

Maria Mallaband Limited

Bridge House Care Home

Inspection report

Farnham Road
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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

Bridge House Care Home is a residential care home providing personal care to up to 30 people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Bridge House Care Home accommodated 25 people in one adapted building at the time of inspection.

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

On the day of inspection, we noted a staircase on the top floor required a secure gate and repair to the bannister to minimise a falls risk. We raised this with the registered manager who sent us evidence to show remedial action had been taken the following day, to ensure this was made safe. We were satisfied with their response.

People were supported by a suitable ratio of staff, that had been safely recruited. Any potential safeguarding allegation were reported and managed appropriately, with any learning from incidents and accidents shared. Medicines were safely managed to ensure people received them at the right time and as correctly prescribed.

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.

Meals were enjoyed and where necessary people were supported with the uptake of fluid and regular snacks. People were supported to access a range of healthcare professionals.

People and relatives felt staff knew them well and were attentive to their needs. Staff respected people's privacy and dignity. People were supported to be as independent as they were able to.

Activities were regularly on offer to help keep people active and engaged, and people's choice to participate were respected. People and those important to them were involved in the review of their care, including discussion in relation to any end of life wishes. Any complaints were promptly and effectively responded to.

Management support was highly spoken of, where people, relatives and staff felt the home was well managed. Quality assurance systems were effective in highlighting and driving improvement across the home. The provider made key links with the community to enhance the care experience and sense of wellbeing for people at the home.

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

Rating at last inspection

The last rating for this service was Good (published 12 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Bridge House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Bridge House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people living at the home and two visiting relatives. We spoke with three care workers, the deputy manager, the registered manager and the regional quality manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional training records and quality assurance feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- One of the stairwells required reinforcement of the bannister and a safety gate to ensure people would not be at risk of falls. We raised this with the provider and they sent use evidence the following day to show that action had been taken to make this safe.
- Premises checks were regularly undertaken to ensure that equipment was maintained, such as safe electrical equipment.
- Potential risks to people were regularly assessed to ensure that staff had guidance to help mitigate the chances of risks occurring. These covered a variety of areas such as falls, moving and handling and nutritional needs.

Learning lessons when things go wrong

- Incidents were investigated as they occurred, with records for people updated as necessary. Practice could have been improved in ensuring clear actions were identified following the investigation of each incident. The provider told us they would start this with immediate effect, we will review this at the next inspection.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe living at Bridge House.
- Staff were aware of the provider's safeguarding procedure in responding, reporting and escalating suspected abuse. Staff received safeguarding training and were confident in whistleblowing should the registered manager not take adequate action.
- Records showed that the provider took action to report any allegations to the local authority in a timely manner.

Staffing and recruitment

- Staff were safely recruited to ensure that they were safe to work with people. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- People confirmed there were adequate numbers of staff deployed to keep people safe. Where there were staff absences staff were offered additional shifts to cover. This meant people received a consistent and familiar staff team to meet their needs.
- Throughout the inspection we observed staff responding to people's needs swiftly and staff had sufficient

time to speak with people.

Using medicines safely

- People received their medicines at the time that they needed them. We reviewed people's medicines administration records and saw that there were no gaps or omissions.
- Medicines were safely and securely stored.
- Where people developed infections or required a course of antibiotics records showed that interim care plans were in place to ensure staff supported people appropriately.

Preventing and controlling infection

- Staff confirmed they were given access to sufficient amounts of Personal Protective Equipment (PPE) to minimise the risk of cross contamination.
- The provider had clear infection control procedures in place and the home was clean and free from mal-odour.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were appropriately assessed prior to moving in, to ensure that the home could meet their needs. This involved the views of the person, any people that were important to them and relevant healthcare professionals.
- Care needs were assessed and reviewed in line with best practice guidelines. This included the use of the Waterlow score to assess skin integrity, and the Malnutrition Universal Screening Tool for weight monitoring.

Staff support: induction, training, skills and experience

- Staff received regular support through one to one supervision, to ensure they were able to discuss their progress in their roles and develop their skills. Staff confirmed supervisions were beneficial to their role and could request additional supervisions should they feel the need.
- Records showed staff members received on-going training to enhance their knowledge. Training included, for example, fire training, manual handling, dementia awareness, medicines management and infection control.

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

- People were well supported to eat meals of their choosing. They were able to choose where they ate their meals as well as how they liked them to be presented.
- People spoke positively about the food provided. The Chef had a robust understanding of people's dietary needs and preferences and confirmed people's relatives were welcome to join them for meals.
- Meals looked appetising and people were encouraged to eat their meals in the communal area or wherever they chose. For example, in the lounge or in their rooms.

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

- The home was set up to meet people's needs with enough space for people to mobilise as they needed to.
- People's rooms were decorated with items of their choosing, and personalised to reflect their own tastes and choices.
- Dementia friendly signage was visible around the home to support people to orientate.

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

- People were supported to access relevant healthcare agencies as necessary. Records showed that people had visits from chiropodists, GP and community psychiatric nurses as necessary.

- A relative said, "Any medical issues are dealt with immediately, if they suspect [family member] might have a urine infection, they do sample test and get results."
- Where one person had recently had a fall, paramedics were promptly called to ensure that the person could be promptly assessed.
- Staff were aware of the importance of raising any concerns about people's health in a timely manner, to ensure they received the best possible care and support from healthcare professionals.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records reflected any support they required with specific decisions. Other relevant people had been included in these discussions as necessary.
- Where DoLS applications had been applied for these had been done so in a timely manner.
- Staff were aware of how people communicated and used their knowledge of people to help support them to make decisions.
- Staff had adequate understanding of their responsibilities in line with legislation.

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 this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People found that staff were caring and met their needs. People and their relatives spoke positively about the care and support they received. One person said, "Excellent caring people. They are very kind and friendly and I can't rate them high enough. Yes, the staff do know me well as we talk a lot and I like that."
- Throughout the inspection we observed interactions between people and their supporting staff. Staff were compassionate and jovial. There was a pleasant and calm atmosphere.
- Relatives were equally complementary and told us their family members were well supported, with comments such as; "I think it's amazing, I just can't criticise anything. The warmth, friendliness, sincerity, the love of everybody, never seen anything that would upset me."
- The provider achieved the highest combined score for the 'Your Care' rating in the whole of the county of Surrey.

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

- People and their relatives were involved in the review of their care. This included attendance at regular reviews, and records showed that family members that were important to people were notified when there were changes in need.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, with staff understanding how to preserve dignity in personal care.
- Staff were aware of the importance of maintaining people's privacy and gave us examples of how they did this when delivering personal care.
- Staff had a clear understanding of the need to encourage people to remain independent wherever safe to do so.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care plans reflected people's preferences in the ways they wished to be addressed, cared for and preferences within their day to day routines.
- One person told us, "There's a wonderful carer here who has my care plan and went through it with her."

Meeting people's communication needs

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

- People's care records detailed any support that people required with their communication needs.

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

- An Activity calendar was on display to list the range of activities available to people.
- People were supported to engage in spiritual activities if they wished telling us, "Every Wednesday some outsiders come and say prayers and we have a chat."
- They also said, "There are a lot of activities in the house which are nice. Not everyone likes the activities, but I join in, it keeps me busy."
- Important events were celebrated with involvement with the local community wherever possible.

Improving care quality in response to complaints or concerns

- Any complaints raised were promptly and appropriately responded to.
- People and relatives knew how to raise any concerns they may have but told us this was an irregular occurrence. People told us, they would speak to their relative or staff members should they have any concerns or wish to raise a complaint.

End of life care and support

- Where necessary people were supported to express their end of life care wishes.
- People confirmed the service had discussed their end of life care wishes with them and this had been done sensitively.

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 this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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; Continuous learning and improving care

- At the time of writing this report the home had won Care Provider of the Year at the Surrey Care Awards; recognising their contributions to the local community.
- Clear quality assurance systems were in place to allow for continuous and ongoing review of care delivery. People's care records were current and records showed these were promptly reviewed should people's needs changed.
- The registered manager carried out regular audits of the service to drive improvements. Audits included for example, medicines management, care plans, maintenance and staff training.
- Records conformed the provider out additional audits of the service. Where issues were identified, these were actioned in a timely manner.

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

- People and their relatives were positive about the management of the home. Comments included. "I honestly can't fault them, whenever you have to phone up, they've always got this patience."
- Staff felt well supported by the management at the home. They told us, "She [registered manager] is fantastic she helps you if you want help. She is very hands on. She is approachable."
- Staff also said the registered manager and deputy were supportive and approachable. This was evident throughout the inspection where we observed staff approaching them for guidance and advice.

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 provider was clear on their responsibility, acting under the duty of candour. For example, promptly fixing the issue in relation to stairs that we identified at inspection.
- If any wrongdoings or improvements were identified management took responsibility to ensure prompt apologies were made.

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

- The provider worked as an integral part of community with a slot in the monthly village magazine to share

on-goings at the home.

- Last year a community memorial event was held in partnership with the local British legion to commemorate World War One.
- Staff attended regular team meetings, as well as people and their relatives invited to regular meetings to share their views.