

New Care Worsley (OPCO) Limited

Bridgewater Manor Care Centre

Inspection report

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Worsley
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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

Bridgewater Manor Care Centre is a purpose built nursing home situated close to Worsley in Greater Manchester. The home can support up to 71 people across 3 floors. The home supports people requiring residential, dementia and/or nursing care. At the time of inspection 48 people were living at the home.

People's experience of using this service and what we found

Overall people's medicines were managed safely, although we found some inconsistencies with record keeping around some people's 'when required' medicines and modified dietary guidance.

We have made a recommendation about ensuring guidance is in place for all 'when required' medicines and modified dietary guidance is accurate across all systems within the home.

People felt safe living at Bridgewater Manor Care Centre and spoke positively about the care and support they received. We found enough staff were deployed to meet people's needs and keep them safe. Staff knew how to identify and report safeguarding concerns and accidents, incidents and falls had been documented consistently. Reviews of accidents had been completed to look for any patterns and help prevent a reoccurrence. The home was clean with effective cleaning and infection control processes in place.

Staff received training, supervision and support which allowed them to complete their roles safely and effectively. People told us staff were competent and knew how to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Overall, people were happy with the food provided and conformed they received enough to eat and drink. People's healthcare needs were being met, with referrals made timely to professionals when necessary.

People described the staff as being kind, friendly, caring and patient. One person stated, "The staff are very kind, they work hard and are always dignified in the way they act." People told us they were treated with dignity and respect, able to make choices regarding their care and encouraged to complete tasks for themselves, to help maintain their independence.

Care plans explained people's needs and how they wanted to be supported. Peoples' social and recreational needs were met through a daily activities programme, facilitated by activity co-ordinators and staff members. People spoke positively about the activities on offer. The complaints process was displayed around the home and people told us they knew how to complain, though all but one had not needed to.

The home used a range of systems and processes to monitor the quality of the service provided. Action plans were used to help drive improvements. People and staff told us the home was well managed and they felt involved in how the home was run, through regular resident and staff meetings and a monthly newsletter. People told us they would recommend the home to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bridgewater Manor Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a medicines inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bridgewater Manor Care centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bridgewater Manor Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people about the home and the care provided. We also spoke with 10 members of staff, which included the registered manager, deputy manager, nursing and care staff and an activity coordinator.

We reviewed a range of records and other documentation. This included 5 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 6 people.

After the inspection

We requested and reviewed additional evidence from the provider. This included staff rotas, staff supervision records, policies and procedures, accident and incident records and newsletters.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall medicines were managed safely. We found information around people's allergies were recorded to ensure they were not given a medicine they had previously reacted to.
- Medicines were kept safely and securely, including medicines that required additional storage requirements, for example, controlled drugs. Medicine fridge temperatures were monitored to ensure medicines were stored at the correct temperature.
- Information was in place to support staff to safely administer 'when required' medicines. However, for 3 people whose medicines we looked at, this information was not available for all of their 'as required' medicines or topical creams.

We recommend the provider ensures NICE guidance is followed consistently in relation to 'when required' medicines protocols, so staff have the necessary information to ensure these medicines are administered safely and correctly.

- Records relating to the use of thickening powder for drinks were being kept. Modified dietary information within the kitchen was correct and reflected people's current needs. However, we found conflicting information in 2 people's care plans regarding their modified dietary needs, and how these should be met.

We recommend the provider reviews the process for ensuring modified dietary information and guidance is up to date and accurate across all records, to ensure people receive their food and fluids safely and as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Bridgewater Manor. One person stated, "I feel safe, they have put a new system in place to make sure I don't fall or injure myself." Another person said, "I feel safe here as there's always staff about. I only need to push my call bell and they will come."
- Staff had completed training in safeguarding which was refreshed annually and knew how to identify and report any issues or concerns.
- Safeguarding concerns had been reported in line with local authority guidance. A log was used to document referrals, which included what had occurred and action taken.

Staffing and recruitment

- Enough staff were deployed to keep people safe and meet their needs. The home used a system for working out how many staff were required to provide safe care, with rotas being completed in line with this information.

- When the home first opened, the provider had over recruited, which meant excess staffing levels had been in place. This was reflected in some people's feedback, who felt staff now seem very busy. One person told us, "The carers work very hard, they are good, I can't fault them."
- All of the staff we spoke with told us staffing levels were appropriate. Any shortages were filled by staff working extra shifts or by staff from other homes owned by the provider helping out, rather than use agency staff.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

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

- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.
- Care documentation contained a range of general and specific, individualised risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
- Accidents and incidents had been documented using the providers electronic system. Records included what had occurred and action taken. The registered manager reviewed and signed off all incident forms to ensure they had been dealt with correctly and consideration had been given to minimising the risk of reoccurrence.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place. At the time of the inspection, there was a COVID-19 outbreak within the home. We observed staff wearing and disposing of PPE appropriately.
- Infection control policies and procedures were up to date and reflected current national guidance. Due to the outbreak, staff were based solely on specific units to help minimise the spread of infection.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow infection control procedures.

Visiting in care homes

- Government guidance around visiting had been followed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Assessments had been completed prior to people being admitted to the home, to help ensure the environment was suitable and the home could meet their needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in MCA and DoLS and understood how this applied to their roles and the care they provided. One staff member stated, "DoLS stands for deprivation of liberty safeguards, it's used to protect people who lack capacity to make certain decisions. In terms of capacity, you have to assume people have capacity until proven otherwise."
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making had taken place.
- DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.

Staff support: induction, training, skills and experience

- Staff told us they received enough training, support and supervision to carry out their roles. Comments included, "Induction training was good, very thorough. I found it interesting and learned everything I needed to do the job" and "Ongoing training is provided. Refreshers are a mix of e-learning and practical sessions."

There is a trainer assigned to the home who does this."

- Staff confirmed they received supervision, but also told us management had an open door policy and also ran a weekly clinic, where issues could be discussed and support provided.
- Staff training and supervision was monitored via separate matrices, to ensure staff remained up to date.

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

- All but one person told us the food provided was good, they received a choice of options, with further alternatives available on request. One person stated, ""The food is very good quality and there's plenty of it. I get lots of snacks and drinks as well throughout the day."
- We observed lunch on each floor of the home during the inspection. Each floor had a dedicated hospitality assistant, who oversaw mealtimes, to allow staff to focus on providing support with eating for those who required it. Support was provided in an attentive and dignified way.

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

- People received support to stay well and access medical professionals as required.
- People had access to a variety of medical and health related services, such as general practitioners, district nurses, speech and language therapists, dieticians and opticians. Information following appointments or visits had been documented in care records.
- Oral care was provided in line with people's needs and wishes. People told us staff either brushed people's teeth or reminded them to do so themselves. One person stated, "The carers brush my teeth in the morning and at night when they get me up and put me to bed."

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

- Overall, the layout of the home catered for people's needs. The home was purpose built and had been decorated to a high standard, with good quality fixtures and fittings throughout.
- Each floor of the home catered for a particular need. The first floor had recently opened and was for people living with dementia. We found whilst some adaptations had been made to the environment to ensure it was suitable for the people living there, further work was needed. This had already been identified by the new registered manager, who was planning to visit another home's dementia unit to gather ideas, they could introduce at Bridgewater Manor. We will follow this up at the next inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- People told us they received good quality care from staff who knew them well. Comments included, "The staff are very good, they are kind and patient and always have time to chat with me" and "Staff are really nice and they will do anything for you."
- We observed positive interactions between people and staff during the inspection. It was apparent people had formed positive relationships with the care staff and felt comfortable in their presence.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were clearly documented on their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, by staff who knew people's needs and how best to support them. One person told us, "The staff always treat me with respect, especially when showering me."
- Staff told us they ways they ensure people's privacy and dignity was respected. One stated, "We treat people as if they were family. We explain what we are going to do, ensure doors are closed and the residents are covered up when being washed. It's important we don't talk over them and include them include them in conversations."
- People's independence was supported, to ensure they retained skills and were involved as much as possible in their care. One person told us, "The staff help me shower but encourage me to shave myself whilst I still can."

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

- People were involved in their care and encouraged to make decisions. One person told us, "I choose when to get up and when to go to bed. I also choose what I want to wear every day." Another person stated, "I have full control of my day, I let the carers know what I want and they always oblige me."
- The home produced a monthly newsletter, which provided people with information about the home, activities and events and other information of note. People were invited to contribute to the newsletter. One person told us, "I publish an article in the newsletter each month. I feel proud of this. I just love living here."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- The home used an electronic care planning system. Care plans were detailed and explained how people wanted to be cared for and supported.
- Care plans viewed on inspection contained a range of personalised information, such as people's likes, dislikes and preferences. This information helped staff understand people as individuals and cater the care they provided accordingly.
- People we spoke with were aware of their care plan, though some had chosen not to read it, leaving this to their next of kin. One person told us, "I know my care plan; it was discussed when I came to the home. It's about how my day evolves and what help I need."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the requirements of the Accessible Information Standard with information available in a range of formats, including different languages, large print and audio.
- Each person had a communication care plan, which explained any difficulties they had and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication, such as glasses or hearing aids.

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 were supported and encouraged by activities coordinators and care staff to undertake activities and maintain social relationships to promote their wellbeing.
- There was a weekly activity schedule in place, with activities planned each morning, afternoon and evening should people wish to take part. Weekly options included exercise classes, art & craft, pamper sessions, puzzles and games. Regular outings were also completed, to places people had expressed an interest in visiting for example garden centres and museums.
- One person told us, "I am not interested in the activities but once a week I go to the salon downstairs and get my hair done and nails painted, it makes me feel lovely." Another person said, "I take part in all the activities; I enjoy them, and it passes the day."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain, though all but one person said they had not needed to. One person told us, "I have no complaints or concerns here. If I were unhappy about anything I would tell the nurse."
- One person told us they had raised concerns about the food within the home, as this wasn't to their taste. Both the registered manager and deputy manager had spoken with them about this, to try and reach a resolution.
- The complaints process was displayed within the home and people were provided with information about how to complain upon admission. Complaints received had been logged and responded to in line with the providers policy.

End of life care and support

- The home followed an accredited end of life programme, to ensure consistency of palliative care. The provider was in the process of facilitating training in this across the staff team.
- Specific care plans were put in place when people reached this stage of their life, to ensure care provided met people's needs and wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the home and how it was run. One person told us, "[Registered manager] is very nice and approachable, they always take time to listen. I would recommend this home to anyone." Another person stated, "I would recommend this home because the staff are brilliant."
- Staff told us they felt supported and enjoyed working at the home. One stated, "I like the ethics of the home and what they stand for. We get lots of support and I feel comfortable to bring things up. They care about the staff here."
- There were number of staff support and recognition processes in place, to ensure staff were acknowledged for their hard work, whilst understanding the role could be stressful. The provider believed staff retention is linked to staff feeling valued and appreciated. having a consistent staff team, helped ensure better continuity of care.
- One of these was wellbeing Wednesdays, which was introduced to support the mental well-being of staff. This involves staff receiving a poem or quote each week to encourage them to consider their mental health and wellbeing. They are also given a small gift linked to the chosen poem or quote, for example scented candles, face mask or chocolates.

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

- A range of systems and processes were in place to assess the quality and performance of the home and care provided. These were completed on a daily, weekly or monthly basis, in line with the provider's quality monitoring schedule.
- Individual action plans had been created where any issues or omissions had been noted, to help drive improvement. The home did not currently have an overarching improvement plan, however, the registered manager stated this was something they were looking to introduce.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary.

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

- Regular meetings were held to allow people to provide their views and be involved in the running of the home. People told us requests made during meetings were actioned quickly. One person said, "We have residents' meetings, and we are encouraged to speak freely. I mentioned at the meeting we could do with a

library; they have now made room in the lounge and books have appeared."

- Staff meetings were held every 2 – 3 months to ensure staff were kept up to date and able to air their views. Staff told us communication was good. One stated, "The home is well run. Lots of information goes out to us on a daily basis. We all know what we need to do and about any changes."
- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was meeting the requirements of the duty of candour. The home and registered manager were reported to be open and honest, and people had no concerns around communication or action taken to address any concerns.