Bridgewood Health Care Limited

Bridgewood Mews

Inspection report

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West Midlands
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Tel: 01215225780

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Our inspection was unannounced and took place on 30 June 2016.Bridgewood Mews is registered to provide accommodation, nursing and personal care for up to 20 people, who are mainly younger adults with complex physical needs. The service also specialises in the care of people with Huntington's disease. At the time of our inspection 18 people were using the service.

The service was last inspected on the 20th and 21st April 2015 where we found that the provider was not meeting the regulations we assessed associated with the Health and Social Care Act 2008 and they were deemed to require improvement. The areas requiring improvement were safe, as medicines were not always administered, stored or handled safely. Also people's health and support needs were not always updated of reviewed in a timely manner. In the area of well-led the manager and providers own quality assurance systems had failed to identify issues that were found during the previous inspection. We found that steps had been taken to rectify these issues.

The manager was not registered with us as is required by law, but was new in post and was in the process of becoming registered. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

A suitable amount of staff were on duty with the skills, experience and training in order to meet people's needs. People told us that they were kept safe and that staff interacted with them in a positive manner.

People were given their medicine correctly and the recording of medicines administered to people was clear and concise. Medicines were stored and disposed of as they should be. People's health needs were addressed and GP and hospital appointments were attended.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

People were asked their consent prior to care being carried out, where people were unable to communicate agreements were in place. Staff had a good understanding of the Mental Capacity Act 2005.

People were supported to take sufficient food and drinks, and choices were encouraged wherever possible. People also felt that staff listened to them and acknowledged their needs and preferences.

Staff maintained people's privacy and dignity, and people were encouraged to be as independent as possible.

People were able to raise any concerns they had and felt confident they would be acted upon.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place. The provider gave the registered manager support and visited the home regularly. Audits were carried out regularly in order for any trends to be identified and acted upon if required.

Notifications were sent to us as required, so we were able to see how incidents had been responded to.

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 was safe.

People felt safe and risk assessments were in place to ensure that people's well-being and specific needs were managed

There was an adequate number of staff available to support people.

Medicines were managed and given appropriately.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable and received regular training.

Staff understood the Mental Capacity Act and Deprivation of Liberty Safeguards and worked within its guidelines.

People received adequate food and drinks.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People were encouraged to make their own decisions.

Staff maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in their care plans.

People were encouraged to participate in activities.

People were aware of the complaints procedure.

Is the service well-led?

Good

The service was well led.

People knew the registered manager and talked of their open nature.

Quality assurance processes was carried out regularly.

We received notifications as required.

Bridgewood Mews

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 was planned to check 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.

This inspection took place on 30 June 2016 and was unannounced. The inspection was carried out by one inspector and a pharmacist, who looked at the safety of medicine systems

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with two people who used the service, one relative, three staff members, the manager and the operations manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, 11 medication records and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care, to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe and one person said, "I am safe and happy here they look after me". A relative told us, " I am satisfied [person's name] is safe here, the staff have risk assessments in place and they pop in and out of their room regularly to check they are okay". A staff member told us, "As staff we understand people's needs and this helps to keep people safe".

We saw that detailed risk assessments were in place and these covered areas including; mobility and falls, diet and fluid intake, skin care, continence, hygiene and health. Staff we spoke with were knowledgeable on people who required specific assistance and they were able to discuss risk and how it was managed. We saw that where people required moving with a hoist staff complied with the person's risk assessment and the procedure was carried out appropriately.

We found that staff were aware of patterns in people's behaviour and would be able to tell if any changes occurred. We saw that behavioural assessments included the presenting behaviour, identifying triggers for behaviour and enabling routines to give people structure. Where any behaviour raised concerns staff were able to tell us how they could support the person to assist to manage the behaviour in order to keep them safe.

We found that each person who lived in the home had a specific personal evacuation plan in place in the event of any emergencies. Staff had a good understanding of this and were able to tell us how they would get people to safety. All of the staff we spoke with said that they would ring the emergency services and then get people out of the home as safely as possible.

Staff told us that they were aware of safeguarding, with one staff member saying, "I understand safeguarding, and the forms that abuse could take, including both mental and physical. I would look out for bruises, hair loss, tiredness and general changes in behaviour". Staff told us that any safeguarding concerns they had would be passed onto the manager. We saw the process undertaken by the manager to inform the relevant external agencies.

We found that sufficient numbers of staff were available to people. One person told us, "The staff are here for when we need them". A relative said, "There are always staff about, in the corridor, in the lounges, everywhere" A staff member told us, "We have four members of staff on each floor, which is more than enough". We saw that staff numbers were assessed by the manager who used a specific tool to judge staff required in relation to people's needs.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. Where a concern had been raised the manager was in the process of carrying out a risk assessment to ensure that there was no risk to people being cared for. We looked at four recruitment files and saw that all the appropriate checks had been completed correctly. Staff members had provided a full

work history.

People that we spoke to told us that they received their medicines as expected, with one person saying, "I have my medicine every day". A relative told us, "[Person's name] gets their tablets like they should". A staff member told us, "I give medicines and always make sure that everything is done correctly". This was an improvement on the previous inspection and we could see that changes had been implemented.

A pharmacist reviewed the management of medicines, including the Medicine Administration Record (MAR) charts for 11 people. We watched two nurses complete a medication round for three people.

We found that where people had to have their medicines administered to them through a tube in their stomach, the necessary safeguards were not in place to inform staff how to prepare and administer each medicine safely. We found that the provider had started to put a protocol in place to ensure this information was available to the nurses but currently it did not have enough information included and it was not individualised to the person.

Medicine was stored safely in locked trolleys in a locked, temperature controlled room. We found that controlled drugs were stored securely and recorded correctly.

Medicine that had a short expiry date once opened was always dated to ensure that staff knew how long the medicine could be used for. Creams that had to be applied topically were recorded on a separate cream application chart that was kept in people's rooms. The charts showed where the cream should be applied and how often and a record was kept by the staff who applied the cream.

People that took medicine only when required had clear protocols in place to provide staff with enough information to know when the medicine was to be given which meant people would be given their medicine consistently and at the times they needed them.

Medicine incidents were reported and arrangements were in place to ensure they were investigated and an action plan was completed. They were discussed at regular meetings to share learning.

Good

Is the service effective?

Our findings

People told us that they felt that staff were knowledgeable, with one person saying, "I think they [staff] know what they are doing, I am confident in them". A relative told us, "They [staff] are always off on training, so they should know what they are doing". Staff we spoke with were aware of people's conditions and were able to talk about symptoms comprehensively and how they affected the person.

We found that staff members had received an appropriate induction period. One staff member told us, "My induction was really informative, I still refer back to what I learnt even now". A second staff member said, "I shadowed other staff for five days and learnt lots from them. We found that staff completed training courses and had undertaken the Care Certificate. The Care Certificate is a set of minimum standards that are expected of care workers in their role supporting people. A staff member told us, "I have done lots of training, it started in the first week and hasn't stopped since. We are regularly on courses". A second staff member said, "When I started I was new to care, so I went back to basics with my training. I am now competent with hoists and slings and I have done the Care Certificate".

People told us that staff members gained their consent before carrying out any actions. One person told us, "They (staff) ask me before they help me". A relative told us, "When we are visiting we have always seen staff asking for our relatives consent". A staff member told us, "I always get consent before I help a person, as it is their decision". A second staff member said, "If I cannot get verbal consent I look for other forms, such as a nod of the head, facial expression or body language. It is about knowing when people are ok or not". We saw that staff asked people before assisting them and that they supported people safely and at their pace, so that people were able to be fully involved in their own care. We saw that best interests agreements had also been completed where verbal consent could not be given.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had an understanding of the MCA and DoLS. One staff member told us, "DoLS would keep someone safe inside the building if they wanted to go out. We would keep them in so that they didn't get hurt outside, if they lacked capacity". A second staff member told us, "If a person lacks capacity, decisions are made in their best interests and where possible family are involved". We found that best interest decisions were reviewed monthly by staff in order for them to remain relevant. We saw that seven DoLS applications had been approved and the manager informed us that whilst awaiting DoLS approvals staff used the least restrictive methods of care.

People told us that they enjoyed the food and one person said, "I like the food, it is tasty". A relative told us, "The food is ok, no problems". A staff member said, "The food is nutritious and people tell us that they enjoy it". We found that lunchtimes were a positive experience for people. People were shown and told what was

on plate and asked if they were still happy with the choice they had made the previous day. We saw that people were supported to eat where required and that when one person was having difficulty specific cutlery was found for them, which made eating easier. The food smelt and looked appetising and when a person didn't want their meal at lunchtime a lighter alternative was kept until they were ready, so that they did not go without eating.

We saw that people received adequate drinks throughout the day. A staff member told us, "I treat people as I would wish to be treated. I think how often I get thirsty and get myself a drink. What if I couldn't do that?" A second member of staff said, "I think that people get enough drinks and where people are at risk of urinary tract infections we give extra fluids". We found that fortified [cream or other substances used to add calories] drinks and meals were given where people's weight was required to be maintained.

People told us that their on-going health needs were supported and one person said, "I see my doctor when I am sick". We saw records that showed referrals to speech and language teams and where a specialised diet had been recommended we saw that staff followed the plan. Appointments for medical services such as, opticians, chiropody and diabetic foot clinics were noted in people's records. People from ethnic minorities also received specific skin care and we saw that these needs were recorded.

Good

Is the service caring?

Our findings

People told us that they liked the staff, with one person saying, "I certainly do like the staff here they are very kind, I love them". A second person said, "I am very happy with the staff they care for me and they are kind". A staff member told us, "We treat people as individuals and understand how best to care for them and we do it with a smile". We saw staff engaging in positive relationships with people and sharing jokes together. Staff included people in the conversations that they had between themselves and people being cared for were spoken to in a caring manner.

We found that people were listened to. When a person wanted to go outside to smoke a cigarette, they were supported straight away. Staff took the time to speak with people and acknowledge their needs. We saw staff sitting at eye level to a person, so that they could speak with them easier and one staff member told us how they had learnt sign language and passed on their skills to other staff members. We saw the positive affect that using sign language had on some people. Where people became upset staff were able to calm them, by keeping them company, singing with them and finding things that they liked to do.

People told us that they were able to make their own choices and decisions and one person told us, "I make my own choices, I decide what to wear and I lie in until late if I want to". A staff member told us, "People make their own decisions here. We have a natural waking policy if someone wants to get up late they do". We saw people being asked their preferences and that people used the home as their own. People got up and changed television channels when they wanted to and went to the kitchen to get themselves drinks.

People told us that staff cared about their privacy and dignity needs and one person told us, "I am kept covered when I am washed and staff do what they have to and leave me alone". A staff member told us, "I make sure that people have their privacy and dignity. When doing personal care I close the curtains, shut the door and keep people covered. We saw that when a person experienced an incident where they needed to have their clothing changed, they were taken straight to their room, without drawing any attention to the matter.

We found that people were encouraged to be independent wherever possible and one person told us, "I do things for myself, I am not useless yet". A staff member told us, "We encourage people to be independent although they don't always like it. I get them to do little things like fill the kettle up or put their socks on". We saw that people liked to be able to do things for themselves, many people who lived in the home were of a young age and staff enabled them to continue to support themselves wherever possible.

We saw that leaflets on local advocacy services were available for people. Staff informed us that if they felt people required an advocate they would speak with the manager who would then make a referral. The manager told us that advocates would be welcomed wherever people needed guidance and support to have their voice heard.

We saw that relatives were welcomed at any time and could stay all day with their loved ones should they choose to. Staff shared that they did their best to make relatives as included as possible and that one

relative was given the personal use of a room to use to pray whenever they visited, as that was a request that they had made.

Good

Is the service responsive?

Our findings

One person told us they had been involved in their care plan, "I was asked all about myself and what I liked when I came here". A relative told us, "Yes, they involved me in the care plan. I make sure that I am involved in everything". We found that people's records showed that their preferences had been considered and this included; clothing, food, time to get up and go to bed and sleeping habits, hairstyle and appearance, hobbies, voting and special occasions. Care plans also included details on health issues such as falls and mobility and maintaining weight. From the care plan people's needs had been identified and an action plan of how to support them had been devised. We saw how one person had requested that their bedroom had a football theme and this had been done.

People told us about activities they had been involved in and one person said, "I love it when the exercise man comes in". A staff member said "We go on canal trips, watch films on the projector, make cakes or go for walks to the shop and garden. Some people refuse, others enjoy activities". We saw that lots of people asked staff to assist them in mobilising around the building and into the garden. Staff spent time with them and helped them go wherever they requested to be taken.

People we spoke with were not able to recall being given a complaints policy, but one person told us, "If I had a complaint the staff would know about it right away". A relative told us, "I put any complaints in writing and they [staff] always do something about it". A staff member told us, "If a complaint comes to us directly we inform the manager and she deals with them effectively". We saw the complaints book and duty of candour log and complaints received had been investigated appropriately with the complaint receiving a written reply.

We found that surveys were used to gather feedback on the service provided. Some people told us that they were happy to complete them, whilst others had chosen not to. We saw that the surveys asked questions such as "Do you have enough choice over the food you eat?" Where the answer came back as negative in a high number of cases, this had led to the introduction of a food forum where meetings were held regularly about menus and people were encouraged to attend and give their feedback. We found that results of surveys were sent to people and relatives in the form of an easy to understand chart format.

Good

Is the service well-led?

Our findings

People told us that they liked living in the home and one person said, "I like it here, I am very settled". A relative told us, "I am satisfied with this place, they [staff] care for [person's name] well".
People told us that they knew the manager well and one person said, "I know the manager [gave manager's name] very well I go down and see her". A staff member told us, "[Manager's name is very good and knows all the answers to our questions. She sorts things out and is hands on". We found that people we spoke with were familiar with the manager and told us that they had the opportunity to speak with her regularly.

We found that the manager had forged links within the community. A charity visited to assist people on trips to the pub or the shops and links had also been made with a local college to enable a person to undertake a course. We were told that staff arranged to join up with other partner services for events, like entertainment shows and people told us that they felt they benefitted from this.

People told us that the communication between them and staff was positive and that they were listened to and we were able to witness this. Staff members said that they felt that they were involved in how the service was run and that they had an opportunity to raise issues. One staff member told us, "We are able to voice our opinions at team meetings". A second staff member said, "The manager listens to us and deals with issues quickly and fairly". Staff members told us that if they were not able to attend team meetings they were given the opportunity to read the following minutes. We found that relatives meetings had been poorly attended and that plans were being considered to address this for the future.

The manager told us that the whole staff team were supported very strongly by the operations manager and we were able to meet them on the day of our inspection. Staff confirmed that it was helpful to have the support of the senior management team.

Staff told us that they were aware of the home's whistle blowing policy and that they would whistle blow if they felt the need to. One member of staff told us, "I understand whistle blowing and if I felt I had to then I would". A second staff member told us, "I know that I can go to the local authority or [Care Quality Commission] CQC if I had a concern where nothing was being done about it".

We saw that the manager carried out monthly checks to ensure that the quality of service provided was monitored on an on-going basis. We viewed quality assurance records that looked at moving and handling and falls and food as part of the food forum. Medicines, equipment used and new admissions were also analysed for any trends that may indicate a concern. Each month two care plans were scrutinised fully on a rolling rota alongside "mini checks" carried out on other care plans. We found that quality assurance checks were now much more comprehensive than they were during the last inspection.

We received notifications of incidents and accidents as we should and this allowed us to see how effectively staff responded to people's needs.