

Berwick Bridges Limited

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## Inspection report

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22 April 2017

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 12 April 2017 and we contacted relatives by phone on the 22 April 2017 to find out their opinion of the service. The inspection was announced because the registered manager and people who lived in the home were often out in the local community. We needed to be sure that they would be in the home at the time of the inspection.

We last inspected the service on 26 March 2015 and rated the service as good. At this inspection we found the service remained good and met all the fundamental standards we inspected against.

Berwick Bridges provides care for up to six people who have learning disabilities. Accommodation is provided in a purpose built bungalow which is located in a housing estate. There were six people living there at the time of the inspection.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no safeguarding concerns regarding the service.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe. Medicines were managed safely.

At our last inspection we found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. We did not check staff recruitment at this inspection because there had been no new staff recruited.

Some staff told us that more staff would be appreciated to support people to access the local community. We observed staff carry out their duties in a calm unhurried manner and people accessed the local community. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

The 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). The registered manager was liaising with the local authority with regards to DoLS applications.

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support.

Care plans were in place which detailed the individual care and support to be provided for people.

People were supported to maintain their hobbies and interests and housekeeping skills were encouraged to help promote people's independence. There was a complaints procedure in place. No complaints had been received.

Checks were carried out on the environment and medicines. We found minor shortfalls with the maintenance of records. There was no formal system in place to assess staffing levels. The registered manager told us she was included in the staffing numbers which sometimes made it difficult to concentrate on her management duties. We have made a recommendation that the provider reviews its assurance and auditing system.

Following our inspection, the registered manager wrote to us and stated that a new auditing tool had been formulated, a staffing ratio tool would now be used and daily records had been reintroduced. She also informed us she was updating the consent paperwork.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service was good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>Not all aspects of the service were well led.</p> <p>Checks were carried out on the environment and medicines. We found minor shortfalls with the maintenance of records. There was no formal system in place to assess staffing levels.</p> <p>The registered manager told us she was included in the staffing numbers which sometimes made it difficult to concentrate on her management duties.</p> <p>Staff told us that they enjoyed working at the service and morale was good. We observed that this positivity was reflected in the care and support which staff provided throughout the day.</p>	<p><b>Requires Improvement</b> ●</p>

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## **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 12 April 2017 and we contacted relatives by phone on the 22 April 2017 to find out their opinion of the service. The inspection was announced because the registered manager and people who lived in the home were often out in the local community. We needed to be sure that they would be in the home at the time of the inspection. The inspection was carried out by one inspector.

Prior to our inspection, we checked all the information which we had received about the service including any notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted Northumberland local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. We used their feedback to inform the planning of this inspection.

The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

On the day of our inspection, we spoke with all six people who lived at the home. We also talked with the nominated individual, registered manager and four care staff. We examined two people's care plans. We also checked records relating to staff and the management of the service. Following our inspection we spoke with three relatives.

# Is the service safe?

## Our findings

People told us they felt safe. This was confirmed by relatives. There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service.

The building was well maintained. This was confirmed by people and relatives. We spoke with the maintenance man who told us, "It's all safe." Checks and tests were carried out on the electrical installations and the gas and fire alarm systems, to ensure the building was safe.

There was a safe system in place for the management of medicines. Medicines administration records were completed accurately and we saw that medicines were stored safely.

We checked staffing levels at the service. People and relatives did not raise any concerns about staffing levels. One relative said, "There's enough staff." Another relative told us, "I've never had any concerns about understaffing." We observed that staff carried out their duties in a calm unhurried manner and people were able to access the local community. Some staff told us however, that people's needs were changing and they needed more care. They said that extra staff would be appreciated to help them support people to access the local community more. We spoke with the registered manager about this feedback. She told us that she was looking at staffing levels with the directors of the service.

We had no concerns with staff recruitment at our last inspection. We did not review staff recruitment at this inspection because no new staff had commenced employment.

Risk assessments were in place which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as moving and handling and accessing the local community. We went out with one person and a staff member into the local community. The staff member was mindful of risks such as stairs and traffic and ensured the person's safety whilst promoting their independence. This meant that risks were minimised and action was taken to help keep people safe. There had been no accidents or incidents since 2015.

# Is the service effective?

## Our findings

People and relatives told us that staff effectively met people's needs. They said staff were knowledgeable and knew what they were doing. One relative said, "Oh yes, they know what they are doing – definitely."

The 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). The registered manager was liaising with the local authority with regards to DoLS applications.

Staff sought people's consent prior to carrying out any care and support. The registered manager was currently updating consent records to ensure that their documentation evidenced the consent process.

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. One staff member told us, "Last year I finished my national diploma. I took the learning disabilities pathway." Another said, "We tick all the boxes with training." Records showed they had completed training in health and safety and other key topics related to the needs of people who lived at the service. Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal. Many of the staff had worked at the service for a considerable number of years. This experience contributed to the skill which they carried out their duties.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans.

People told us and records confirmed that staff supported them to access healthcare services. Records demonstrated that people saw the GP, specialist consultants, opticians and chiropodists. Each person also had a 'Hospital passport.' These contained details of medical and personal information. This document could then be taken to hospital if people needed care in this setting, to ensure that all professionals were aware of the individual's needs.

## Is the service caring?

### Our findings

People and relatives told us that staff were caring. Comments included, "They are all very caring," "They look after her well," "It's like one big happy family," "The staff are always so welcoming and friendly," "For Christmas they sent me a framed photo of [name of person's] birthday party, it was so lovely of them" and "They look after her lovely."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member said, "It's like an extension of your family, we care for them such a lot."

We saw positive interactions between staff and people throughout our inspection. Staff had their meals with people at lunch and tea time. One staff member told us, "There's no separation between us – we are all one. We're like a happy family." Another said, "It's important that we eat with people – it's just the norm for us."

People's independence was promoted. One staff member said, "We always promote their independence, we do it without thinking... Everyone has their own level of independence – what they can do. We hand [name] the flannel and she will do what she can and she will say, 'I've done it myself.' It makes such a huge difference to the person, [name] is proud of herself."

We went out with one person and a staff member to visit the bank and go to a local day centre. While we were at the bank, the staff member said, "We wait here while [name of person] gets the money out. It's all about promoting her independence." The staff member explained that they did not take the person into the day centre, but watched her cross the road and access the day centre independently. People were encouraged to carry out housekeeping skills. Housekeeping skills are important because they help promote people's independence. We saw people ironing and making lunch and tea. At meal times staff filled a pot of tea and people helped themselves to tea throughout the meal.

Staff treated people with dignity and respect. Staff spoke with people in a respectful manner. One member of staff told us, "We respect them so much. We care for them as we would want to be cared for." We saw that staff rang the doorbell. We asked one staff member about this. She told us, "This is their home, we are guests in their home, so we always ring the bell for them to let us in."

People and relatives told us that they were involved in decisions about people's care. One relative said, "They are very good, they phone and let me know if there is anything wrong. They're good at keeping me informed." Meetings and reviews were carried out to involve people in all aspects of their care and support.



## Is the service responsive?

### Our findings

People and relatives told us that staff were responsive to people's needs. One relative said, "They know the limits of what they [people] can do."

We read people's care plans and noted these were detailed and person-centred. This is when treatment or care takes into account people's individual needs and preferences. Staff were in the process of changing the care planning documentation. The registered manager told us, "It's just to make it a wee [little] bit more user friendly and condense some of the information."

Staff recorded any changes in people's condition, professional visits and social activities. We noted however, that daily records of all aspects of people's care and support were not documented. We spoke with the registered manager about this issue. She told us, "Entries of varying forms are made daily, pertaining to action plans [care plans] and assessments. Weekly, a comprehensive entry is made, alongside the service user, which relates to their preceding week and is also an opportunity to share concerns or worries they may have." Following our inspection, the registered manager stated that she had reintroduced the daily record system.

People and relatives informed us that people were encouraged to maintain their hobbies and interests. Comments included, "There's enough going on," "They take her out in her wheelchair, they are very good" and "There's not as much going on as there used to be, but their needs have changed. They're still very good."

One person had recently celebrated their birthday. Staff had taken him to watch his favourite football team Norwich City play at Carrow Road. They had also had a meal at Delia Smith's restaurant after the match. He showed us the birthday cards which he had received from the Norwich City players and Delia Smith. He also visited the local bird sanctuary and showed us a picture of Errol the owl who he especially liked. Another individual showed us her photograph album which was filled with photos of her 80th birthday celebrations. A third person told us she had been to the Crucible to watch the snooker championships.

There was a complaints procedure in place. No complaints had ever been received. None of the people or relatives with whom we spoke said they had any complaints or concerns. Comments from relatives included, "I have no complaints," "Nothing could be improved" and "I couldn't ever fault it, it's lovely."

Surveys were carried out to obtain people's feedback. The registered manager told us she was looking into different feedback systems for one person because they were not always able to understand verbal or the written word. We noted staff assisted some people to complete the questionnaires. We asked the registered manager whether any independent and impartial support was available to assist people to complete the surveys. She told us she would look into this.

## Is the service well-led?

### Our findings

People and relatives with whom we spoke were positive about the service. Comments included, "I can't fault anything," "He loves it there" "It's well led" and "It's home from home."

A registered manager was in post. She had been registered with the Care Quality Commission (CQC) since the home had originally registered with CQC in 2010. People, relatives and staff spoke positively about her. Comments included, "She's good at keeping you informed," "She's just a great all-rounder" and "You couldn't ask for a better manager. If you need a captain for your ship – she is the one."

The service was overseen by three directors, one of whom was the nominated individual. Documented visit reports were carried out. The nominated individual told us, "We talk to the staff and we ask the residents whether we can have a look at their files and we also check the staff files and petty cash. We are checking that everything is alright." She also told us, "The staff here are excellent. You can see for yourself how the residents respond to them."

Checks were carried out on the environment and medicines. We found minor shortfalls with the maintenance of records. Daily records were not completed, staff were currently updating consent records and the registered manager was revising the service's policies and procedures. Some staff told us that more staff would be appreciated because people's needs had changed. There was no formal system in place to assess staffing levels. The registered manager told us that she was included in the staffing numbers which sometimes made it difficult to concentrate on her management duties.

We recommend that the provider reviews its assurance and auditing system to ensure that it effectively assesses and monitors all aspects of the service provided.

Following our inspection, the registered manager wrote to us and stated that a new auditing tool had been formulated, a staffing ratio tool would now be used and daily records had been reintroduced. She also informed us she was updating the consent paperwork.

Staff told us that they enjoyed working at the service and morale was good. Comments included, "We are just blessed with the staff we have here," "I can't say anything negative, it's just such a nice place to work" "I feel proud to be part of this good team." We observed that this positivity was reflected in the care and support which staff provided throughout the day.

We checked whether the registered provider was meeting the conditions of their registration. The registered manager told us that there had been no notifiable incidents. The registered provider was displaying their previous CQC performance ratings at the service in line with legal requirements.