Achieve Together Limited

Bridgewater House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Bridgewater House is a care home providing accommodation and personal care for up to nine people with profound and multiple learning disabilities. At the time of our inspection, five people were living there. Accommodation was provided over three floors.

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

A new manager was appointed at the end of August 2021. They told us they would be applying for their registration with CQC shortly. The manager was aware there was a lot of work required to improve the service. There were several staff vacancies and a high use of bank and agency staff. The manager tried to ensure there were regular agency staff who knew people well, but this was not always the case. There was, however, always someone on duty who was trained to give emergency medicines.

The organisation had systems to monitor the service and the regional manager monitored progress with their action plan. Although we were told most areas of the action plan had been signed off as having been addressed, we found that this was not the case and further work was required.

Systems to ensure greater analysis was carried out in relation to daily records, people's welfare and activities were needed. There was limited oversight of some people's mealtime experience to ensure support was always person centred. We found an incident of potential abuse had not been reported to the Commission as is required.

All staff had received mandatory training. However, whilst permanent staff had received specific training to meet people's complex needs, agency staff had not always received this, and the manager told us that some agency staff declined this training. People needed staff who knew them well and understood their needs so, particularly in the evenings and at night, people's care had the potential to be compromised. In addition to ongoing recruitment, the home had increased the number of agencies used to secure more agency staff who would be willing to undertake appropriate training.

People's relatives had confidence in the manager and the permanent staff. They were keen to see the home develop and move forward and recognised the potential to improve in all areas.

People were not always supported to have maximum choice and control of their lives. However, staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:
• Model of care and setting maximises people's choice, control and independence.
Permanent and regular agency staff knew people well and understood how to support people safely. Staff wore their own clothes which did not identify them as support workers. Although there were enough staff on duty, staff who knew people well needed to stay on the premises, as these were also the designated drivers, people did not go out regularly. When health appointments were carried out, staff tried to include a café trip too. Due to staff vacancies, some things such as meal choices, activities and goal planning were not as actively promoted as they would have been if there was a full staff compliment.

Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights.
Staff respected people's dignity and privacy and when people requested/indicated they were uncomfortable or wanted a change of environment this was respected. There was always a staff presence in the lounge area, but the atmosphere was much livelier when there was staff who knew people well. People responded to banter with smiles. We saw that when people were supported by staff who knew them well, they were encouraged to make simple choices.

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.
Despite the size of the staff team, staff remained positive and felt supported. They knew what they wanted to achieve with people and felt motivated to do the best they could for them. They were positive the manager was doing all she could to increase the staff team so they could meet people's needs appropriately.

Since our inspection additional managerial support was agreed to ensure that new staff received a thorough induction to the home and got to know people well, before working with them independently.

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

Rating at last inspection
The service was previously registered with CQC but became dormant whilst the building was extensively refurbished. During this time the organisation was part of a merger. The service reopened in April 2021 and this is the first inspection. The last rating for the service under the previous provider Aitch Care Homes (London) Limited, was good (published 4 November 2016).

Why we inspected
This was a planned inspection as the home has not been inspected for some time. It was also prompted by our data insight that assesses potential risks at services and concerns in relation to aspects of care provision.

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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safeguarding people from the risk of abuse, good governance and reporting of notifications at this inspection.
You can see what action we have asked the provider to take at the end of this report.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Bridgewater House

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 could 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
There was one inspector.

Service and service type
Bridgewater House 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, but they were not registered with the Care Quality Commission. This means the provider alone is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we held about the service and the service provider, including the previous inspection report. We looked at notifications we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection
People were not able to share their views of the service due to their complex communication and support needs. Therefore, we observed their experiences living at Bridgewater House and staff interactions with them. We spoke with the manager, the regional manager and with five staff members.

We reviewed a range of records. This included one person's care plan, some health and safety records, daily records and medication records for everyone. We looked at two staff files in relation to recruitment.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at two people's care plans, staff rotas, training records and a wide range of quality assurance records. We received feedback from five people's relatives and four health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

● We could not be assured that people were always safeguarded as we received mixed views. Most people's relatives told us they believed their loved ones were safe. However, one relative told us they had concerns about staffing, staff training and unexplained bruising. This had since been referred to the local authority safeguarding team for investigation. Records showed that when one person needed emergency medicine, the home's protocol was not followed, and this delayed medical treatment and placed the person at risk of harm. Although the local authority was advised of this incident and were satisfied with the learning taken forward as a result, CQC were not informed.

● A social care professional told us, "We have ongoing concerns about the service and their ability to manage risk." They also told us that due to people's complex needs, the high staff turnover and use of agency staff increased the potential risks of harm occurring. Supporting documentation requested by another professional had not been completed which left the potential for one person to receive care that was not safe. The manager confirmed the appropriate records would be kept going forward.

The provider had not done all that was reasonably practicable to ensure people were safeguarded from abuse and this is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were not able to tell us they felt safe but we observed people to be relaxed and content in their surroundings. We observed one person as they were hoisted by staff from their chair to a sofa and they appeared very relaxed and appeared to enjoy the process. All staff had received online safeguarding training, and classroom-based training had been booked. There were systems to ensure agency staff had received similar training.

● A relative told us, "I definitely feel they are safe, as I would not be able to leave (person) if I had concerns for their safety. The regular carers know (person) very well, and are always happy to take my advice, guidance, ideas, etc to give (person) the best life." Another relative told us, "(Relative) has a way of telling us when they are unhappy. If they cry, we know there is something wrong and (person) has not cried since moving to Bridgewater."

Staffing and recruitment

● Whilst there were enough staff deployed to work at the home, there were not always enough suitably qualified staff to meet people's complex needs. There were a high number of staff vacancies and these were covered through staff working overtime, bank and agency staff. There was always someone in the home who could deal with emergency medicines. Whilst day staff had attended a wide range of training to meet the

complex needs of the people living at Bridgewater, agency staff did not always have the same level of training. The home had offered training to agency staff, but this was not always accepted. This is an area that needs to improve.

● It is recognised that there is a national shortage of staff and that the home had an extensive recruitment drive in place. Three new staff had been appointed and one had just started in post. A staff member from another service was also due to start on secondment. Following our inspection, we were advised that increased managerial support had been provided to ensure new staff were supported and received a thorough induction to the home. There were on-call procedures for staff to gain advice and support if needed outside of office hours, and at weekends.

● There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history. Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Assessing risk, safety monitoring and management

● Risks to people were not always well managed. A health professional told us that one person's wheelchair was in a poor state of repair. No referral had been made to have this addressed and the professional had come upon this by chance. They felt the person's chair posed a significant risk to the person and should have been identified as a concern. A referral has since been made to address this matter.

● Where risks were identified, there were appropriate risk assessments and risk management plans. For example, in relation to people's skin integrity and the prevention of pressure sores.

● Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed.

● People lived in a safe environment because the service had systems to carry out regular health and safety checks including checks on gas and electrical appliances safety. Water temperatures were monitored regularly. The manager told us that there were systems to ensure that any maintenance required was carried out in a timely way. The key had broken in the COSHH cupboard (where all cleaning equipment is stored) and this was addressed as a matter of priority.

Using medicines safely

● There were procedures to ensure medicines were managed safely. A detailed medicine's audit was carried out on 2 November 2021 and this had identified a number of shortfalls. Records stated that all matters had been addressed. However, one of the shortfalls was that not all liquid medicines had an open/expiry date recorded. On the day of inspection, we found homely remedies that did not have an open/expiry date. One person's medicines from earlier in the day had not been signed for and this had not been picked up.

● Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in place that described when they should be used. One person had been given pain relief the day before our inspection but there was no record to show if the pain relief had been effective or offered again throughout the day. They had been offered pain relief once on the day of inspection, but this had been refused and there were no records it had been offered subsequently despite the person showing signs of distress and not eating. These are areas that need to improve.

● There were safe procedures to ensure medicines were correctly ordered, stored and given appropriately. We were told there was always someone on shift who was trained to give people their medicines safely. There was information to guide staff on how each person liked to receive their medicines. For example, some liked to take their medicines with food. Staff had received online training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.

Preventing and controlling infection

● We were somewhat assured that the provider was preventing visitors from catching and spreading

infections. All homes are now required to record that they have checked the vaccination status of any visiting professionals. We were not asked for this and there was no prompt to request this on the visitors' checklist. (A tool used by the home to ensure safety procedures are followed when there are visitors to the home.) The manager confirmed this would be added. All visitors were asked to complete an antigen test before they visited the home and were asked to wear PPE whilst on the premises.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules were carried out daily but some gaps in record keeping were noted. The last IPC audit was carried out on 19 November 2021 and this identified a small number of gaps in documentation.

● 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. The home followed government guidance for all new people admitted to the service.

● We were assured that the provider was using PPE effectively and safely. There was a plentiful supply of PPE and staff were seen to wear PPE appropriately.

● 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. All staff had received training on IPC and on COVID 19.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● There was evidence that lessons were learned when things went wrong or when procedures needed to be changed. When one person moved to the home, they had a few falls from their bed. A decision was made to buy a bigger bed, however the manager recognised that a bigger bed would have an impact on how staff supported the person to move safely. A referral was made to an OT and research was carried out to determine the most appropriate bed. A new bed has since been purchased and there have been no further falls.

● There were a couple of incidents where due to changes in people's medicines during the month, there was a shortage of one medicine for two people. The manager took over the responsibility for ordering of medicines and worked closely with staff to make sure they understood how to plan ahead so this did not happen again.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● We could not be sure people always had enough to drink. Most people drink between 1500 to 2000mls of fluid a day. Staff told us one person regularly refused fluids. Records showed this person received less than 500mls on a regular basis. Records showed another person regularly received less than 1000mls and they had recently had a urine infection. It was not possible to determine if people had received enough to drink, if they were offered regular drinks and refused or were not offered and this left people at risk of dehydration.

● Due to the problems in staffing, a decision was taken that there would be limited cooking on the premises until there was a full staff compliment. In the interim, pre prepared (ready) meals were used. There was no menu, but records were kept of the actual meals served. Records showed that there was limited choice offered and a lack of variety in the food served. If a person refused a meal or ate a very small meal, they were not offered a meaningful alternative until the next mealtime. There was no analysis to determine if people's nutritional needs were met and this left people at risk of harm. They above are areas for improvement.

● One relative felt staff were, "Going above and beyond with their dedication to get (their relative) to eat." They told us, "One brought her in her favourite chicken nuggets, another made chicken soup and liquidised it for her to drink." All staff had received training on nutrition, hydration and enteral feeding (Enteral tube feeding is the administration of feed and/or fluid via a tube going into the stomach, also known as PEG). One staff member's refresher training was slightly overdue, but this had been booked.

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

● The organisation had a team that carried out assessments for all new people referred. The manager told us they had not been part of this process as they were still fairly new to the service. The manager had been involved in the decision to place two further planned admissions on hold as they had recognised that they did not have the full staffing compliment to meet people's needs safely.

● People's relatives were involved and included as part of the admission of their loved one to the service. Some stayed in the locality and spent time daily with staff for a few days to make sure staff were confident and competent to meet their loved one's needs.

● One relative told us, "We were happy with the building, the staff and the manager and felt it was the right place for (person)." However, they felt there had been a number of changes to the staff team and management and some health matters when procedures had not been followed. They were clear that they had confidence in the manager who was committed to making a strong team.

● It was evident that some people's relatives had written daily routines for their loved ones that clearly detailed a very person-centred approach to ensuring needs were met. A relative told us, this was important to them, however they said, "As time has gone on and the staff team has continually changed, we have not

been able to keep going over the same information and we are not as confident that the person-centred approach is always followed."

Staff support: induction, training, skills and experience

● Supervision had not been provided in line with the organisation's policy. All staff had attended at least one supervision meeting since the home reopened in April 2021. Despite the lack of formal supervision, staff told us they felt well supported by the manager. One staff member told us, "Since (manager) came it is 150 times better. There is more structure and routine and we now have protocols." Another told us they were feeling positive now that more staff had been appointed.

● The provider had a detailed induction process for all new staff. Each staff member completed an induction booklet and spent time shadowing an experienced staff member until they were confident and assessed as competent to work more independently. Staff that were new to care went on to complete the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

● Staff received a programme of training to ensure they could meet people's needs effectively. This included a mixture of e-Learning and classroom-based training. Essential training included safeguarding, moving and handling and infection control. Specialist training was also provided that reflected the complex needs of people who lived at Bridgewater House. This included training on epilepsy, emergency medicines, use of oxygen, enteral feeding and dysphagia.

● Due to high staff vacancies, a high number of agency staff were used daily. The provider told us agency staff had completed essential training and were offered specialist training but often declined this. Records confirmed this but rotas showed there was always a member of permanent staff on duty who knew people well and could deal with any emergencies.

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

● Most people had moved to the home with health or equipment needs that needed to be addressed. People had complex needs and some referrals had been made for professional advice and guidance. However, a health professional told us some needs were picked up by chance when they visited the service. They also told us there was confusion regarding one person's guidelines for the administration of oxygen and this had not been addressed. They were supporting the manager to seek advice in addressing this. Staff had received training in a variety of subjects such as oral health and nutrition and hydration.

● Another health professional told us they had observed two staff members supporting their client and said, "they followed guidelines well, seemed to know my client and their needs well, and appeared to be kind, responsive, caring and skilled care providers. A third professional told us they provided training to staff and said staff, "Were quick to recognise when support was needed and sought advice straight away." Clear guidelines were in place for what to do both within and outside of normal working hours.

● A relative told us, they had to contact a health professional to arrange a visit for their loved one. They told us they could not be sure this would have been done without their intervention. The above are areas for improvement.

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

● The home had been totally refurbished before opening in April 2021. Communal areas consisted of a large lounge and a separate kitchen/dining room.

● There was a sensory room on the top floor. Staff told us the area was used, but not very often. The manager told us they were hoping to alter the lounge area so that an area could be sectioned off as a sensory area.

● Bedrooms had been personalised with ornaments and photos. Every two rooms had a shared bathroom with shower facilities. There was a separate bathroom with a bath, but we were told this was currently unused.
● There was a large garden to the rear and side of the property, and this included a decked area overlooking the garden. We saw that this area was used by people and by staff. One relative told us that they felt this area had more potential but there was no shelter on the decked area.

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.

● Decision specific assessments were carried out to determine people's individual ability to make decisions about their care or how they lived.
● We saw that people's capacity to make the decision to move to Bridgewater House had been assessed before they moved in and as they had been assessed as not having capacity, best interests meetings had been held with their parents and any professionals involved in their care.
● Where appropriate, DoLS applications had been made and some were awaiting processing.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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
● On the day of our inspection there were a number of staff on duty who knew people well. Staff were caring in their approach and they checked regularly with everyone to make sure they were meeting their needs and wishes.
● Staff who knew people were able to tell us about how people communicated their needs and choices. They knew what people liked doing and how they liked to be supported. We saw that when one person was offered an activity they indicated yes but when they were taken to it, they looked away to show they were not interested and the staff member noticed this and returned them to their original activity.
● Staff who knew people well communicated well with people and in a way, they could understand; we saw that people responded warmly to them by smiling and showing they understood what was said to them.
● A relative told us, they and some extended family had visited the home. They said their family members thought (person) had settled well and was happy there, they felt (person) looked as well as they had seen for a long whole."

Supporting people to express their views and be involved in making decisions about their care
● A staff member told us, "(Person) can make simple choices, for example, if you offer two choices of clothing or two choices of food." We observed staff supporting one person to make simple choices in relation to food and activities.
● A relative told us, "Staff are kind and caring, they interact really well with (person).
● Another relative told us, "The home has a lovely friendly, supportive atmosphere, always keen to please, and listen to what I say and involve (person) in decisions as much as possible."
● Most of the relatives told us staff remained in touch throughout the pandemic and they appreciated when staff contacted them if there were health concerns.

Respecting and promoting people's privacy, dignity and independence
● We observed that when one person refused their meal, a member of the permanent staff stepped in to support the person and the person responded well and ate all their meal. When staff supported people with their meals, they ensured that attention was given to maintaining people's dignity.
● Support with meals was not always provided in a person-centred way and people's experience varied. Two people were supported to have their meal away from a table, the mealtime experience was pleasant, and both ate well. On review of care records, we noted that one person was meant to be encouraged to eat independently at a table. We spoke with the manager who told us, if the home had a full staff compliment,

they would be able to concentrate more on having a formalised plan that ensured consistency in approach to achieve this goal. In the short term, staff supported the person to eat finger foods independently.

● Staff told us they tried to ensure people were able to participate as much as they could in activities and even if they could not, they were encouraged to observe, so for example to watch their laundry being put into the washing machine or to participate in stirring a cake.

● We observed staff supporting one person from their wheelchair to a sofa. Staff explained what they were doing and provided reassurance. Support was provided safely and with dignity.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

● Care provided was not always person-centred. Each person had a very person-centred care plan and most people's parents had contributed towards this process. When care was provided by permanent staff it was generally person-centred, but not all agency staff had the opportunity to read through care plans in full. There was a reliance on permanent staff telling agency staff how to support people and therefore opportunities for important information to be missed. Although people had individual goals to work towards, due to a lack of record keeping, it was not clear if people were consistently supported to achieve them.

● Support at mealtimes was not always person-centred. We saw one person was taken to the table but faced away from others. A staff member stood to one side and was ready to offer assistance as needed rather than sitting with the person. Another person was assisted with food in the kitchen area with their back to everyone and not offered the full mealtime experience with their peers.

● A visiting professional told us that when they visited, they spent some time in the dining room. They witnessed a staff member supporting a person with food. At the same time there was music blaring, the staff member was talking to others and doing a shopping list on an iPad. Whilst we acknowledge the pressures for permanent staff when short staffed, the result for the person supported was care that was not person-centred. The above areas were discussed with the manager as areas for improvement.

● There was also some evidence of positive outcomes. A staff member told us, "(Person) did not hold a cup before moving to Bridgewater and now they do, this is a brilliant achievement for them and for us."

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

● We could not be sure that people were given regular opportunities to take part in activities of their choice. Staff told us they now had a musical entertainer on a weekly basis and people had aromatherapy sessions every two weeks. They told us about a range of activities but there was limited recording of these in daily records.

● Daily records showed a heavy reliance on the use of television for activities. On the day of our inspection we saw people had been taken out briefly to the garden, one person had been supported with sensory equipment, another had spent time listening to music and another had been involved in observing an arts project but none of this was recorded in the daily records. People were only able to concentrate for short periods and whilst that might be enough for some, others may have been able to engage in a much wider variety of activities.

● We observed a person being supported with sensory objects and they appeared to really enjoy the

equipment and they smiled and made vocal noises to show their pleasure. One relative told us they were worried that there were not enough activities provided and there could be an over dependence on the TV for entertainment. They said they had given staff ideas of activities but were not confident they always happened.

● A relative told us, "I am very pleased there is now an OT allocated to (person), and she plans to do some observations, get to know (person), and then suggest some activities in an easily accessible format so anyone can participate with (person)." People were supported to receive visitors and some people spent time in their family homes on a regular basis.

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.

● Permanent staff knew people well and how they communicated. An assessment had been carried out in relation to how each person communicated their needs and wishes, and people's relatives had been very involved in this process.

● People had a variety of ways of communicating. Some could respond yes or no, use objects of reference, use Makaton signs, a form of sign language, to assist the spoken word. One person communicated yes or no with their eyes. It was evident that permanent staff were able to pick up quickly on the subtle signs people used to indicate their wishes and needs. The atmosphere in the lounge varied depending on which staff were present. People responded well to confident staff who knew them well and knew how to communicate with them.

● One person was able to use an iPad with support from staff so their relatives could see and speak with them regularly during the pandemic.

● Each person had a DisDAT tool (disability, distress assessment tool) that assessed how they showed they were in pain. Records showed that one person used a high pitch tone to cry out if they were uncomfortable. Another person had specific signs that indicated they were likely to have a seizure.

Improving care quality in response to complaints or concerns

● At the time of inspection, we were told that no formal complaints had been made to the service.

● There was a detailed complaints procedure.

End of life care and support

● People living at Bridgewater House were not able to express their wishes in relation to end of life.

● It was not evident his area had been discussed with people's relatives so this will be an area for improvement.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- The manager told us the organisation's quality team visited the home six monthly to carry out an assessment. In addition, the manager audited the service six monthly, which meant there were quarterly checks on the home. The manager also carried out monthly audits. The last full assessment of Bridgewater was carried out in July 2021. The regional manager told us they had started an assessment of the home in October 2021, but this was put on hold in favour of supporting the manager with other issues. We were told that all but two of the action points had been addressed. However, it was evident that not all actions in the audit had been addressed.
- There were a high number of staff vacancies and a high use of agency staff. Although the home tried to use regular agency, a lack of consistency and agency staff that were not all fully trained to meet people's complex needs had the potential to cause impact on the support people received.
- Due to the quality of record keeping we could not be sure people had enough to eat and drink, that their care plans were always appropriately followed or that they had enough activities to keep them stimulated. There was limited analysis of these documents to ensure appropriate support was given.
- Daily records were not detailed. We saw that one person was unhappy at their mealtime. When a staff member tried to support them, they hit out at the staff member and tried to push them away. This was not recorded. Records for another person stated, "Slightly agitated when brushing teeth and hair but went back to normal after and was in a better mood." We discussed the inappropriate wording of the diary entry with the manager who agreed that staff needed support in how to record the support provided to people. There was a lack of oversight of the mealtime experience which meant that the care provided was not always person-centred.

The failure to fully assess, monitor and improve the quality and safety of the service provided to individual people using the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

- It is recognised that the manager is committed to making improvements and supporting her staff team to improve and develop. Since our inspection the manager told us that arrangements had been made to have increased managerial presence in the home to support all new staff with their induction and to oversee record keeping and general care practices.

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 manager understood their role and responsibilities to notify CQC about certain events and incidents and these had been submitted promptly. However, there was an incident that had happened just before the manager had started in post and although this had been reported to the local authority for investigation under safeguarding, this had not been reported to the Commission.

The failure to report abuse or allegations of abuse, without delay, is a breach of Regulation 18 of the Health and Social Care Act Registration Regulations 2009.

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

● A new manager was appointed in August 2021 and they told us they were in the process of submitted their application for registration with CQC. They were supported by senior staff and an area manager.

● A staff member told us they felt very well supported. They said "Since (manager) came there is more structure and routine and we now have protocols to follow." Another staff member told us, "We all have responsibilities and we know what we need to do." A third staff member told us, I feel 100% supported by (manager), she really cares. When (person) was poorly she came in to make sure she was ok, and that staff were ok."

● Most of the relatives told us they had confidence in the manager. They recognised that there were problems in recruiting and retaining staff and that this had an effect of the care that could be provided. However, due to the staffing situation, one relative told us that whilst they had confidence in the manager they were worried every time the manager was not in the home, as they did not have the same confidence in the staff team and their abilities to meet people's needs.

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

● We saw minutes of a staff meeting held in September 2021. Records showed that detailed updates were provided on people's wellbeing, including advice to ensure daily records were completed in relation to food and drink and activities. Detailed advice was also given to staff on fire evacuation in the event of an emergency. Whilst a range of information was provided there was no evidence of staff views in any areas, but staff told us they could share their views on the running of the home.

● A professional told us they had difficulty getting hold of staff by telephone and that they had to visit as a result. They told us a person's relative had also told them they had difficulty getting through to the service. However, other relatives told us they emailed the manager who always responded.

● As the home had only been open Since April and some people had not been living there very long, no surveys had been carried out with peoples' relatives, staff or professionals yet.
Most of the relatives spoken with stated that there was good communication.

● A relative said the home had, "A good vibe and found the team to be competent and confident."

Working in partnership with others: Continuous learning and improving care

● All the professionals and most of the relatives we spoke with or received correspondence from spoke very highly of the manager and said that given time and a full staff compliment they would have full confidence in her ability to run the service.

● Referrals had been made for specialist advice and support and it was acknowledged that further referrals were needed. People received support from, physiotherapy, SALT, occupational therapy and the learning disability nurse. There was also support from Nutricia, in relation to PEG feeding. (Professionals who train and provide ongoing advice and support staff with PEG feeding.) A recent referral has also been made to the

bladder and bowel team.

● Throughout the pandemic the home received a weekly phone call from a paramedic practitioner. These were used as an opportunity to monitor people's medicines and answer any queries they had.

● A health professional told us, "My impression is that (manager) is very competent, cares about the residents, and is responsive, communicative and open and honest with the health professionals involved with her residents."

● The manager told us that in their previous role they had taken part in a number of forums to keep up to date in what was going on in the locality. However, due to time constraints this had not been possible at Bridgwater House yet. They were hopeful that this would be possible in the New Year. In the interim they participated on the organisation's sub-committee groups in areas such as epilepsy, health and safety and moving and handling.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to report all allegations of abuse. 18(1)(2)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have proper systems to ensure people were safeguarded from the risk of abuse. 13(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1)(2)(a)(b)(c)