

Birkdale Homes UK Ltd

# Newbridge House

## 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:

Newbridge House is a 'care home' without nursing and is registered to provide accommodation and support for 30 people. At the time of our inspection, there were 27 people living at the service. People living at Newbridge House were older people, some of which were living with dementia.

People's experience of using this service:

People were happy living at Newbridge House, felt safe and enjoyed their lives there. They received personalised care and support which met their needs and preferences. Each person had a care plan which included the information required.

People received care, support and empathy from staff. This was particularly good when people were at the end of their lives. The service ensured people received the care and support they wished for. Relatives praised the care, understanding and support given to family members. They spoke of staff having compassion, love, kindness and empathy.

Risks to people's health, safety and well-being were assessed and acted upon. Accidents and incidents were analysed to identify any patterns or trends. People were protected from potential abuse by staff who had received training and knew how to raise concerns.

Where specialist advice was sought, the service contacted the appropriate professionals.

People received their prescribed medicines safely and enjoyed a variety of meals offered. The building had been adapted in places to make life easier for people living with dementia.

Staff were safely recruited which ensured they were suitable to work with vulnerable people. Staff undertook training and supervision in their roles to care for people properly. Staff were motivated in their roles and enjoyed their jobs. They felt listened to and that their opinions mattered. They worked together to give positive outcomes to the people they were looking after.

People were supported by kind and caring staff who worked hard to promote independence and a sense of well-being. Positive and trusting relationships had been built up and staff knew people and their families well. People were treated with privacy and dignity and spoken to in a respectful way. The service ensured people were not discriminated against and promoted equality and diversity.

There was strong leadership at the service and a 'family feel' atmosphere. The registered manager was respected and well thought of by staff. There was an open and positive culture where people and staff could raise any issues or concerns. The service had received many positive compliments on the care people had

received.

There were effective quality assurance systems in place to assess, monitor and improve the quality of the service provided. People, relatives and professionals' views were regularly sought and acted upon.

Rating at last inspection:

At the last inspection on 20 September 2016 the service was rated good in all areas and as an overall rating.

Why we inspected:

This was a planned comprehensive inspection based on the last report rating.

Follow up:

We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 inspection findings below.

# Newbridge House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 one adult social care inspector, one adult social care manager 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. On this occasion the expert by experience had experience of caring for a person living with dementia.

Service and service type: Newbridge House is a care home for 30 people without nursing. People who live in care home receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with CQC. 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:

We visited the service on 15 May 2019 and it was unannounced.

What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required to send us by law. The registered manager had completed a provider information return (PIR). This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the visit the inspection team spoke with 13 people living at the service. A number of people who lived

at Newbridge House were unable to speak with us because they were living with dementia. We therefore carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of those people who were unable to speak with us about their life at Newbridge.

We spoke with: the registered manager; deputy manager; nine staff including senior care workers, care workers, cook, housekeeper and maintenance person; four visiting relatives, and one visiting GP.

We looked at three people's care records in detail and sampled other records. These included: risk management records; mental capacity assessments; medicine records; food menus; staff recruitment, training and supervision records; accident, incident and complaints records; audit and quality assurance reports: infection control, and statutory notifications.

Following the inspection, the registered manager sent us further information relating to the running of the service.

# 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, safe was rated as good. At this inspection the rating remained good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- People felt safe and enjoyed living at Newbridge House. People knew how to raise concerns about their safety. One person said, "I am very safe ... I have used the buzzer and carers come in seconds." People who were living with dementia were not always able to raise concerns directly. Their individual care records contained information relating to their behaviours and how to recognise when they were unhappy about something. Staff understood how to interpret these behaviours. For example, one care worker understood one person needed to go to the toilet by interpreting their actions.
- The registered manager and staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff had received training in the protection of vulnerable adults and were confident in raising those concerns to the registered manager if necessary. One staff member said, "If I saw not nice practice I would tell the senior or (the registered manager). We looked at the one safeguarding alert made in the last 12 months and this had been managed appropriately.
- Recruitment practices were safe and only those people suitable to work with vulnerable adults were employed. All the necessary pre-employment checks were carried out prior to them starting employment at the service.
- Sufficient numbers of staff were employed to ensure people had their needs met fully and were protected from unnecessary risks. The registered manager also gave hands-on care when needed to support the care staff. One person said, "Everyone is very kind and friendly."

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

- People were protected from risks associated with their care needs. Risks had been identified and action taken to minimise these. For example, one person showed aggressive behaviour which may challenge and pose a risk to others. Their care record showed how and why this behaviour escalated and the actions staff needed to take to keep them and others safe.
- Where incidents, falls and accidents had occurred, action was taken immediately to minimise the risk of reoccurrence. The registered manager analysed these records regularly to see if a trend or pattern could be identified.
- Where necessary, specialised advice from healthcare professionals was sought. The service had a good relationship with the local GPs who carried out a 'surgery' at the service once a week. One visiting GP said they were very happy working with the service.

Using medicines safely

- Medicines were managed safely. People received their prescribed medicines on time and at the right amount. Only staff who had undertaken medicine training gave people their medicines. Staff regularly

undertook competency checks on their practice.

- Strict control measures were in place to ensure people who required different levels of a blood thinning medicine received the correct dose.
- The medicine administration charts had been completed appropriately. However, some of the systems and recording did not always follow best practice, such as applying labels to all eye drops to show the expiry date. These were discussed with the deputy manager who had recently taken over the role of managing people's medicines.
- Staff undertook audits and reviews of people's medicines to identify any issues.

#### Preventing and controlling infection

- The home was very clean, tidy and homely with no bad odours.
- There was a designated laundry room which was spotlessly clean, organised and well laid out with dirty and clean laundry clearly separated.
- Staff undertook training in infection control (IC) and were aware of how it applied to their practice.
- Person protective equipment was used when necessary, such as aprons and gloves.
- The registered manager ensured staff were 'bare below elbows' to ensure safe good practice. This meant staff did not wear wrist watches, bracelets, only stone free rings and nails were cut short.
- The registered manager regularly undertook a full-service audit on IC using a recognised tool.



# 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, safe was rated as good. At this inspection the rating remained good.

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

- People's care needs had been fully assessed before they came to live at the service to ensure their needs could be met fully.
- Each person had an up to date personalised care plan which was regularly reviewed. These contained useful and important information about how to care for people in a consistent way.
- People and their relatives had been involved in the planning of their care and their wishes respected.

Staff support: induction, training, skills and experience

- Staff were trained and had the necessary skills to meet people's individual needs. This included induction and follow up training. This was delivered via electronic and face to face learning.
- Staff undertook the Care Certificate, which is considered best practice induction training. This was delivered and managed by an outside professional organisation. Two staff had already completed this training and three staff were currently undertaking it.
- Staff felt trained to do their jobs properly and one said, "The list (of training received) is endless ... I keep up to date." Another care worker said, "Training is very good, they can repeat it three times for me as it takes time to sink in ... have had a variety of training."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supervision helped them and their comments included, "I have supervision every six months ... it's an opportunity to talk about myself, my career, my development, the service users", and "... it's a good system to find out how everything is going."

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

- People were supported to have enough to eat and drink in ways which met their needs and preferences.
- People had a choice of food from a four weekly menu and ate 'traditional meals'. Menus were changed six monthly.
- Specialist diets were catered for. Where people had specific needs and preferences related to food this was provided. For example, one person had a pureed diet because they were at risk of choking. However, we found the food for this person was not separated out and consisted of all the food blended together. This meant the person would not be able to taste the different foods they were eating and is not considered good practice.
- People received breakfast, lunch, tea and supper. However, tea was served early at 4pm and we saw several people were still finishing their lunch in the dining room at 1.30pm. One person was still waiting to be supported to leave the dining table at 2pm. They said, "Someone has to be last, they will come when they

have time." This meant there was only a small amount of time between people eating their lunch and having tea. People received a light supper at 7.30pm.

We discussed the last two points with the cook and registered manager who agreed to review the two issues identified.

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

- Staff worked as a team to provide care for people. They promoted a 'family feel' to the people who lived at Newbridge House. One care worker said, "I enjoy my job ... there has always been a good atmosphere ... we have really good staff and it's a 'good home'".
- Staff were kept updated about people's changing needs by handover and written communication. Staff and healthcare professionals said communication was good.
- Where people needed support from other healthcare providers, such as GP's or Speech and Language Therapists, referrals were made promptly. These were regularly reviewed, chased and followed up upon to ensure people received the care they required. A community nurse wrote, "This home is always very reactive in implementing any advice given."

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

- Newbridge House was homely, well decorated and comfortable. Some areas of the home had been designed, decorated and had signage to meet the needs of people living with dementia. For example, the bathrooms had been fitted with different colour toilet seats and there were different coloured doors. Other areas of the home had been developed into themed areas along the corridors to make places of interest and facilitate reminiscence for people. For example, one area was designed as a beach area complete with a small pagoda for people to sit on and another was a library/reading area.
- People's bedroom doors displayed a large soft touch name plate with people's photographs and names on them which included braille for those people with sight impairment. These signs are used to help people find their own bedroom and avoid people entering the wrong bedrooms. The registered manager told us they had helped to design these signs themselves.
- The service had secure grounds for people to walk in. Included was a sensory garden where people could enjoy different sensory experiences.
- People were involved in choosing the type of wallpaper and colours when their bedroom was redecorated. Rooms were individually decorated to a very high standard with matching colours and furnishings. Rooms were always redecorated when a new person moved into their bedroom.

- 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 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 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.

- We found the service was acting within the principles of the MCA and appropriate records were kept.
- People, families and other relevant parties were involved in completing their care plans where possible.
- Staff and management had a good knowledge of the MCA framework and how it applied to their practice. Staff asked people for consent and choices before supporting them.
- Where people required applications to be made under DoLS, these were appropriately completed.

# 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

At the last inspection, caring was rated as good. At this inspection the rating remained good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were cared for and supported by staff who knew their needs, personalities, likes and dislikes well. Staff were able to tell us about individual people they supported and the care they required.
- Staff had built up positive and caring relationships with the people they supported. They spoke about people in a genuinely kind, loving and caring way. They knew what people wanted before they had to ask. For example, one care worker was sat across the lounge from a person. This person started to move in their chair and the care worker knew they wanted their drink of juice which was nearby. They immediately got up and gave it to them. On another occasion, a care worker recognised when one person was anxious and kept getting up out of their seat. The care worker offered to walk with them to provide company and support. During the afternoon, one person and a care worker showed genuine friendship from how they were engaged in conversation and banter with each other.
- People and relatives knew the registered manager well. They promoted an open culture for people, staff, relatives and visitors. One relative said, "(Registered manager's name), we see every visit if we need to and they come and check with my (family member) every day and makes sure she is OK and happy."
- Relatives were very positive about the service and how they cared for their family members. One relative said, "I looked at a few homes ... this was the one I really liked. (Family member) came for respite but we didn't want to take them home as he seemed so settled." They went on to say, "I was surprised how quickly they (staff) got to know them and what he does each day." A second relative said, "When we visited – we just turned up – we were greeted with smiles and empathy ... it is such a caring environment ... we looked at 27 care homes before this." A third said, "We have had other relatives stay at this home over the past seven years and we have always been very happy with the care provided."
- Relatives also said they were cared for and supported by staff. A relative said, "As a relative we could not be treated any better ... we were always welcomed."
- The registered manager fostered a person-centred culture amongst the staff team. They ensured the staff at Newbridge House were also cared for. Staff were very happy working at the service and spoke of the happy atmosphere at work. Some likened it to belonging to a 'dysfunctional family' with the registered manager as the matriarch. One staff member told us how the registered manager had specifically supported them over several weeks recently (information not included in this report due to confidentiality) which they were very grateful for. Two other staff members said, "It's like a big family, everyone helps" and another said, "There is good morale, like a family, so it all reflects on the residents."

Supporting people to express their views and be involved in making decisions about their care; Respecting equality and diversity

- The registered manager and staff understood the importance of the Equality Act 2010. They ensured people were protected from discrimination due to any characteristics which are protected under the legislation. They had identified this was an area of the service they needed to focus on and promote in the future.
  - There were individual notices relating to equality and diversity throughout the home and was discussed at staff team meetings. There was a specific notice board to share awareness on the subject with visitors and families to the home.
  - The service had joined the local Wolverhampton LGBT (Lesbian, Gay, Bisexual, Transgender) and Alliance (network of professional organisations who have come together to support and improve services to the LGBT community) to celebrate gender identity.
- One care worker who was particularly interested and passionate about inclusion on gender equality had attended training and adopted the role of 'champion' in this area. They intended to undertake further specialised training and then guide other staff in their practice. They said, "All staff have been trained on LGBT and have learnt lots. We treat everyone the same as everyone else here."
- A good practice example was given on how this knowledge had improved people's lives at Newbridge House (information not included in this report due to confidentiality).
  - People were fully involved in their care where they were able to. Their care plans included information about people's cultural, personal and religious beliefs.

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

- People living at Newbridge House were treated were supported by motivated and caring staff who promoted people's privacy and dignity. We saw occasions in the corridor, lounge and dining room when staff supported and cared for people in a discreet and helpful way. They spoke in quiet and gentle tones which did not make other people aware of what was happening. The staff did not make a fuss and when they had supported the person, they carried on with their duties. A relative said staff were "... respectful of privacy and dignity. If there is any personal thing that needs addressing, they do it very discreetly and don't shout it across the room." Another relative said, "Dignity and respect were the first observations I made."
- Staff promoted and encouraged people's independence. Care plans highlighted what people could do for themselves and how staff should assist them. Where people undertook tasks, staff told them how well they were doing and gave encouragement. One relative told us how staff had supported their family member to maintain their independence in a way the person chose and said, "...that was progress."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection, responsive was rated as good. At this inspection the rating remained good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- Before they came to live at the service, an assessment was carried out. The service used a 'trusted assessor' service. This meant trained representatives undertook the assessment and could then forward this on to the registered manager to save time.
- Care plans contained all the information required for staff to follow to ensure people received the individualised care they needed. Care plans contained detailed information about people's abilities and how they liked their care to be given. However, for some people there was limited information on people's history and their lives before they came to live at Newbridge House. For example, two people spoke of their past lives, where they had lived, what they used to do, what was important to them, but this detail had not been fully written their care record. This was discussed with the registered manager who said they would include more information about people's past lives, interests and hobbies. This meant staff would be able to understand people more from the context of the life they have lived.
- Care plans were regularly reviewed in line with people's changing needs.
- People's communication needs were identified, and information was provided in different formats if necessary to meet the Accessible Information Standard (ensures people with a disability or sensory loss are given information in a way they can understand). Where people wore hearing aids and spectacles, staff ensured these were in place, clean and working.
- People were supported to take part in activities to provide them with stimulation, entertainment and socialisation. People read newspapers, watched television, listened to radios and chatted with staff. At one point in the day, there was 15 people who sat in on a singing session in the lounge. People enjoyed themselves and there was a lively atmosphere with lots of energy. Some people sang on the microphone and took part in the activity whilst others watched but still enjoyed themselves. People and staff were encouraged to take part and join in together.
- Other activities at the home included visiting entertainment, exercising, music and movement arts and crafts, puzzles and games. Trips to the local theatre took place four times a year and people were encouraged to walk in the large park opposite the home. The lollipop ponies also visited, where photographs showed how people enjoyed this visit. The service uses the local 'Ring and ride' service for transport when needed. The registered manager had organised for a Singing for Therapy session to see if people liked this new activity.
- People were encouraged to take part in the running of the home. One person liked to lay the tables for meal in the dining room and another person enjoyed some gardening.
- For those people living with dementia, life history books were made, along with listening to reminiscence music and using specialised equipment. The registered manager said they wanted to increase the activities

for these people in the future.

#### Improving care quality in response to complaints or concerns

- People were encouraged and enabled to share their views where possible to improve their care. Regular meetings took place where people were asked for their opinions.
- Systems were in place to address any concerns raised. There had been no recent complaints.
- People and relatives were encouraged to voice concerns before they became an issue. Relatives said they had confidence that the registered manager would listen and act on any information given.
- The service had received many recent compliments, thank you cards and feedback which were on display in the home. Comments included, "I have nothing but praise for the carers and the home", "Brilliant Staff" and "One of the best residential care homes."

#### End of life care and support

- People at the end of their lives received as comfortable and pain free death as possible. The service worked in close liaison with the GP and community nursing team who supported the service. The registered manager said they had "a great relationship" with them. One GP commented "They do end of life very well ... always sort out the difficult conversations with residents and their wishes, so it makes it easier for the GP ... they always make sure wishes are met".
- Staff received training in supporting people and their relatives at the end of their lives. A relative said, "The registered manager leads from the front on this." Staff built up an open, honest and trusting relationship with people and their families.
- People and relatives received compassionate, kind and loving care at the end stage of their life. One relative told us the service had given "exceptional" in the care of their relative who had recently passed away and had "exceeded their expectations". They described staff as "...giving reassurance, being tactile and loving." Staff were very sensitive to times when the family needed privacy, space and patience. This relative said their family "felt blessed" and "there is no better care anywhere in the world." Another relative wrote, "Thank you all so much for the love and care over the last few months ... we couldn't have wished for a better place for them to spend their final days."
- The registered manager understood the importance of making sure the service was an 'open house' for all relatives when a person was at the end of their life. When relatives visited their family members at this time, the registered manager ensured drinks and food were supplied to prevent relatives having to leave and come back. One relative told us how much they appreciated the teas, coffee and trays of sandwiches which they had received.
- When people passed away without their relative present, the service always gave personal care and dressed the person appropriately. The registered manager felt this was important for relatives to remember how their family member looked at this time. One relative said when they visited their family member after their death, "they looked immaculate" which "meant the world" to them.

# 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

At the last inspection, well-led was rated as good. At this inspection the rating remained good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who was also one of the two directors of the service. They worked at the service five days a week to lead and manage the service. They were supported by a deputy manager and led by example.
- The service had clear lines of organisation and staff were clear about their roles and responsibilities. People, relatives and staff said the service was well run.
- There was an up to date statement of purpose which described the service objective as "Treating everybody that uses or comes into contact with our service as equally important individuals". This was continuously displayed by staff during our visit.
- The registered manager and senior staff undertook a variety of quality audits to ensure the service was safe, clean and well managed. Any issues raised were dealt with by the maintenance or housekeeping staff.
- People, families and professionals were asked to complete surveys on a regular basis. The last survey received showed a high degree of satisfaction with the service, many positive comments and overwhelmingly scored the service as either "very well" or "extremely well".
- The registered manager was aware of their responsibilities to provide the Care Quality Commission with important information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was very visible at the service and people, relatives and friends knew and saw them regularly. One person said, "I know who the manager is and I see her if I need to."
- Staff spoke highly of the registered manager, felt well supported and respected their decisions. One said, "The registered manager has boundaries and has been golden to me. They are the best manager I have had, and they are brilliant." Another care worker said, "They (registered manager) encourage an open culture and their door is always open."
- Staff were motivated in their roles and enjoyed their jobs. They worked well as a team and this was reflected in the care and support they gave to people who lived at the service. They felt part of the running of the service and that their opinions mattered.
- The registered manager was committed to driving improvement in systems and practices at the service.



One care worker said, "If I say we need this to the registered manager, we get it ... anything."

- Regular staff meetings were held, and staff felt these were useful as they were able to bring up any issues or concerns freely.

Continuous learning and improving care; Working in partnership with others

- The service worked well with other organisations. They had good working relationships with local healthcare services and worked with them to achieve the best outcomes for people. One community nurse wrote, "... I feel we have a very good professional working relationship."
- The registered manager was proactive in their outlook and took part in pilot schemes. For example, they had recently piloted the "Red Bag Project" which is used in emergency situations for people and contains important documentation and equipment. This had now been rolled out to care homes in the wider area. The service had also been recognised for their work on risk assessments and had been shared with other services.
- The service had links with the local community. A school had recently visited, and this had turned out to be a negative experience due to the young age of the children. The registered manager was looking at developing other community links.