

Bridge House Holdings Limited

Bridge House Nursing Home

Inspection report

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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

Bridge House Nursing Home is a care home providing personal and nursing care for up to 48 people aged 65 and over. At the time of the inspection there were 42 people living at the home in 2 separate wings; some of these people were living with dementia.

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

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. People's nutritional needs were assessed. People enjoyed their food, and always had a choice of what to eat and where to eat it. People's health needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about the environment in relation to dementia. Not all areas of the building were dementia friendly. There was a lack of dementia friendly signage for example, and some areas of the building were difficult for people to access.

People we spoke with told us they felt safe living at Bridge House Nursing Home. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were enough staff available to meet people's needs and people told us when they needed assistance, staff responded promptly and never rushed them. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were reported, investigated and actions taken to prevent recurrence. The environment was clean, and staff followed infection prevention and control procedures.

People were cared for by kind and compassionate staff. The atmosphere was relaxed and welcoming. We saw that staff regularly engaged people in conversation. People told us they felt involved in making decisions about their care and that staff respected their privacy and dignity.

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. There was a range of activities for people to participate in if they wanted to; including one to one support for those people who preferred not to take part in group events. People's feedback was sought. Complaints were reported, investigated and resolved appropriately.

The service was well led. Systems were in place to monitor the quality of care provided and continuously improve the service.

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

Rating at last inspection

The last rating for this service was Good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bridge House Nursing 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.

Inspection team

The inspection was carried out by 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.

Service and service type

Bridge House Nursing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 9 people and 3 relatives about their experience of the care provided. We spoke with the registered manager and the operations director. We spoke with five staff including a nurse, nurse associate, care workers and an activity co-ordinator.

We reviewed five people's care records and medicines records. We looked at two staff files in relation to recruitment, supervision and training. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff said they felt confident to raise concerns about poor care. One member of staff said, "I would be happy to report any concerns higher up in the company if I didn't get the response I wanted from [registered manager]."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed. Risk assessments for areas such as mobility, skin integrity and malnutrition had been completed and were regularly reviewed. When risks had been identified, the care plans contained guidance for staff on how to manage the risks.
- One person told us, "I definitely trust the staff to look after me; there's always two of them to hoist me and they come quite quickly when I press my bell."
- When care plans guided staff to ensure people had their position changed regularly, records showed this happened in accordance with care plan guidance.
- Regular health and safety audits were carried out to monitor the safety of the service.
- Environmental checks were carried out.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

Staffing and recruitment

- Safe recruitment processes were in place and were followed.
- The registered manager used a staffing and dependency tool for guidance on the number of staff required, and staff rotas showed planned staffing levels were being achieved. Staff told us they felt there were enough staff to meet people's needs.
- People and their visitors told us they thought there were enough staff on duty, and that staff did not seem rushed when supporting them with care. One person said, "I have a bell here and another one in the bathroom. Care staff will come almost before you can let go of it."

Using medicines safely

- People's medicines were managed safely. Medicines were stored safely and when no longer required, were disposed of safely. Regular stock checks were carried out.
- Medicines administration records showed that people received their medicines as prescribed. One person said, "I have a special tablet every day and the nurse always brings a witness to say I've taken it, then they

both sign the book."

- The temperature of the medicines rooms and fridges was monitored.
- Protocols for additional medicines people might require did not always detail when named people might require them. We discussed this with the nurse in charge who said she would amend the protocols to include personalised information.

Preventing and controlling infection

- Processes were in place to control and prevent the spread of infection. Staff completed training and understood their responsibilities.
- The environment was visibly clean and smelt fresh.
- We observed staff using personal, protective clothing and equipment safely.
- Regular infection control audits were carried out.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents.
- Incident and accident reports showed immediate action taken and any steps taken to avoid a recurrence.
- The registered manager analysed the reports each month to identify any trends. The outcome of these was shared during staff meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The environment was light and spacious and there were a choice of communal areas. However, not all areas were dementia friendly. There was a lack of dementia friendly signage for example, and some areas of the building were difficult for people to access. The registered manager was aware that improvements were needed in order to meet good practice guidance. They told us they were in discussion with the provider to implement these.
- The registered manager told us, "I want to improve some areas around the building and make it more dementia friendly, such as memory boxes outside people's rooms."

We recommend the provider considers current guidance on dementia friendly environments as part of the ongoing refurbishment plan.

- People's bedrooms had en-suite facilities and were personalised.
- The registered manager highlighted that the drawing room was currently difficult for people to access; they told us that as part of the refurbishment of the building, access to this space was being reviewed.

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

- People's support needs were regularly reviewed.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and preferences for staff support. For example, the registered manager told us about one person who wanted to burn incense in their bedroom. They told us, "We risk assessed it and then found a way to make it work because that is what [they] wanted as part of their culture."

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to carry out their roles.
- The registered manager told us they had reviewed some aspects of the training provision to include more interactive training. They told us about a "virtual dementia tour" which had started and their plans to get every member of staff, including support services, to complete it. They told us, "I want every member of staff to have a better level of understanding about dementia."
- Staff spoke highly of the training opportunities available to them. One member of staff said, "[Provider] is very supportive. I started as a carer; they encouraged me to progress to senior carer, to do studying and to do my nurse associate course."
- Records showed staff received regular supervision from a line manager. One member of staff said, "If there

is anything worrying me, or something is not ok, we can discuss with the manager. I can speak to someone if I'm worried about anything."

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

- People were supported to eat a varied and nutritious diet based on their preferences. We saw staff offered people a choice of two plates of food at meal times and when people said they didn't want either option, they were asked what they would like to eat instead.
- The mealtime experiences we observed were relaxed and sociable. Staff sat alongside people when assisting them and engaged people in conversation.
- The food looked and smelt appetising. People told us they enjoyed the food and that there was plenty of it.
- As we spoke with one person, the chef came to speak with them to clarify a note they had attached to their menu choices for the next day. The person explained they wanted just smoked salmon, rather than smoked salmon quiche as was on the menu. This person told us, "[Chef] is always very obliging. [They] know me now and what I like."
- People had been assessed for the risk of malnutrition and when risks had been identified, specialist advice and support was sought.

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

- People were supported to access ongoing healthcare. The GP visited twice a week and records showed people had been reviewed by the chiropodist and other specialist support such as the tissue viability nurse.
- People were supported to attend hospital appointments. One person told us, "The lady on the desk brings me the letters and tells me they will take me in the minibus, so I don't have to do anything, it's marvellous."
- The registered manager told us the service was supported by the local rapid response support team. This is a service that helps to keep people at the home rather than having to go into hospital for treatment when unwell. The registered manager told us, "There is very little the hospital can do that we cannot do here now. People don't want to go into hospital if it can be prevented."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated a good understanding of the principles of the MCA. One member of staff said, "I would always ask people first; you can tell by people's body language. [Person's name] can't tell us if they are happy for us to help them, but you can tell by [their] facial expressions. [Person's name] frowns at me when they don't want me near them and will smile when they are happy for me to help."
- One person's relative told us, "Staff chatter away to [person's name]; they ask [person] what [they] want and wait for [them] to nod when they say the right thing."

- We saw staff routinely ask people about decisions. For example, "Where would you like to sit?"
- One person told us, "The care is very good, I'm perfectly happy here. If I want any help, staff would be available. They ask me before they do anything."
- People's capacity to consent to their care and support had been assessed. When people were unable to make a decision, best interest decisions had been made. These were clearly documented and showed how the decision had been reached.
- DoLS authorisations were in place. The registered manager used a tracking system to monitor all applications and authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everybody we spoke with told us that staff were caring, that they knew how people liked things done, and that staff did it that way. Everybody also said they felt they were treated with respect and dignity.
- People appeared relaxed around staff. People were smiling and engaging with staff. When one person became upset, we saw staff talked quietly and calmly to [them] to relieve their distress.
- Staff were respectful of the people they were caring for. We heard one member of staff help one person to the dining room. As they reached the table, the staff member said, "Here you are sir."
- We saw that when staff spoke with people, they knelt to the person's eye level so that they could see them clearly. Eye contact was maintained.
- One person said, "On the whole [staff] are very, very kind and very, very good."
- One person's relative told us, "They [staff] are brilliant. They always talk to [relative] and give choices about everything really. They always say hello to us when we visit, and we can talk to them anytime."
- Another person's relative told us, "The staff are supportive and kind to our [relative] and are always friendly and lovely when we visit. There are never any restrictions on visiting. The kindness and support is noticed and appreciated by all [person's] family and friends."

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

- People told us staff supported them however they wanted them to. One person said, "[Staff] do whatever I want. They wash my feet, my hair, everything. If I don't want to do something, I don't have to do it."
- Most people said they had been involved in their care planning, but some people were not sure. Nobody we spoke with said they had read their own care plan recently. However, relatives we spoke with all told us they were involved with the planning of their loved one's care, that staff had spoken to them at length and that some had read the care plans to their relative.
- One person clarified this by saying, "I can have what I want, when I want it. I press my bell whenever I want to go to bed. [Staff] know my routine."

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to be as independent as they could be. One person said, "[Name of care staff] took me into the shower this morning. They know exactly what the settings are for the temperature I like. It's all done on the basis I want to do it for myself when I can, but they do things to help me if I ask."
- Staff understood how to promote people's dignity and privacy. One staff member said, "I would always

close the door during personal care and pull the blinds. I would speak to people quietly in communal areas if I thought they'd soiled themselves. I'd discreetly ask if they needed the bathroom."

- We saw that staff knocked on doors and waited before entering people's bedrooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The registered manager had identified prior to our inspection that people's care plans were not consistently person centred and did not always include details of people's choices and preferences for how they wanted to be supported. For example, not all hygiene plans included gentlemen's preferences for a wet or dry shave. Some plans did not explain clearly how staff should support people when they were upset. However, we saw this was a work in progress; some plans contained more detailed information than others. For example, other plans contained detailed person-centred information for staff. In one person's plan, there was in-depth detail about the person's preferences for how they liked to relax and socialise with friends and family.
- Despite the inconsistencies, from what we saw during the inspection and from what people and staff told us, staff fully understood people's needs. The staff we spoke with were able to describe in detail the level of support people needed and people's preferences for how they were supported.
- Plans in relation to people's health needs were detailed. For example, wound care plans contained regular reviews of wounds, including up to date photographs. This meant staff could see clearly whether a wound was healing or deteriorating.
- Care plans had been regularly reviewed. Where possible, people and their relatives had been involved in these reviews.
- One person's relative told us, "Our mum is thriving here, having been nearing end of life on admission."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service assessed and identified people's communication needs.
- The registered manager told us about one person where English was not their first language. The registered manager said, "The family described words and body language [they] might use" to help us communicate with [person's name].
- The service was able to provide information in the format people required, such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities in the home. The home employed an activity co-ordinator and sourced other external groups. Activities in the home included craft sessions, sing-a-longs

and seated exercises. Groups invited to the home included a local singing group and various animal therapy visits. For those people who preferred to stay in their rooms rather than take part in group activities, musicians were booked specifically for one to one visits with people who liked music.

- People told us they could attend activities if they wanted to, but that they were not pressured to do so. One person told us, "I'm very happy staying in my room. The activity person comes in and talks with me." Another person said, "I join in with some activities. I like the Tai Chi every 2 weeks and love it when the baby rabbits and guinea pigs come in and sit on my lap."
- The home had recently hired a mini bus to enable people to access the local community. The registered manager told us a mini bus had just been bought and they were waiting for it to be delivered. They told us, "Just about every single resident has been out, even if it's just for coffee or going out to local gardens, a wildlife park, local cafes and garden centres. One person used to get really agitated, but since they've been getting out and about more often, their agitation has reduced. I've really tried to use this as a good example, to show the benefits of getting out and about."
- We were told about one person who usually chose to stay in bed and did not communicate verbally. The activity co-ordinator told us they had learned that the person liked animals, the garden and nature. They told us they had invited the person to go on a trip to a local falconry centre. They said, "Seeing [person's name] holding four birds of prey and seeing [them] looking at one bird while it tweeted directly at [them], makes my job worthwhile. It was a special moment."
- "The registered manager told us, "In the new year, I want to start a newsletter to improve communication with people's relatives. We are doing so much with the residents now. I hear so much laughter and music around the building now and we need to share this with relatives so that they see what goes on during the times they are not here."

Improving care quality in response to complaints or concerns

- People told us they felt happy to raise any concerns directly with staff or the registered manager.
- The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how they could improve and what they were doing well.
- All complaints were taken seriously, reported, and thoroughly investigated.

End of life care and support

- People's end of life wishes were detailed in their care plans. This included details of how to avoid admission to hospital if this was an individual's preference. The registered manager told us, "A big project has been implementing the 'ReSPECT' forms. This has massively reduced the number of hospital admissions. Having the conversation people and relatives has really helped." ReSPECT is a summary plan for emergency care and treatment. The process is a new approach to encourage people to have an individual plan to try to ensure that they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us, "One of my key achievements is with staffing. Previously, there were frequent management changes here that resulted in a culture that really needed to change. We have made staff changes and ingrained our philosophy, which is for residents to live the life they want."
- One person's relative had provided feedback, stating, "[Registered manager] has done brilliant things with the home since the last CQC report."
- Staff told us there was a positive open culture at the service. One staff member said, "Staff seem happy here, everyone gets along."
- Staff told us they knew to report any concerns or incidents. One member of staff said, "We're told to report everything every time, and staff do. For example, if we noticed a skin flap, we take photos, complete a body map, and do an incident report."
- Staff told us morale was "good." One member of staff said, "I think staff are happy here. When people go off sick, it's difficult, but [registered manager] is very good, and very supportive. I wouldn't stay if I wasn't happy."

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

- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training and supervision about what was expected of them.

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

- There were comprehensive audits of all aspects of the service. When issues were identified they were addressed promptly. For example, the registered manager had identified during audits that care plans needed to have more person-centred content. There was a plan in place to make the necessary improvements and the registered manager was monitoring progress. Staff underwent practical supervisions and were assessed to ensure they were providing person centred care.
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.
- Staff told us they felt well supported by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings took place with people using the service. Action plans had been put in place following these meetings. For example, there had been an improvement in activities provision following feedback from people and people had been involved in planning improvements for the garden. One person told us, "We do have meetings, but I don't go all the time. They send me the minutes on paper and they send an email to my daughter. They have a very good rapport with the family."
- Regular resident and relative surveys had been carried out. Feedback received was categorised as, "good."
- Regular staff meetings took place. Staff told us they felt able to speak up at these meetings. At one of these meetings, staff had been asked to discuss their own life stories and choices to help them consider in more detail the choices and preferences of the people they were supporting.
- The service had good links with the local community. A community café took place monthly which was open to everyone who lived locally to pop in for a drink and a cake. The registered manager said, "Uptake is slow, but we advertise locally, and we'd like to get more people in." The service also hosted the judges for the local "in bloom" competition and sponsored the local Christmas fair.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their legal responsibilities and were committed to learning and improving care for people living at the service. They had implemented many changes and improvements since being in post in order to achieve this. They told us, "We [Provider and management team] have regular meetings to drive forward some of the planned improvements. I feel like we're heading in the right direction; the process and infrastructure is now in place, now we just to build on that."
- Staff told us there had been a lot of improvements and morale was good. One member of staff said, "[Registered manager] is so supportive. [They've] improved it here, made some changes for the better."
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.