Bridges Healthcare Limited

Gallions View

Inspection report

Duncan House
20 Pier Way
London
SE28 0FH

Tel: 02088548884
Website: www.bridgeshealthcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 19 July 2018 and was unannounced. This was the provider's first inspection since their registration in January 2018.

Duncan House is a care home that provides nursing and personal care and support for up to 20 older people and works closely with the clinical commissioning groups in providing services to support planned discharges. People stayed at Duncan house for a period of up to 28 days whilst they were assessed. They then moved on to a more suitable placement or back home.
People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, 17 people were using the service.

There was a registered manager in place. 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.

At this inspection, we observed that staff did not always support people safely to mobilise. We observed staff members using unsafe moving and handling techniques when supporting one person to move. The person's care plan recorded that a full hoist should be used when mobilising the person, but this was not done. There were processes in place to monitor the quality and safety of the service but they were not always effective as they had not identified this issue. Other risks to people were assessed, identified and safely managed.

People told us they felt safe. There were appropriate safeguarding procedures in place to protect people from the risk of abuse. The home had a system in place to record accidents and incidents and acted on them in a timely manner. We saw accidents and incidents were discussed with staff and learning disseminated. Medicines were stored, administered, managed safely and accurate records were maintained. People were protected from risk of infection as staff followed practices that reduced the risk of infection. There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices.

Staff received an induction when they started work at the home and were supported through regular training and supervisions to enable them to effectively carry out their roles. People's needs were assessed prior to moving into the home to ensure their needs could be met. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health. The service met people's needs by suitable adaptation and design of the premises, which included appropriate signage to help people

orientate themselves and appropriately adapted bathrooms to manage people's needs effectively.

People told us staff were caring and respected their privacy and dignity. People were supported to be independent wherever possible. People said staff involved them in making decisions about their daily care and support requirements. People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

People's care plans were reflective of their individual care needs and preferences and care plans were reviewed on a regular basis. Activities were on offer and available for people to enjoy and take part in. People were aware of the home's complaints procedures and knew how to raise a complaint. People's cultural needs and religious beliefs were recorded and they were supported to meet their individual needs if required. Where appropriate people had their end of life care wishes recorded in care plans.

Regular staff and residents' meetings were held and feedback was also sought from people about the service through annual surveys. Staff were complimentary about the registered manager and the home. The provider worked in partnership with the local authority to ensure people's needs were planned and met. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The ethos of the home was to treat people with dignity and respect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were identified but not always safely managed.

There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse.

The home had a system in place to record accidents and incidents and acted on them in a timely manner. We saw accidents and incidents were discussed with staff and learning disseminated.

People were protected from risk of infection.

Medicines were managed safely and accurate records were maintained.

There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices.

Is the service effective?

Good

The service was effective.

People's needs were assessed prior to moving into the home to ensure their needs could be met.

Staff completed an induction when they started work and were supported through regular training and supervisions and appraisals.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately. Staff told us they asked for people's consent before offering support.

People were supported to have enough to eat and drink.

People had access to healthcare professionals when required to maintain good health.

The service met people's needs by suitable adaptation and design of the premises.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care and support requirements.

People told us staff were caring and respected their privacy, dignity and independence.

People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

Is the service responsive?

Good

The service was responsive.

Care plans were reviewed regularly and were reflective of people's individual care needs.

People's cultural needs and religious beliefs were recorded and they were supported to meet their individual needs.

People participated in a variety of activities to stimulate them.

People were aware of the home's complaints procedures and knew how to raise a complaint.

Where appropriate people had their end of life care wishes recorded in care plans.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider did not have effective quality assurance systems in place to monitor the quality and safety of the service.

There was a registered manager in post.

Regular staff and residents' meetings were held and feedback was also sought from people about the service through annual surveys.

Staff were complimentary about the registered manager and the

home.

The provider worked in partnership with the local authority to ensure people's needs were planned and met.

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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 inspection took place on 19 July 2018. The inspection team consisted of one inspector, one specialist nursing advisor and one expert 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.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service and used this information to help inform our inspection planning.

We spoke with four people using the service, two relatives, three members of staff, the registered manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for five staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At this inspection we saw that risks to people were not always managed safely. For example, one person's mobility risk assessment and care plan recorded that a full hoist should be used when mobilising the person from chair into a wheelchair or bed. During our inspection, we observed two staff members using unsafe moving and handling techniques when supporting this person to mobilise from a recliner chair into a wheelchair.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the ward manager's attention who confirmed that a full hoist was required when mobilising this person. They immediately took action to remind all staff that unsafe moving and handling techniques were not to be used and people's mobility care plans had to be followed. Following the inspection, the registered manager sent us documentation to confirm that the respective staff had attended a refresher moving and handling course and learning would be disseminated at the next staff meeting.

We looked at other risk assessments which were carried out in relation to medicines, falls, nutrition, skin integrity, bedrails, mobility and communication. Risk management plans included detailed guidance for staff on how to manage these risks safely. For example, one person who was at risk of falls, had measures in place to reduce the risk. This included ensuring that the person walked with their walking aid at all times and were supervised by staff whilst they were mobilising, which we observed during the inspection. During the night the person's call bell was also within their reach and a staff member was positioned in the corridor so that they could observe and offer support should the person wish to get out of bed.

Fridge temperatures were recorded and monitored, However, medicine room temperatures were not recorded and monitored daily to ensure that medicines were stored at the correct temperatures to ensure they remained effective. This risk was mitigated as the medicine room was kept cool by an air conditioning system. We brought this to the attention of the registered manager who put in place a system to record medicine room temperatures on a daily basis. We will check this at our next inspection.

Medicines were managed safely and accurate records were maintained. Medicines were appropriately stored and could only be accessed by staff who had been trained in medicines administration. Medicines were safely administered using a monitored dosage system supplied by a local pharmacist. We looked at a sample of medicine administration records (MARs) and saw that people had received their medicines as prescribed and they had been completed correctly. MARs were signed after medicines were administered and did not contain any gaps Medicines were administered only by staff who had received appropriate training and were assessed as competent.. People who were prescribed medicines to be taken 'as required' (PRN) had a PRN protocol in place to ensure staff had up to date information about when people required PRN medicines including the dosage.

People told us they felt safe. One person said, "I feel safe." Another person, "Oh yes, I do feel safe, they look

after people and look after me." People were protected from the risk of abuse. There were appropriate safeguarding procedures in place. Staff understood and were able to describe the different types of abuse that could occur and knew who to contact should they have any concerns. One staff member said, "I would inform my manager, I am confident they would take action." Another staff member said, "I would tell my manger, they are very good and deal with it quickly." Records showed that the registered manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority as well as CQC.

Accidents and incidents were appropriately recorded and managed. The home had a system in place to record accidents and incidents and acted on them in a timely manner. We saw records included details of the accident or incident, what happened and what action was taken. For example, one person became unwell and an ambulance was called and the person taken to hospital. When the person returned from hospital they were closely monitored to ensure that they did not suffer a relapse. We saw that accidents and incidents were discussed at team meetings and learning was disseminated.

People were protected from risk of infection. The home had an up to date infection control policy in place to protect people from the risk of infections and staff spoke confidently about the action they would take to minimise the risk of infection. We observed staff wearing personal protective clothing (PPE) when supporting people with personal care. One staff member said, "I always an apron and gloves when giving personal care." Another staff member said, "We all have to wear PPE to stop infection from spreading."

There were enough staff deployed to meet people's needs in a timely manner. One person told us, "There's loads of staff about." Another person said," Yes there are a lot of staff." The registered manager confirmed that staffing levels were determined using a dependency tool based on the level of support people required. Staff rotas were planned in advance so staff knew what shifts they were working. Rotas we looked at showed that there were sufficient numbers of staff on duty to meet people's needs.

The provider followed safe recruitment practices to ensure that only suitable staff could work with people. The provider carried out appropriate recruitment checks before staff started work. Staff files we reviewed included completed application forms which included details of employment history and qualifications. References had been sought and proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were knowledgeable and knew their roles well. One person said, "Yes, staff know what they are doing, because there is a standard they have to meet." A relative said, "Staff are competent, they know how to use equipment my relative needs properly."

Staff were supported to carry out their roles effectively. Staff completed an induction when they joined the home and received the required training to help them carry out their roles. Records showed, this training included safeguarding, dementia, medicines, moving and handling, infection control, food hygiene and fire. New staff were required to complete the Care Certificate, the Care Certificate is the benchmark that has been set for the induction standard for new care workers. One staff member said, "Yes my training is all done and up-date." Another staff member said, "I have done all the training I need, it's very good training and helps me in my job."

Staff were supported through regular supervisions. Areas discussed within supervisions included objectives, training, competence, safeguarding, medicines and infection control. On staff member said, "I have regular supervisions with my manager. I find them good, because we discuss any issues I have and go over training". Another staff member said, "Supervisions are very useful, I can speak to my manger openly and get feedback. I am doing very well."

The registered manager and senior staff completed assessments of people's needs prior to them moving into the home to ensure the home could meet their needs. These assessments included information regarding people's medical conditions, skin integrity, nutrition and moving and handling needs. These assessments, together with referral information from the local authority, were used in producing individual care plans and risk assessments. For example, care plans detailed the number of staff required to meet people's care needs and the equipment that people required for their care, such as hoists. Malnutrition Screening (MUST) tools were used to assess if people were at risk of malnutrition.

The provider complied with the Mental Capacity Act 2005 (MCA) and people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). 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 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). The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that where DoLS applications had been authorised that the provider was complying with the conditions applied under the authorisation. Capacity assessments were completed and best interests' decisions made where people lacked capacity to make specific

decisions. For example, when people required bedrails. We observed staff seeking people's consent before supporting them with their needs. One staff member said, "I always tell people how I am going to assist them and ask if they are happy for me to do so."

People's dietary and nutritional needs were met. People's dietary needs were assessed and care plans included guidance for staff on how to support them. For example, if people required a low sugar, low salt or high fat diet. People's allergies were also recorded. The chef had a list of people's dietary requirements to ensure they were meeting people's needs. Staff we spoke to were also knowledgeable about people dietary needs. One staff member said, "One person is diabetic, so all staff on the unit know to check that their meals do not contain any sugar. We all have access to a list of people diets on the unit."

During our inspection we observed a lunchtime meal. People were supported to have a varied and balanced diet. There were a choice of meals on offer and staff explained that people were asked on a daily basis for the meal choices. However, if people chose not to have the meal they had picked, they could choose an alternative. Staff supported people to eat and drink where needed, in a calm manner and did not rush people. One person said, "The food is good, we can have a cooked breakfast well as porridge every day. I really enjoy this." A relative said, "My relatives does get a lot of food." We saw that there a choice of juices, water and hot drinks available throughout the day to keep people hydrated.

People had access to healthcare professionals when required to ensure their day to day health and well-being needs were being met. The provider worked with other organisations to deliver effective care to people, these included a GP surgery, dieticians and tissue viability nurses. We spoke to a GP who visited the home to review people's health needs weekly and as and when necessary. They told us, "People get excellent care here and staff are well trained and know people and their needs well. I am given any information I need upon request and I have no concerns about people's care."

Staff followed recommendations from healthcare professionals and reported any changes in people's health.

The service met people's needs by suitable adaptation and design of the premises, which included appropriate signage to help people orientate themselves and appropriately adapted bathrooms to manage people's needs effectively and helped promote people's independence.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person told us, "Yes, staff are caring they look after me. They talk to me and anything I request they give it to me." One relative said, "Staff are caring, they make sure my relative is alright, they are concerned about them."

We saw people were well dressed and looked comfortable. Staff spoke to people in a kind and respectful manner. Staff addressed people by their preferred name. People responded positively when staff approached them. The atmosphere throughout the home was calm and friendly and we saw staff took their time and gave people encouragement whilst supporting them. Staff showed people understanding and patience. We observed staff using distraction techniques effectively when people became anxious. This included offering them a cup of tea, a chat or a walk. People were unrushed and supported to go at their own pace.

Staff were knowledgeable about people's individual likes, dislikes and preferences. Staff demonstrated that they knew people as individuals. People were involved in decisions about their daily care such as what they wanted to wear and the time they wanted to wake up and go to bed. People's individual needs were identified and respected. One staff member told us, "One person prefers to wear nightclothes during the day time as they feel more comfortable." We met this person and they were wearing their preferred choice of clothing. Another staff member said, "One person like to go to bed after the late news." Care plans contained people's life history and preferences about their care. One person said, "Staff always have a happy smile and talk to me about everything, they keep you involved".

We saw that staff protected people's privacy and dignity. Staff knocked on people's doors and obtained permission before entering rooms. Staff explained to people what they would be doing when they supported them. One staff member said, "I always cover people and close doors and curtains." Another staff member said, "I make sure I maintain people's privacy by shutting doors and making sure no-one else is in the room." Staff told us and we saw that they promoted people's independence by encouraging them to carry out aspects of their personal care such choosing their clothes and eating and drinking. One staff member said, "I try and encourage people to do what they can for themselves, such a brush their hair, put on their clothes or wash their face." People confidentiality was maintained as their information was stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Relatives and friends were encouraged to visit people at the home. During our inspection we saw one relative came to visit a person using the service. They were welcomed by staff and offered a drink. This relative told us, "I often come and see my [relative] and am always welcomed". People were provided with information about the service when they joined in the form of a 'service user guide,' which included the complaints procedure. This guide outlined the standard of care to expect and the services and facilities provided at the home.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning their care needs. We saw that people or their relatives had signed care plans One person said, "Yes, I am involved in planning my care."

People's care had been planned and developed based on an assessment of their needs, which had been carried out by the provider together with the local authority where they had commissioned the service. Care plans contained information about people's desired outcomes from using the service, such as increasing their independence. Care plans also included details of the support people required and covered areas including nutrition, skin integrity, communication, medicines and mobility. This also included the number of staff people needed to support them on a daily basis the equipment they required, such as walking aids or hoists.
Care plans were person-centred and reviewed on a regular basis and included information about people life histories, choices and preferences as well as information about the things that were important to them. This included things like the time to wake up and go to bed and, their hobbies. For example, one person enjoyed listening to the radio and drinking tea. Daily notes were also completed by staff that detailed the care and support delivered to people and the tasks completed by staff.

From April 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The provider had an accessible information policy in place which affirmed their commitment to ensure people were provided with information about the service in a format which met their needs. This included for example, providing information to people in a different language or in large print.

All care files we looked at included a care or dementia passport. These passports assisted people to provide staff at their onward destination, whether this be a care home or care at home with important up to date information about them and their health. For example, one care passport identified the person had a chesty cough.

People were encouraged to participate in a range of appropriate social activities that met their needs. The home employed an activities coordinator, who attended the home once a week, on all other days staff members carried out activities within the home. We met with the activities coordinator who showed us a weekly activities plan, but people preferred to be asked what they would like to do on a daily basis. During our inspection we saw the activities co-ordinator carrying out one to one activities with people such as painting nails, reading and chatting to people. The activities co-ordinator also said that other activities carried out included, armchair exercises, board games and watching television. People were also invited to music shows and piano recitals from outside entertainers. People had access to the grounds the home was set in should they wish to go outside.

The service had a system in place to manage complaints. The service had a complaints policy in place and system in place to log and investigate complaints. However, the home had not received any complaints

since January 2018. The registered manager told us, should they receive any complaints they would be investigated in line with home's complaints policy". People and their relatives knew how to raise a complaint if they needed to. One person said, "I would go and talk to the registered manager." A relative said, "Oh yes, we have been given information about how to make a complaint."

The registered manager told us that they did not have anyone using the service who required advance care plans to document their end of life care wishes. However, if they did, they would ensure people's care plans recorded what was important to people and if necessary would consult with relevant individuals and family members to ensure people's preferences and choices for their end of life care were acted upon.

Requires Improvement

Is the service well-led?

Our findings

The home had systems in place to monitor the quality and safety of the home, however, these were not always effective. Although the registered manager took action and addressed concerns that we found during this inspection, in that unsafe moving and handling practices were used these had not been identified by the provider through regular checks. The provider has put measures in place to prevent this from happening again and will be looked at as part of our next inspection.

The provider had carried out a programme of audits in other areas such as care plans, staffing levels, medicines, environment and infection control. The sample of checks we reviewed showed that no concerns had been identified and that people were receiving appropriate support to meet their care needs.

People we spoke to were complimentary about the home and the registered manager. One person said, "I think it is a good service". Another person said, "The registered manager is lovely. There is always a manager here."

The service had a registered manager in post. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The ethos of the home was to treat people with dignity and respect. To work with people and their families and to ensure that they receive person-centred care. One staff member told us, "All who work at this home fulfil this ethos, I love working here and helping people." The registered manager told us that they worked closely with the local authority to meet people's needs. The local authority confirmed this.

Regular staff meetings were held to discuss the running of the service and ensure staff were aware of the responsibilities of their roles. We saw the minutes from the last meeting in June 2018, areas discussed included training, uniforms and identity badges and managing the hot weather. One staff member said, "The staff meetings are good, we can meet to discuss matters such as people and training. The registered manager asks for our feedback and they care about the staff." Another staff member said, "I attend staff meetings regularly, they are very good as we come together as a team. We are a good team."

Regular surveys were also conducted to seek peoples' feedback about the service. The feedback from the survey dated July 2018 was positive. One person said, "Duncan House is very good, it is well run and peaceful". A relative told us, "My [relative] is looked after well by staff, there is a high standard of care." Another relative said, "The staff are friendly, empathetic, skilful and responsive. It is a safe environment and has pleasant surroundings." Staff told us that they enjoyed working at the home and felt valued and supported by the registered manager". One staff member said, "The registered manager is very good, I can speak to them at any time." Another staff member said, "I really enjoy my work, all of the managers are approachable."

The registered manager told us they worked in partnership with other agencies, including local authority commissioners and healthcare professionals who were involved in supporting people. We contacted staff

from a commissioning local authority who confirmed that they were happy about the care and support people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always managed safely