

Essex County Council

# Bridgemarsh Residential Home

## Inspection report

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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

### About the service:

Bridgemarsh is a residential care home, providing personal care and accommodation for up to up to a maximum of 24 adults who may have a learning disability, autism and or complex/physical health needs. At the time of our inspection 17 people were using the service. Part of the accommodation has been divided into five flats to provide a more independent living environment.

During our last inspection we found the quality assurance process was not effective or sufficiently robust. Information about people's needs, preferences and wishes was not fully recorded. Policies and procedures were not in place or reviewed to ensure staff had adequate guidance to follow. We identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. On this inspection we found the necessary improvements had been made and the service has now been rated as Good.

The service has been developed and re-designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and /or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

### People's experience of using this service:

People were safe living in the service. Risks had been identified and people were looked after safely.

Staff were kind and caring and supported people to be as independent as possible.

People had access to healthcare professionals when required.

Staff knew how to care for people. Staff used their skills and the resources and equipment provided so the risk of accidental harm or infections was reduced.

Staff had developed effective skills to meet the complex needs of the people at the service.

People were supported to have their prescribed medicines safely to remain well.

People were supported to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service had a well-defined management structure. The registered manager and deputy manager had clear oversight of the service and worked alongside staff. Staff were respectful of the management team and told us they were approachable and supportive.

Audits were in place and people were encouraged to give their feedback about the service. Regular surveys were carried out with a range of people, relatives, staff and professionals. Information was used to make improvements to the service.

Rating at last inspection:

Requires Improvement date of the last report published was (16th January 2019).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our safe findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well led

Details are in our safe findings below

**Good** ●

# Bridgemarsh Residential Home

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

Bridgemarsh is a care home. People in care homes received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

The inspection was unannounced.

#### What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us as least once annually to give some key information about the service what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the deputy manager and three care staff. We also spoke with three people who use the service and two visiting professionals. Because other people were unable to communicate verbally with us or were not home on the day of inspection, we carried out observation of people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from risk of abuse:

- People continued to be safe and protected from avoidable harm. People's needs were assessed, and plans were in place and followed to promote their safety.

One person told us, "Yes, I live with nice people and have good staff."

- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.

- The service had safeguarding and whistleblowing policies in place.

- Staff told us they had received training in safeguarding people from the risk of abuse. Staff described how to refer any concerns they may have to the local safeguarding authority.

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and were managed safely. Care plans were updated if people's needs changed.

- Staff were aware of the risks to people including health needs and any allergies and knew what to do to keep people safe. For example, if someone was at risk of having seizures.

- Checks on the building and the equipment was undertaken to ensure that ongoing maintenance issues were identified. This included water temperatures, fire safety and moving and handling equipment.

- People were involved in practice fire drills to check any risk to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services on the support people required in these circumstances.

Staffing and recruitment:

- People received support from regular staff who knew them well.

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were sufficient staff on duty to keep people safe.

- The deputy manager told us, "We do use agency staff but use one only use one agency for consistency." Staff told us the deputy manager worked on shifts when needed, which meant that people were supported by staff they knew well.

- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People continued to receive their medicines safely. Staff had received training on how to manage and

administer medicines. Competency assessments were carried out to ensure staff continued to follow safe practices.

- People's medicines were kept in the appropriate locked cabinets. We observed people being administered their medicines and this was done in a dignified, respectful way.
- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection:

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- We saw staff washing their hands after providing personal care and administering medicines.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care plans contained clear information regarding people's capacity to make decisions about their care. Some of the people living at the service were not able to make complex decisions. However, staff enabled people to make day to day care decisions about their care, such as what they ate and drank. Staff had worked with the people they supported for many years, therefore they knew them well and could identify when they needed support, or when they made a choice by their facial expressions or body language.
- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.

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

- People's needs were reviewed on a regular basis in conjunction with their families to ensure that the service was continuing to provide effective outcomes.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with specialist equipment there was detailed step by step guidance.
- Peoples care plans were clear and easy to read. They contained details of how to communicate and how to work proactively with people to alleviate any behaviours which may challenge or increase a person's anxiety levels.

Staff skills, knowledge and experience:

- We observed staff were skilled and feedback from external professionals confirmed they could meet people's complex needs.
- Staff told us they had regular supervision meetings with the manager to support their development. The deputy manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Being a small service, the manager was available every day and often worked as part of the shift, this enabled them to supervise staff and keep up to date with the

changing needs of the people they supported.

- Staff were very positive about the support they received from the management of the service.

Supporting people to eat and drink enough with choice in a balanced diet:

- Mealtimes were flexible, reflecting people's needs and preferences. Staff encouraged people to eat independently when possible. People with more complex needs were supported by staff.
- People were supported to have a balanced and healthy diet. They were involved in the shopping, preparing and cooking of their meals. People choose to eat with others or on their own in their own flats. One person told us, "I get my own breakfast, staff help me to get lunch and cook my meal I choose what I want to eat."
- People's care plans included information about their specific nutritional need, for example if they needed their food cut up or dietary requirements due to their health.
- Staff checked people's health and wellbeing, for example some people had charts in place to document how much they ate and drank. Staff were aware how important it was to record this as this would highlight any changes or concerns.

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

- The service had clear systems in place for referring people to external agencies. Any input from health professionals was clearly documented in people's care plans with any outcomes or actions to be taken. For example, speech and language therapists.
- Health information was stored in people care plans containing information about people's needs. People had personalised hospital passports. This meant if they had to go to hospital information would go with them about how best to meet their needs.
- Where people had specific health conditions such as epilepsy there was a clear step by step guide as to the actions that staff should take to keep people safe.
- People had access to services such as the chiroprapist, optician and dentist and regular medication reviews.

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

- The environment had been altered to accommodate five individual flats. Ongoing work was being carried out to replace windows and refurbish communal areas.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- We observed staff interacting with people. Staff showed kindness and empathy. Staff obviously knew people well and there was lots of banter and laughter throughout the day.
- Staff took time to interact with people and to look for facial expressions or hand gestures as a means of communicating and listening to the people they supported. People obviously felt safe and comfortable in the presence of staff.

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

- People's communication needs were clearly documented in their care plans. Staff were patient allowing people the time they needed to talk about topics of interest and communicate their views.
- People were given choices throughout the day of what they would like to eat or drink or if they would like to take part in an activity. Staff knew how to support people to enable them to make an independent decision. For example, staff showed people the options using objects of reference such as two different foods or drinks.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful when they spoke about people. When supporting people with their food staff were respectful and retained people's dignity.
- People were supported and encouraged to maintain relationships with their friends and family. Staff told us that people regularly received visits from their family members and went out with them and at times stayed at their homes. One person told us, "I go home to my mum and dads at the weekend."
- Staff knew people well including their preferences for care and their personal histories. Staff told us that they worked as keyworkers to people to ensure they had everything they needed and supported them with their day to day activities as well as making any health appointments.
- We saw minutes of a resident meetings where people were asked if they were happy with their activities and holidays were discussed.
- Staff treated people with dignity and respect and supported them in spending their time in the way they chose. People were supported as individuals to enhance their quality of life, this included respecting their age, sexual orientation, cultural and religious needs.
- We observed staff knocking on doors and closing doors behind them when they entered a person's room.
- People's records were kept securely, and computers were password protected. Staff knew how to keep people's information confidential.



# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same this means that services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person centred support which met their needs and preferences. They were supported to have as much choice and control over their life as possible.
- People's care records were detailed and informative. They provided information to staff on people's personal histories, cultural backgrounds, needs and on what was important to people as well as what they enjoyed.
- Staff knew people well and were knowledgeable about the information contained in the care plans. Staff were proactive and worked to minimise people's anxiety avoiding triggers known to cause upset.
- People's needs were constantly reviewed, and support was adapted as required. At handover meetings, staff described people's mood and any health issues as well as if they had eaten and drank sufficient amounts of fluids.
- People were supported to live as full a life as possible and were enabled to participate in activities which interested them.
- Activities were person centred and we observed that people were offered different choices of activities during the day of our inspection. One person told us, "I go to day care because I want to, and, on a Thursday, I clean my room and change my bed."
- Staff worked together with people and their relatives to identify interests and plan holidays. One person told us, "I went to Lourdes last year I go on my own."
- Staff supported people to maintain relationships with those important to them. Staff told us people had visitors on a regular basis and that some people went home to spend time with tier families.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability impairment or sensory loss and in some circumstances to their carers.

- Some information was available to people in alternative formats, such as easy read or large print. However, one person told us they would like their care plan in capital letters to enable them to read it easily. We discussed this with the deputy manager who assured us they would make sure this was done for this person.
- Care plans identified people's individual communication needs and looked at ways they could be met. One member of staff told us, " Although [name] is unable to communicate verbally we know when [name] is

happy because they will rock backwards and forwards and if they do not want to do something they will sit on the floor and refuse to get up."

Improving care quality in response to complaints or concern

- Staff involved relatives as appropriate in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns.
- A complaints procedure was in place and in accessible formats. No complaints had been received.

End of life care and support:

- End of life wishes were clearly documented in peoples care plans for example, one person had had a discussion with their social worker and befriender and their views recorded. A best interest assessment has been completed regarding this person and their end of life requests. This included the music they liked and the fact that they would want cake served at their funeral.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement the quality assurance process was not effective or sufficiently robust. Care plans had been audited monthly, however, information about people's wishes particularly to end of life care and sexual orientation had not been updated appropriately. Important information about people's sexual orientation and their end of life arrangements had not been discussed with them, or their representatives to know their preferences or wishes. Policies and procedures were not available or had not been reviewed to ensure guidance was available to staff in supporting people to live at the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made people had detailed end of life care plans and policies and procedures had been reviewed and updated and this key question has improved to Good. This meant the service was consistently managed and well-led. They assured person-centred high-quality care and a fair and open culture.

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

- The registered manager was aware of when to contact the care quality commission.
- The registered manager was supported by a strong deputy manager.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of the service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.
- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- Staff told us they felt fully supported by the management team who were approachable. One staff member told us, "I feel really supported by the manager and deputy manager we can always talk to them their door is always open."

Engaging and involving people using the service, the public and staff:

- Staff meetings and residents' meetings were held regularly, and all aspects of the service were discussed, for example people's care needs, training and any maintenance issues.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.

Continuous learning and improving care: Working in partnership with others:

- Management told us they kept up to date with current legislation by attending care conferences and using the local authority. They also in the past have attended provider meetings, these meetings were to discuss any issues and to share good practice ideas.
- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dietitians, speech and language therapists, GP's. This ensured a multi-disciplinary approach to ensure people received the appropriate level of care and support.