

Methodist Homes

# Bridge Court

## Inspection report

43 Moathouse Lane West  
Wednesfield  
Wolverhampton  
West Midlands  
WV11 3HE

Tel: 01902738124

Website: [www.mha.org.uk/hs22.aspx](http://www.mha.org.uk/hs22.aspx)

Date of inspection visit:  
26 March 2019

Date of publication:  
15 April 2019

## 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 Court is located in Wolverhampton in the West Midlands. It is a domiciliary care and extra care housing service that provides personal care to people who are tenants. At the time we inspected, Bridge Court was providing personal care to 26 people who lived at the scheme. The service caters for older and younger adults who may have a range of needs, for example a learning disability, mental health need or a physical or sensory disability.

People's experience of using this service: People we spoke with told us they felt safe with the management and staff that support them. A person living at the service told us "That she is never frightened as there were people around all the time and staff are only a buzzer away."

People were supported to have maximum choice and control of their life and they were supported in the least restrictive way possible.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff spoken with respected and understood a person's right to privacy and promoted their independence. People told us staff were kind, caring and showed them respect. People's dignity and privacy was respected and they were able to make choices about how their care was delivered. People's independence was promoted.

The registered manager and staff observed and spoken with showed respect and kindness towards people. They were passionate about their role and told us that people who live here come first and we do everything we can to ensure they have the best quality of life. People were involved in making decisions about their care.

We met a number of people who used the service all were relaxed and we saw people were comfortable with staff.

People's nutritional needs were met and a number of food options were available. People could choose to cook in their flat or they could order a meal and have it delivered to their flat or eat in the communal restaurant. People were encouraged to eat healthy meals and staff provided advice on health and well-being. The management team and staff knew when to refer people to other health professionals for advice and support.

There was a complaints procedure which was made available to people. People told us they would discuss any concerns or worries with the care staff. A leaflet entitled 'No Secrets Here' was available in the entrance hall for all relatives and visitors to take. This provided a confidential number to discuss any concerns and obtain advice.

Rating at last inspection: Good (21 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. Ongoing monitoring included information that quality had improved. We checked this in looking at the quality and safety of the service.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

For more details please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained good  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained good  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained good  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained good  
Details are in our Well Led findings below.

# Bridge Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One adult social care inspector carried out this inspection.

#### Service and service type:

Bridge Court is a Domiciliary Service that provides personal care to people living in their own flats.

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 comprehensive inspection visit took place on 26 March 2019 and was announced. The provider was given 24 hours' notice because the location provided a service to people who lived in the community. We needed to be sure that we could access the office premises and speak with people.

The registered provider is the Chief Executive Officer of the Methodist Homes Association who supports the registered manager in the operation of the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### What we did:

During the inspection visit we spoke with both the registered manager and four people who lived at the service. We also observed interactions between the people, management and staff. This helped us understand the experiences of the person.

We looked at the care records for four people and discussed their activities and interests with them. We looked at records relating to the management of the service. We checked the environmental and personal risk assessments. This enabled us to determine if the person received care and support they needed in an appropriate safe way.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of what action to take should they have any concerns about possible abuse. Methodist Homes Association (MCA) had policies and leaflets informing people of what is considered abuse. There was a confidential help line for people should they have any concerns. There have been no recent safeguarding issues. As part of the inspection process we contacted the local authority and they told us they had no concerns about the operation of the service.
- People felt safe using the service. One person told us, "This place is perfect for me I am safe and I call for help should I need it." Another person told us "The staff are marvellous."
- The safeguarding policy and associated literature were available in the entrance to the property,
- Staff confirmed they received safeguarding training as part of their induction and that the process was reiterated at staff meetings. A staff member told us "Our job is to keep people safe and well, the manager would not put up with anything that would cause someone harm or distress."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- A positive approach to risk taking was adopted, the management team looked at each person's abilities and helped them strengthen areas that may prove difficult. Risk assessments were developed with the person and they focused on encouraging the person to be independent.
- The management team had identified potential risks to the person receiving care. This included safety arrangements for supporting people with medication, nutritional support and preventing falls.
- Environmental risk assessments were in place for each flat to make sure it was safe for people living there and for staff to be sure they were working in a safe environment.
- Each person had a Personal Emergency Evacuation Plan in the event of having to leave the property quickly.
- There was a system in place to record incidents and accidents that occurred. The record also contained information on how the accident or incident had occurred and what action had been taken to minimise any future risk.

Staffing and recruitment

- New staff members had been recruited safely and in line with the MCAs recruitment policy and procedure.
- Staffing was provided 24hrs a day and people who used the service we spoke with all said that staff were available at the times that suited them and it was rare they had to wait for assistance.
- Staff we spoke with told us the staffing levels were good, they never felt rushed or have to keep people waiting. They said there was enough staff employed to meet the needs of people using the service. One person who used the service told us "Staff have the time to have a chat and make you feel valued and cared

about."

- 

Using medicines safely

- Support was provided for people if they needed help with their medication. We found that procedures were in place to ensure the management of medicines was safe. Administration records were maintained and kept in people's own flat. All medication records were audited by a senior member of staff.
- We reviewed the medicines administration records and found them to be accurately maintained.
- All staff had been required to complete medication training as part of the MCAs mandatory training programme.

Preventing and controlling infection

- Infection control policies and procedures were in place. Spot checks were carried out to check staff were wearing protective clothing appropriately and ensuring all measures were in place for people to not be at risk of infection.
- The registered manager told us that a record is maintained of everyone who had been treated for an infection. This information is collated and an annual return and then sent to MCAs head office where was audited to see if any trends or patterns could be identified.
- A member of staff told us, "there is always plenty of gloves and aprons." "We are told how important it is to follow infection control procedures as the people we are caring for are very vulnerable and more prone to becoming ill."



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans were well written and provided a good account of the assessed needs of the person.
- The records contained clear details of people's health needs and how these were supported. There was an emphasis on promoting independence for the individual.
- Care plans checked showed people were provided with support from a range of health professionals to maintain their health. These included GPs, falls team, speech and language therapists, opticians and dentists.
- The management team had developed good relationships with health and social care professionals. This supported them to provide effective, safe and appropriate care which met the person's needs and protected their rights.

Staff support: induction, training, skills and experience.

- Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work.
- We spoke with staff and found they had a good knowledge and experience of supporting people they cared for. People told us that the staff were good and always willing to help. One person told us "Nothing is too much trouble, these girls know what they are doing".
- A comprehensive training programme was in place. This was monitored and refresher training provided to ensure they had the skills and knowledge they needed to provide effective care and support.
- All staff received supervision and appraisal throughout the year to support their personal development.

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

- Each flat had a fully equipped kitchen and people were supported to shop and cook if they wished to prepare their own meals.
- Meals could be provided if the person wished and these were delivered to their flat or eaten in the complex's restaurant.
- Advice was given on healthy choice and direction offered when shopping and menu planning.
- Staff had a good awareness of people's varying needs. One person told us we always have a choice and staff respect our tastes and cultural needs.

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 with their healthcare needs and to attend appointments when necessary.

- The management team and staff worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. These included the dentist, GP and an optician.
- Staff spoken with told us we care for people for as long as possible. "This is a home for life and we will always ask for advice and support from other social and health care professionals to ensure people get the best of what they need."

#### 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.
- We checked whether the service was working within the principles of the MCA. The management team had a good understanding of their responsibilities under the MCA and the rights of the person were protected. We saw people made decisions for themselves as far as they were able.
- We saw all care documentation was signed by the person giving their consent for the assistance required and appropriately sharing their personal information.

# 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

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

- During our inspection with spoke with four people that used the service. We saw there were positive relationships between the person and the care staff. People were comfortable and happy.
- People felt staff treated them with kindness and were caring. One person said, "They [staff] are all lovely, I do not know what I would do without them."
- People felt they mattered and that staff had time for them. Staff members said "These people come first we make sure we have time to just talk. We always have to mindful that we support people in a compassionate way when they need support or information."
- Observing the relationships demonstrated the management team and care staff were caring, respectful and protective with a clear understanding of the person's needs. The people received personalised care that focussed on their needs and promoted independence.

Respecting and promoting people's privacy, dignity and independence

- The care staff recognised they were supporting people in their own homes and therefore they respected people's privacy. One person told us staff respected their privacy, they always close the curtains and ask me what I want in a quiet way if anyone is around."
- A person living at the service said I am as independent as I can be, the staff are marvellous they accompany me if they can or they will organise transport so I can continue to go out.

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

- The management team and care staff recognised what was important for the people. They ensured they supported them to express their views and maintain their independence.
- The registered manager held regular resident meetings and a Chaplain is employed in the service three days a week to offer pastoral care.
- Most people were able to verbalise their wishes and choices. Communication was more difficult for some people as they were living with dementia. It was evident that staff had developed good relationships and clearly understood their needs and wishes.
- Information on advocacy services was made available to people who used the service. The registered manager was aware of how to access this service and had a request for an advocate pending with the Local Authority.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw that people continued to receive a personalised care service which was responsive to their needs and promoted their wellbeing.
- The care staff knew the people well, what they liked and disliked and their preferences.
- People felt they developed and maintained positive relationships with the consistent care staff that supported them. One person said, "It is good to have the same people coming to help you, they know how you like things."
- People's care plans were personalised and placed people's views and needs at the centre. Care plans were detailed and informed staff what the person's abilities were and the support they required.
- There was evidence of people being involved in the planning and review of their care. Care plans were signed by the individual.
- Daily visit logs were maintained. These were detailed gave an account of the support people needed and received on a day to day basis.
- Staff were knowledgeable about people's preferences, needs and how people wanted to be supported. The person was encouraged to remain as independent as possible.

Improving care quality in response to complaints or concerns

- The registered provider had not received any complaints since the last inspection.
- People told us they were, "Happy" and had no concerns.
- A complaints leaflet was given to everyone upon commencing with the service.
- The registered manager was keen for people to share their experiences and be confident they would receive a prompt response to any concerns.

End of life care and support

- The management team were keen that people using the service know they will have a home for life. Everything possible is done to support people at the end of their life.
- People were encouraged to talk about what they would like at this time. To ensure this subject is addressed sensitively a leaflet, 'The Final Lap' is provided which has an overarching aim of support for all.
- A Chaplain was available to offer guidance and support.
- Other professionals were requested as needed to support individuals, for example district nurses, specialist nurses and GPs.
- Where possible and when known people's wishes were recorded.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- We found the registered manager and management team were open and transparent. They focused on the needs of the people and on their wellbeing and strived to give them the best quality of life possible.
- The management team were confident they provided the best possible experiences for people.
- There were effective systems in place to monitor the quality of the service.
- Staff told us the management team were very supportive. Comments we received included, "I can ask for advice or additional training if I feel I need to" "We work as a team."
- We found evidence that confirmed the service is planned and delivered around the needs of the people. Staff told us "Everything in this complex is about what is best for the people living here, nothing is refused if we can do it, we will."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place. The registered manager was supported by a number of team leaders who supported and mentored the care staff. The registered manager is of long standing and has built a loyal and hardworking team.
- There were clear lines of responsibility and accountability. Everyone spoken with were knowledgeable and familiar with the needs of people they supported.
- The management team consistently monitored the service and evidence demonstrated that quality assurance processes were in place. The Methodist Homes Association also deploys quality assurance staff to monitor and audit the service to ensure their standards are maintained. This ensured that effective, best practice was always adopted and the requirements of current legislation were being met.
- Meetings with staff and people that used the service took place to ensure the service evolved in line with people's expectations.
- The provider took appropriate action to minimise the risks to the person's health and wellbeing. Regular checks took place in the home to drive forward improvement and maintain quality. These included reviewing all care records and safety checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The people were actively involved in how their support was delivered and they spoke positively about the support they received.

- Staff told us that the management team continued to encourage a culture of openness and transparency. A staff member said "her team leader and the registered manager showed a genuine interest in her not only professionally but personally as well, I love working here."
- The registered manager had fostered good relationships with other services involved in people's care and support. She told us that her ethos is, once a person starts to live here it is their home for life. We will do anything to fulfil that promise. This means we work closely with district nurses, doctors and any health and social care professional that will support a person to live a comfortable and dignified life.
- A team leader told us, "In this job you learn something new every day, everyone is an individual. We are constantly reinforcing with staff that the people we support have not always been frail and vulnerable, they have lived vital, important lives. I tell staff we have to show respect and value their experiences."