always made welcome and offered a drink as soon as they walk through the door."

Most people enjoyed spending time in the main lounge area chatting to each other and staff or watching the television. We saw that some people enjoyed feeding the birds and they had bird feeders situated outside the lounge window, so they could enjoy watching the birds.

Through our observations it was clear that people had a good relationship with the staff and staff knew people well. The home had a very homely atmosphere and we saw staff were polite and courteous with people.

Care plans we looked at included details about people's likes and dislikes. For example how they prefer to dress and present themselves. One person's care plan stated that the person took a pride in their appearance and liked to wear dresses, this was very important to the person. We saw this was respected.

Care plans also included a social history which included social networks, major events in their life, current and former lifestyles, recreational activities and education and occupation. One person liked to go to church, visit friends and go for walks and the person was supported to do this.

The home had a privacy and dignity champion whose role was to attend training in this area and cascade any new ideas down to the staff team. We spoke with the champion and they told us they observe staff working with people and ensure they are respectful. We observed staff supporting people and found they were keen to respect people and to maintain their dignity. Staff spoke to people in a lovely, calm and quietly spoken manner.

Staff we spoke with knew how to maintain people's privacy and dignity and were compassionate about their role. One care worker said, "I make sure I talk to people and explain what I am doing. It is important that the person feels comfortable."

We toured the home with the registered manager and looked at a variety of bedrooms and found they were varied in size and different in character. People were encouraged to bring in items of furniture and personal effects to make their room as homely as they wanted it to be. We saw one person who invited us in to their room, had a large room and had set it out with a sitting area and bedroom area.

## Is the service responsive?

### Our findings

We spoke with people who used the service and found they felt involved with their care and support. Relatives we spoke with told us they were consulted about their relatives care and kept informed if there was a change.

We looked at care plans belonging to three people and found they were comprehensive and reflected the support and care taking place. Care plans included supporting people with personal care, consent, moving and handling and nutrition. Care plans were reviewed on a monthly basis to ensure they remained current and in line with the person's needs.

We saw all staff took part in activities and shared the responsibility throughout the day. Staff had the ability to involve everyone in as far as they wanted to be involved. This could be just watching, or chatting about the activity or taking an active part. We saw an activity programme was in place and displayed in the main corridor of the home. This was in picture format to aid understanding. Even though this was in place staff suggested activities until they found one which people felt like doing. On the day of our inspection we saw a basketball game, a quiz and a game of bingo took place. People told us they enjoyed the activities staff provided.

We also saw staff were available to sit and chat with people on a one to one basis. People we spoke with found this relaxing and staff felt this was a chance to get to know the people a little better.

The provider had a complaints procedure which was displayed in the entrance area of the home and on each floor. We spoke with people who used the service and their relatives and they all said they did not need to complain. People we spoke with knew there was a complaint procedure and felt able to raise any concerns with the registered manager and staff.

We spoke with the registered manager about complaints and how these were recorded. The registered manager told us that they had not received any concerns, but would resolve small day to day niggles before they became a formal complaint. We saw the registered manager had a file in preparation for logging concerns. We also saw a suggestion box situated in the main reception area and a compliments log containing many thank you cards and letters. The systems in place gave people plenty of opportunity to raise concerns if they needed to.

## Is the service well-led?

### Our findings

People we spoke with knew the registered manager of the home and found her approachable. One person said, "The manager walks round regularly, checks everything is alright."

During our inspection we saw the registered manager interacting with people, relatives and staff and knew them all really well. There was an open door policy and people felt at ease just turning up to the office and chatting. The registered manager was supported by a deputy manager and a team of senior care workers. We saw clear leadership throughout the home and staff were aware of their role and responsibilities. Staff felt management supported them well.

We looked at several audits which took place to ensure policies and procedures were followed and the service was of good quality. A home audit took place by the registered manager every six months and included checks on finance, complaints, care planning, meal service, medication, health and safety and activities. The last audit was completed in early March 2016 and included a small action plan which had been completed.

We also saw more frequent audits were completed on care planning, infection control, medication and the kitchen. All audits were followed by an action plan where required. This stated what the action was, timescale for completion and who was responsible for the action. The registered manager also completed a daily walk round and picked up on any issues on a daily basis.

We saw evidence that people were involved and consulted about the service and any changes. Relatives and resident meetings took place as well as staff meetings. This showed all parties had a voice. Minutes were kept of all meetings and any actions taken as a result of them.

In addition to meetings a customer satisfaction survey was completed on an annual basis. This was last completed in 2015. The result was good and some comments from relatives were, "(my relative) is settled and we are confident in the care and support they are offered." Another comment was, "I am so pleased (my relative) is at Bridgedale. They appear content which is very important to me." The survey for 2016 had recently been sent out.

Staff we spoke with enjoyed working at the home and felt supported by the management team. They also felt they supported each other well and worked well together as a team. All staff irrespective of their role were committed in providing a high standard of care and support to people who used the service.