Blake UK Care Services Limited

Bridlington Lodge

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During our previous inspection in January 2016, we found improvements were required to provide safe access to the outside garden areas. At this inspection we checked and found the provider had implemented improvements to ensure the outside garden areas were safe to access.

People were protected from avoidable harm and abuse. Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised.

Assessments of risks associated with people's care and support and for their environment had been completed and associated support plans implemented to ensure people received safe care and support without undue restrictions in place.

The provider maintained safe staffing levels and recruitment included pre-employment checks to ensure people were of suitable character to provide people with personal care and support.

Systems and processes ensured safe management of medicines and infection control.

People received appropriate care and support to meet their individual needs because staff were supported to have the skills, knowledge and supervision they needed to carry out their roles.

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 understood the importance of building caring relationships with people, paying attention to people's well-being, privacy, dignity and independence.

The provider equipped staff with the skills and knowledge to appreciate and respond to the principles of equality and diversity. The provider ensured everybody received care and support that reflected their wishes and preferences.

People's support plans continued to be person-centred. Staff supported people to live as they choose and to enjoy individual activities and trips out to the sea front.

Systems and processes were in place to support people should they need to raise a complaint.

The provider sought feedback and input to improve the service and lives of people living at the home and to encourage participation in the running of their care provision.

A quality assurance system remained effective with oversight at provider level. Further evaluation of the service was discussed with the registered manager to provide transparency and to celebrate successes and identify areas for improvement.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service has improved to Good	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bridlington Lodge

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 22 February and 8 March 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors and an 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. At this inspection they had experience of older people and those living with dementia.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team, and Healthwatch East Riding of Yorkshire. We reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 3 people receiving a service and six visiting relatives. We spoke with six care workers and the cook. We spoke with the nominated individual, the registered manager and the administration manager.

We reviewed a range of records which included care plans and daily records for seven people and four staff files. We checked staff training and supervision records and observed the medication round. We looked at records involved with maintaining and improving the quality and safety of the service which included a range of audits and other checks.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who worked there. One person said, "Yes, I feel safe; there's always somebody about." Staff had completed safeguarding training and were able to discuss the types of abuse to look out for and how to raise any concerns for investigation. Where concerns had been referred to the local authority, investigations had been completed. Resulting actions had been implemented to help keep people safe. One care worker said, "I think we have a clear understanding of the importance of recognising and reporting any concerns; that includes whistleblowing concerns anonymously if we need to."

Risks assessments had been completed and were recorded in people's care plans. Staff had access to this information, which along with associated support plans provided guidance to ensure people received safe care and support without undue restrictions.

The home environment, equipment and utilities had been checked to ensure everything was up to date and remained safe to use. This included documented fire risk assessments, checks on the water quality and gas safety. Certification for the gas supply was due and the provider had taken the necessary steps to ensure this remained certified as safe by an external gas safety inspector.

Prevention and control of infection was appropriately managed and staff had access to gloves and aprons. In addition to shower head disinfecting and water temperature checks, the provider had implemented a process to send off water samples to an external service for assessment. This ensured water in the home was free from Legionella; a water borne bacteria.

Records included personal emergency evacuation plans that ensured information was available to safely evacuate people in times of emergency. Some fire exits had two door handles to prevent people accessing a stair case without assistance. A fire officer told us, "We approve the use of 'confusion handles' that do not include code or locks. These help to keep people with dementia safe from accessing areas of risk but do not prevent access in the case of an emergency evacuation."

We observed there were sufficient staff on duty to respond to, and meet people's individual needs. Staff comments included, "There are enough staff at the moment; if someone is off we can pick up there shift; we don't need to rely on agency which means people are supported by staff who they know."

Systems were in place for the safe management of medicine. People received their medicines as prescribed. Staff had received training and were deemed suitable to manage and administer people's medicines. The provider did not record the application of patches, where people received their medicines this way. We spoke with the staff member about this and body maps were implemented without further delay in line with manufacturers' guidance.

The provider ensured safe recruitment practices were in place. Staff files recorded pre-employment checks had been completed on prospective employees before they commenced their duties working with people.

Good

Is the service effective?

Our findings

During our previous inspection in January 2016, we found improvements were required to provide safe access to the outside garden areas. During this inspection we checked and found the provider had implemented improvements to ensure the outside garden areas were safe to access. Inside the home new signage and labelled door fronts helped people living with dementia navigate their way around without unnecessary confusion.

People and their relatives told us they thought staff were well trained and had the skills needed to provide effective care and support. One person said, "They [staff] know what they are doing; I would tell them otherwise."

Staff were supported to undertake their role. They completed an induction to the home, the service and with the people who lived there. Staff training was evidenced as being up to date or planned in all areas and for all tasks they were required to complete. Staff told us, "We receive sufficient training to ensure we have the right skills to meet people's needs. If we need anything, we ask the manager and it is usually scheduled in."

Records confirmed staff received regular documented observations on their competency to provide people with appropriate care and support. Feedback was provided and discussed at supervision meetings. Staff told us, "The support is very good; we only receive constructive criticism which enables us to improve where we need to improve" And, "Annual appraisals ensure we can have two way conversation about progression and our daily role."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA. Where the provider had concerns regarding a person's capacity to agree to informed decisions about their care and support, care plans recorded that assessments had been completed. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

During our first day of inspection we found some records did not clearly document people's consent or that of their legal representative. We discussed this with the registered manager and on the second day of inspection they had implemented further checks and paperwork to ensure all decisions were agreed and signed by the relevant people.

Staff had received training in the MCA and understood the importance of encouraging people to remain independent. Comments from staff included, "I would always assume somebody had capacity and would always offer them choices" and, "People can often make every day decisions, sometimes we have to be patient and give them time and encouragement. For example, they usually know what clothes they want to put on in the morning or what they want to eat."

People received appropriate support from staff to maintain their health and wellbeing. Any dietary needs were recorded. The cook said, "We cater for all needs and preferences; if someone wants a chicken curry or if they need pureed food then that's what we will provide." We observed staff eating their meals with people at meal times, offering support where this was required. People confirmed they could access services to maintain their health and we saw records of visits and communications that included the GP, chiropodist, public health teams and district nurses.

Good

Is the service caring?

Our findings

People and their relatives spoke of caring staff and a pleasant, homely atmosphere. People told us they were happy living at the home and that they felt staff cared about them. One person said, "They are very caring, I treat some staff like my daughters and I could not wish for a better manager." Relatives told us, "I have watched them helping people from 'A to B', it's very gently done with encouragement" and, "The staff are all really interested in their jobs."

We observed positive interactions between staff and people at the home throughout the inspection. Staff routinely discussed tasks they were carrying out with people; they were seen to be patient and at no time were people observed to be hurried along. Where people showed signs of anxiety and confusion staff were observed to offer emotional support. It was clear the staff knew people and people knew the staff. One person commented, "There are so many [staff] on days and nights but I know them all."

Staff understood the importance of respecting people's dignity. Staff told us they closed doors and curtains and covered people up, encouraging them to wash areas they could reach during personal care. People told us, "Carers always knock on my room door before entering" and, "One of the carers calls me 'Mammy' and I like it; our letters are unopened too" and, "They shout 'knock-knock' when they bring me up my lunch on a tray." A relative said, "If an incident happened we would all be ushered out [of the room]; everything is done with the persons dignity in mind."

The registered manager told us there were no restrictions on visitors to the home. People were encouraged to maintain family involvement and we observed family interactions throughout the inspection. Relatives we spoke with said, "I visit [person's name] most days, we usually sit in the dining room where it's a bit quieter and have a chat" and, "I am always made to feel welcome, there are always staff around or the manager to talk to you; we are kept informed and have good communication."

Care plans included support for people from an advocacy service. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

The provider ensured information was stored securely with only those individuals who needed to, having access. Staff discussed the importance of not sharing information they discussed with people at the home with anybody unless it was in the person's interest to maintain their safety or their health and wellbeing.

Staff were completing training in equality and diversity. We were told that people from all backgrounds were welcome at the service and that steps were taken to ensure that all people were treated with dignity, respect and without discrimination. The provider ensured people's personal beliefs were supported. Care plans recorded the 'service user's view' which included discussions completed with regards to any religious beliefs, special routines, burial/cremation wishes, gender of care choices and personal care. People we spoke with confirmed they could take part in spiritual activities if they so wished but those whom we spoke to told us this was not required.

Good

Is the service responsive?

Our findings

Everybody living at the home had a care plan in place that provided staff with holistic information about the person, their background, needs, and how to support them. One person told us, "They do ask me about my preferences and wishes and it's written down for reference." Records we looked at had been signed by the person where they had capacity to do so to confirm their acceptance and agreement to the content. Where people did not have capacity best interest decisions had been held that included a person's legally appointed representative and advocate where this was required.

Care records included monthly reviews that ensured information was person centred, up to date and reflective of people's changing needs. For example, one person had been assessed as having a condition of localised fluid retention and tissue swelling. Because of this the provider had completed detailed information to support the person to maintain their skin integrity which included a risk assessment, symptoms, treatments and staff guidance. Monthly reviews recorded if the support in place was effective and recorded any changes required.

Daily records were used to record information including, weights, skin condition, food and liquid intake. This information was evaluated and used to provide interventions and care tailored to the individual. Staff told us they were informed of any changes without delay.

People we spoke with said they felt able to tell staff if anything needed changing or could be improved. This meant that the provider could be responsive to any changes in people's support needs. One person said, "I asked for assistance for teeth brushing and this was added recently to my care plan."

Each person's care plan included a 'map of life' which included details about the person's family life, interests, employment, significant dates, community involvement and any aspirations. A lifestyle profile included any routines, rituals, or beliefs that were followed by the person at any given point in the day. A care worker said, "The information is detailed; it includes their preferred name and information about their background which helps us form a person centred relationship."

People who used the service were supported to engage in activities and interests which were meaningful to them. People received focused one to one support with whatever they wanted to do. This included playing games, completing puzzles and knitting, singing and just chatting. The manager told us "We take people down to the sea front, there is a monthly church service and the hairdresser visits weekly." We observed people assisting around the home with daily tasks. One person set tables for lunch, another enjoyed vacuuming. The provider had purchased a light weight vacuum to support the person to complete this activity. Where people chose to remain in their rooms' one to one support was available to ensure people remained free from social isolation.

The provider had a complaints policy in place. The document included guidance on how to complain and what to expect as a result. People we spoke with confirmed they knew how to make a complaint. Records showed that complaints had been managed appropriately.

The provider discussed people's wishes and preferences for end of life care. Where people had agreed, this and any advance decisions were documented in their care plans.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission. 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.

The manager had a clear understanding of their role and the regulatory requirements. Before the inspection we checked and found they had notified the CQC of certain important events as part of their registration.

Staff spoke to us with enthusiasm about their role and the management of the service. Staff said, "All the staff are okay; a good team" and "[Managers name] is always about and involved with everything. They are supportive if you want to progress; working here is a lot more than just a job." Relatives knew the registered manager by name. They told us, "It's a home from home service." "Staff are always on hand, as is the manager who appears to know what's going on" and, "We receive regular updates about [person's name] we just need to ask."

The registered provider completed quality assurance checks and audits to remain compliant with regulatory requirements, maintain standards of service and identify any areas for improvement. Audits were completed in line with the providers' policy and associated records were up to date. The registered manager discussed plans to further analyse audits, records and information. This will provide evidence of how the service improves people's lives; identify what the service does well, and any areas of focused improvement.

The provider maintained links with other health professionals. Guidance was sought where required and advice on best practice and improvement had been provided from the local authority as part of a working relationship to provide care and support services. Care records included a health passport providing personal details to ensure people continued to receive consistent care and support should they transfer to another health service. For example, an admission to a hospital.

The provider consulted with people, staff and relatives about the service. Feedback was sought using an annual questionnaire. The results were evaluated following the CQC lines of enquiry. Further work was planned to identify any repeating responses to record positive trends and implement actions where improvements were required. Minutes of resident meetings recorded discussions with people living at the home and included their views and feedback. We saw this included consultation on planned changes, home improvements, meal time arrangements and activities. This helped to ensure people had good outcomes living at the home.