Cumbria Care

Bridge House

Inspection report

Manor Side, Flookburgh, Grange Over Sands
LA117JS
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 12 November 2014. During our previous inspection visit on the 28 November 2013 we found the service met all the national standards we looked at. Since then there had been no incidents or concerns raised that needed investigation.

Bridge House is a purpose built care home set in its own gardens, a short walk from the shops and amenities of Flookburgh village. The home is operated by Cumbria Care, an internal business unit of Cumbria County Council. There are single rooms for 39 residents, set within three separate wings including one caring for people with dementia.

There was a registered manager in post on the day of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke to people in their own rooms and those who were sitting in the communal areas. People told us they were happy with the care and support they received. Comments included, "I am very happy and glad I decided to move in".

Summary of findings

People said they felt safe living in Bridge House and if they ever felt fearful they would speak to any of the staff about what was troubling them.

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate which meant there were sufficient staff to meet people's needs and support their independence. The registered manager and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Health care needs were met through visits from people's GP and the district nursing service. We saw that the manager and staff worked closely with other external health and social care agencies in order to provide consistent care and support to people living in Bridge House. Staff had completed training in safe handling of medicines and records were up to date.

People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. People told us they enjoyed their food and the choices they were given.

We saw evidence that staff recruitment and selection was robust and guaranteed only suitable people were employed to care for and support people using this service.

Observations throughout the day evidenced people were treated with respect and their dignity was preserved at all times. People were supported by a trained and experienced staff team that understood their needs.

There was an appropriate complaints procedure in place and people knew who to speak to if they had concerns or complaints.

There was an internal quality audit system in place to monitor the quality of care and support provided.

Summary of findings

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 is safe. People told us they felt safe living in Bridge House. Staff had completed training in protecting vulnerable adults and were aware of their responsibility to keep people safe.

People were fully assessed prior to moving in to Bridge House with the assessment providing information to form the personalised plan of care. Risks were identified and measures had been put in place to manage these safely and consistently.

There was sufficient staff to meet all the assessed needs of people and recruitment processes ensured only suitable people were employed at Bridge house.

Medicines were handled safely and all records were up to date.

Is the service effective?

Good

The service is effective. Care staff had received training suitable to their role and responsibility.

People had access to health care professionals which enabled them to keep in good health. They had choices with regards to their meals and nutrition.

The registered provider had policies and procedures in place with regards to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager was knowledgeable about how to ensure individuals' rights were protected.

Is the service caring?

Good

The service is caring. People were treated with kindness and respect and the staff acted promptly to ensure individual needs were met.

People's independence, privacy and dignity were promoted. People made their own choices and these were respected.

Care plans evidenced people and their families were involved in the monthly reviews of care.

The provider had procedures in place to ensure end of life care was provided in the most appropriate manner.

Is the service responsive?

Good

The service is responsive. People's needs were assessed prior to moving in to Bridge House. People's needs were reviewed regularly and any changes were responded to in a timely manner.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way.

There was an appropriate complaints process in place. People knew who to speak to if they had any concerns.

Summary of findings

Is the service well-led?

Good

The service is well-led. The recently appointed registered manager had developed good working relationships with the staff team and external agencies so people received personalised care and support which met their needs.

Staff told us they received good support from the manager and could approach her at any time to discuss any concerns they may have.

The provider had suitable policies and procedures in place and good systems for monitoring the quality of care and services.

Bridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

This was an unannounced inspection and took place on the 12 November 2014. The inspection team consisted of the lead inspector for this service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We did not receive a provider information return prior to our inspection as the registered manager only received this just prior to our visit. She was in the process of completing the form at the time of our inspection. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided.

During the visit we spoke to six people who lived in Bridge House, two district nurses who were in the home on the day of our inspection, two social workers and one volunteer who was playing the piano for the newly formed choir. We spoke to five members of the staff team and spent time with the registered manager.

We looked at the care and support plans for six of the people who lived in Bridge House. We examined staff rosters, the training plan, staff recruitment files and looked at the medicines administration records. We spent time with the chef on duty discussing nutrition and menu planning. During our visit we observed the interaction between the staff and people and watched activities in all three units.

Good

Is the service safe?

Our findings

During our inspection we spoke to six people who lived in Bridge House and asked them if they had any concerns about their safety and if they thought there was sufficient staff to care for them. They told us, "Of course I feel safe and there is always staff about to help me" and "I have no worries at all and I am not fearful at all even through the night. I know there is always a member of staff around".

We spent time in the communal areas of the home and conducted a Short Observational Framework for Inspection (SOFI) in the unit providing support to people with dementia and other complex needs. This involved observing staff interactions with the people in their care. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs, in particular those who may have limited verbal communication. During this time we saw people's choices were met and staff treated everyone with respect. Assistance was given in a warm and understanding manner and we saw that none of the people were made to feel uncomfortable. Communication between the staff and people in the unit was good

The registered provider, Cumbria Care had policies and procedures in place to protect people from abuse and the staff we spoke to were knowledgeable about recognising signs of abuse. They knew how to report anything they saw that gave them cause for concern. All staff had completed training in adult protection which included completing a 'Safeguarding Adults Passport'. This document was prepared by Cumbria Safeguarding Adults Board and was designed to ensure all staff had the skills and knowledge to keep vulnerable people safe.

The registered manager confirmed nobody moved in to Bridge House until a full assessment of their needs had been completed. The information from this assessment formed the basis for the personalised plan of care and support.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there had been a change to a person's needs. Any changes were noted and the risk assessments were reviewed and updated immediately. We saw in the support plans there were tools to monitor mental health needs and gave directions to the staff about supporting people whose behaviour may challenge the service. This demonstrated that all aspects of people's needs were recognised, understood and met in the most appropriate way.

We spent time in all three units in Bridge House and saw there was sufficient staff on duty to respond quickly to people's needs and requests. The registered manager told us that, since her appointment, there had been an increase in the number of staff on duty throughout the day. Staff told us this had made a 'tremendous difference'. They said, "We now have time to spend organising activities and chatting to the people we care for".

We checked the recruitment files for six members of staff including some who had recently been appointed. We saw application forms had been completed, references had been taken up and a formal interview arranged. The files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed by this service.

All new staff had either completed Cumbria Care's induction programme or were in the process of completing it.

Bridge House had recently changed the pharmacy that supplied the medicines for people living there and the registered manager confirmed, "The system was working well". Cumbria Care had in depth policies and procedures in place pertaining to the receipt, administration and disposal of medicines in place. Medicines were administered by the supervisor on duty with another member of staff who acted as a second checker. We saw evidence that spot checks/audits on medicines and records were completed by the registered manager. Monthly audits were completed by the supervisors when the new month's supply of medicines was received. We observed part of the morning medication round and saw that this was completed in a timely manner. Supervisors also confirmed they checked the medicines administration records each time they administered medicines as a further check. Checks on the stock of medicines that were not in the monitored dosage system were also completed to ensure there was not an excess of unused medicine and tablets.

Good

Is the service safe?

We checked the storage and recording of medicines liable to misuse, called controlled drugs, and this was being managed well. There were clear records of administration, checked by two members of staff and recorded in the appropriate register.

We walked round the building and saw there was suitable equipment to assist people who may have limited mobility and watched briefly as two members of staff moved a person using one of the aids. This was done in a calm manner with staff reassuring the person at all times. We observed staff taking part in a manual handling training session during our inspection. This was facilitated by two members of staff who had completed the 'Train the Trainer' course and were able to train and check the competency of the staff in assisting people who lived in Bridge House.

Good

Is the service effective?

Our findings

People we spoke to during our inspection told us they received good effective care. We asked if the thought the staff knew what they were doing. We were told, "The staff here are lovely and certainly know what they are doing. There seems to be a lot of training" and "We have some new staff and they are lovely. I think they have settled in well".

We saw people being given choices about how they wanted to spend their day. Some people chose to stay in their rooms and told us, "Sometimes I like to stay in my room for part of the day and the staff respect this. Other times I like to sit in the lounge". We saw that people were given a choice about joining in the activities that had been organised as part of the monthly programme.

We talked to the registered manager and the care staff about the training programme. Staff told us there was always training on offer and the manager confirmed Cumbria Care provided training for staff appropriate to their role within the staff team. We were able to look at the staff training records and a small sample of staff professional development files.

Staff confirmed they received one to one supervision from their line manager. They told us this gave them the opportunity to discuss their training needs and professional development. They also said, "Our supervision and staff meetings give us opportunities to make suggestions about care practices and the management do listen to us".

The registered provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice 2005 (MCA) and Deprivation of Liberty Safeguards, (DoLS). The registered manager and one of the supervisors had completed training in the MCA and DoLS provided by an external training company which had proved very beneficial. Cumbria Care would, in future, be providing training for other members of staff.

The registered manager told us that, currently, they were organising a best interest meeting in relation to one of the people living in Bridge House with a view to requesting a DoLS order. An independent mental capacity assessor (IMCA) had been appointed and a request had been made to other external professionals for assistance with the process. She showed us a copy of a form she had introduced to record the details of any mental capacity assessment and record of any best interest decision. This meant that all the relevant information would be retained in one place and be easily accessed.

We asked people if they ever discussed their care with the care staff. They told us they had a key worker who they could talk to. A key worker is a member of the care staff team who has responsibility for a small group of people who lived in the home. People and their family members were invited to take part in the monthly care plan reviews and the care plans we looked at evidenced people signed their care plan if they were able. If this was not possible a family member had signed on their behalf.

People told us they were always asked if they wanted help with their care and we observed staff asking people what help they wanted and what they wanted to do.

Health care needs were met through visits from people's GP and input from the district nursing service. We were able to speak to one of the visiting district nursed and asked her about the care and support provided by the management and staff. She said, "Communication has improved greatly". They have introduced a communications book that we write in as well as the staff. This often means we can see those we need to without making more than one visit. It is much better all round. We find the staff receptive to any suggestions we make and they do ask us for advice".

Other health care needs were met through mental health professionals, social care professionals, speech and language therapists and dieticians. People also had access to dentists, opticians and chiropody.

Meals were served in the lounge/dining room on each of the units. People told us they were very happy with the food and they always had a choice at every meal. As the activity of the day was baking they would be having the cakes they had made at tea time. We spent time speaking to the chef on duty and discussed the menus. He was very aware of the importance of nutrition and the menus were looked at were varied and nutritious. He knew if people were at risk of malnutrition and what to do to supplement their calorie intake. During the day we saw that people were given drinks and snacks.

Good

Is the service caring?

Our findings

Everyone we spoke to during our inspection told us they were well cared for and told us how kind the staff were. Comments included, "It is great living here the staff are so kind" and "I am more than happy with the care I get. Wouldn't get better anywhere else".

We spent time in the communal areas of the home and conducted a Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs, in particular those who may have limited verbal communication.

During our observation we found that people's choices were respected and staff treated people with respect. We noted that staff were very attentive and dealt with requests without delay. We saw anyone needing extra help with their mobility was assisted in a discreet manner. We saw staff knocking on doors and waiting to be invited in before entering. We could see staff knew the people they supported very well and understood what people meant even if their verbal communication was limited. Although we saw staff assisting people with their mobility and tasks of everyday living we also saw they encouraged people to retain as much of their independence as possible.

Although we were unable to speak to any relatives or friends during our inspection people told us their relatives could visit at any time and they "Were always made very welcome". There was no restriction on visiting times.

Staff we spoke to knew the importance of confidentiality and told us people often chatted to them when they were giving personal care and especially during the assistance with bathing. The registered manager had only been in post for six months but the people we spoke to knew who she was and told us, "We see the manager every day around the home".

We saw from the care plans that, wherever possible, life histories had been documented. Staff told us, "It is a great way to get to know people when you read about their life before they moved into Bridge House. It is always a good conversation opener". There were some care plans where people had said they did not wish to complete this part and this was respected by the staff. They did say however, "When people settle down after they first move in they quite like to tell us what they liked to do before they moved in".

Advocates had been used in the past and recently one had been appointed prior to a best interest meeting. Details of the advocacy service were available for people to read if they needed the relevant service.

The home had a range of equipment to support people to maintain their independence. There were rails in the corridors for people to hold if they needed and a passenger lift to help people to access the accommodation on the first floor of the home.

We saw that regular church services were held and communion was available for people who wished to receive it. People were given their choice about attending but the opportunity was always given. This ensured people's spiritual needs were met alongside and personal, health and social needs.

The manager, supervisors and the care staff had completed 'End of Life' training and some were part way through the 'Six Steps' end of life programme. Unfortunately, because of the lack of an external trainer, the staff involved were not able to complete this course. The manager was trying to source this particular training from another training company. We did speak to staff about how they cared for people who needed this specialist care and they told us they did everything possible to ensure people were cared for right to the end of their life.

Good

Is the service responsive?

Our findings

Prior to moving in to Bridge House the manager completed a detailed assessment of people's needs and activities of daily living. This was to ensure the service was able to meet the needs and provide appropriate care and support. When we discussed this with the manager they confirmed that a further assessment was always completed when people were ready to return to Bridge House after a spell in hospital.

The information gathered at the initial assessment meeting was used as a basis for each individual plan of care and support. Some support plans contained a personal history showing people's personal preferences and choices as well as detail about their life before they moved in to the home. Other people had chosen to give only the barest details but whatever their choice was, it was respected by the registered manager and the staff.

Cumbria Care had a corporate care plan format that was followed by all the services within the group. We looks at a total of six care plans in detail and we could see each plan was personal to the individual and gave staff sufficient information to provide the appropriate level of care. Details of their preferred choices were documented as were health care needs and dietary requirements. Monthly reviews were completed with people and their relatives to ensure the information was always up to date. Changes in needs were noted and included in the reviews.

People's weight was monitored and referrals to a dietician or speech and language therapist were made if necessary.

Emotional needs were recorded as well as physical needs and advice from the mental health team was accessed when required. We saw evidence that the staff responded as soon as possible to any change in the dependency levels and the care and support provided was increased to a higher level. Changes in medication were also responded to quickly and recorded on the medicines record.

We saw that, since the last inspection a new plan of activities had been introduced and we were able to watch two of the activities organised on the day of our inspection. People on one of the units on the first floor were having their weekly 'baking day'. Some of them told us they were used to baking at home before they moved in and that they would be eating the cakes they had made for their tea.

In the lounge on the ground floor we were able to observe the newly formed choir singing hymns they had chosen themselves. This had been organised by one of the staff who had recruited a volunteer from the local church to play the piano. The volunteer also visited the home on a regular basis to give communion.

We asked people if they knew what to do if they had any complaints. They told us, "I would speak to any of the staff if I had a complaint but I haven't had the need so far". Cumbria Care had introduced an electronic system for recording complaints and outlined the process to follow. A complaints log was still kept but there had been none to record. A copy of the complaints procedure was displayed on each of the three units. The Care Quality Commission had not received any complaints or concerns prior to our inspection visit.

Good

Is the service well-led?

Our findings

The registered manager had been in post for just six months at the time of our inspection visit having moved from another residential service within Cumbria Care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We asked the staff about the registered manager and all the comments were very positive. These included, "The new manager is absolutely great. We have support and continuity now". We saw positive interaction between the manager, supervisors and the rest of the staff team. One of the care staff we spoke to had not worked at Bridge House for very long and she told us she had settled well and appreciated the support from the other in the team. All the staff we spoke to felt well supported by the manager and supervisors.

The registered manager had worked hard in the last six months to implement new processes and procedures that ensured the service provided the most appropriate care and support to the people living in Bridge House. We found there to be an inclusive atmosphere within the home and staff told us, "It is a pleasure to work here and the extra staff is the icing on the cake".

The registered manager had introduced a 15 minute hand over period at the start of every shift. This gave the staff coming on duty time to become familiar with what had happened during the previous shift and highlighted any changes in people's needs.

Supervisors received one to one supervision meetings with the registered manager and senior staff meetings were organised. This gave the management team the opportunity to look at the service provided and make suggestions for any changes could improve what was already in place. Full staff meetings were also held with minutes taken, recorded and kept on file.

We spoke to two social care professionals who were visiting the home during our inspection. The both remarked on the difference to the service with the change of manager and said the lines of communication were greatly improved. One of them also said, "The staff now have a more professional approach".

The registered provider had a system in place to monitor the quality of the service provided. This included a series of checks or audits on all aspects of the service. The audits covered medicines management, care plans, health and safety, risk assessment and the environmental standards within the home. Cumbria Care also had internal quality auditors that visit the services every year to monitor the service provision. Copies of their reports were made available to the Care Quality Commission.

We looked at records the service was required to keep such as gas and electricity checks. We found that all equipment used in the home was maintained through annual service level agreements/contracts. Fire records were up to date and all fire safety equipment was serviced annually.