

St Andrews Care GRP Limited

Three Bridges Nursing and Residential Home

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	

Overall summary

This inspection was unannounced and took place on the 16 and 18 December 2015.

The service was previously inspected in May 2014. Two breaches of legal requirements relating to notification of incidents and records were identified. We undertook a follow-up inspection in September 2014 and found that improvements had been made to address the breaches.

Three Bridges Nursing and Residential Home provides accommodation and personal and nursing care for up to 53 older people, some of whom have dementia care needs. It is located in Latchford, a suburb of Warrington in Cheshire. The service is provided by St Andrews Care GRP Limited. At the time of our inspection the service was accommodating 46 people.

Summary of findings

Three Bridges Nursing and Residential Home is a two-storey building with all resident accommodation on the ground floor. The home has 53 single rooms (four of which have ensuite facilities), four lounges (two of which lead onto a patio), a central conservatory that overlooks the sensory garden), two dining rooms and accessible bathroom and toilet facilities throughout the home. The home has car parking to the front and large gardens to the sides and rear.

At the time of the inspection there was a registered manager at Three Bridges Nursing and Residential Home. 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.

The registered manager was present during the two days of our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

People living at Three Bridges Nursing and Residential Home were observed to be comfortable and relaxed in their home environment and in the presence of staff. People spoken with were generally complimentary about the standard of care provided.

We found that the needs of people using the service had been assessed and planned for so that staff understood how to provide person centred care and to keep people safe from harm.

The provider had established a programme of induction and ongoing training to ensure people using the service were supported by competent staff. Additional systems of support such as supervision, appraisals and team meetings were also in place.

The registered manager and staff had access to training in the Mental Capacity Act 2005. The manager demonstrated an awareness of the Deprivation of Liberty Safeguards and the need to ensure that people using the service were looked after in a way that does not inappropriately restrict their freedom.

We observed interactions between staff and people to be positive, responsive to need and caring. We also noted that people's choices were respected and that staff communicated and engaged with people in a compassionate manner.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals.

Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need). Medicines were ordered, stored, administered and disposed of safely.

Systems to monitor key aspects of the service, obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints had been established.

Summary of findings

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 was safe.

Policies and procedures had been developed for safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Good



Is the service effective?

The service was effective.

Staff had access to supervision and induction, mandatory and other training that was relevant to their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

People's nutritional needs had been assessed and meals planned accordingly.

Systems were in place to involve GPs and other health care professionals when necessary.

Good



Is the service caring?

The service was caring.

We observed interactions between staff and people using the service were kind, caring and personalised. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and compassionate manner.

Good



Is the service responsive?

The service was responsive.

Care records showed people using the service had their needs assessed, planned for and regularly reviewed by staff.

People received care and support which was personalised and responsive to their needs.

Good



Is the service well-led?

The service was well led.

The home had a registered manager who provided leadership and direction.

Good



Summary of findings

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Three Bridges Nursing and Residential Home

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.

The inspection took place on 16 and 18 December 2015 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority and clinical commissioning group to provide us with any information they held about Three Bridges Nursing and Residential Home. We took any information they provided into account.

During the site visit we talked with 21 people who used the service and three visitors. We also spoke with the regional manager; registered manager; three nurses; one senior care assistant; two care assistants and an activity coordinator.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: five care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and a range of audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Three Bridges Nursing and Residential Home to be safe. People spoken with confirmed they felt safe and secure and told us they were well-supported by staff who had the necessary skills to help them with their individual needs.

Comments received from people using the service or their representatives included: “It’s lovely here. A great place to be if you can’t live in your own home”; “I’m looked after well and yes I feel safe”; “In my opinion it’s absolutely grand. The building seems secure and that is reassuring” and “This place is fine. If it wasn’t I wouldn’t stay.”

We looked at five care files for people who were living at Three Bridges Nursing and Residential Home. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. Personal emergency evacuation plans were also in place to ensure an appropriate response in the event of a fire. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential / actual risks.

Additionally records of accidents and incidents had been maintained for each individual. We noted that the organisation used an electronic database known as ‘care blox’ to capture information such as accidents and incidents. This system enabled the management team to generate management information reports and maintain an overview.

At the time of the visit there were 46 people being accommodated at Three Bridges Nursing and Residential Home who required different levels of care and support. Systems were in place to monitor the dependency levels of the people using the service and to calculate and deploy staffing resources.

We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. A deputy manager was also in post that had supernumerary hours to support and work alongside staff.

We asked the registered manager for information about the daily staffing levels during the morning, afternoon and night and reviewed a sample of rotas. Examination of the rotas highlighted that the general (residential / nursing) unit was staffed with one registered nurse and four care staff from 8:00 am to 8.00 pm. During the night this unit was staffed with one registered nurse and two care staff.

Likewise, the unit providing support to people living with dementia was staffed with one registered nurse and four care staff from 8:00 am to 8.00 pm. During the night this unit was staffed with one registered nurse and two care staff.

Ancillary staff were also employed for activities; domestic; laundry; catering and maintenance tasks.

Overall, staff spoken with reported that they felt the staffing levels were generally adequate to meet the needs of the people using the service. We noted that systems were in place for covering staff absence and approving the use of agency staff.

The regional manager informed us that since our last inspection the service had introduced flexible working patterns in order to meet the needs of residents requiring additional staff resources during peak demand times. For example, responding more effectively to the needs of people requiring assistance with eating and drinking at mealtimes.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were: application forms; two references, health questionnaires; disclosure and barring service (DBS) checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Three Bridges Nursing and Residential Home. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

Is the service safe?

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding of Vulnerable Adults' (SOVA) and 'Whistle blowing'. A copy of the local authority's adult protection procedure was also available for staff to reference.

Training records viewed confirmed that 70.6 % of the staff team had completed safeguarding vulnerable adults training. Furthermore, discussion with the registered manager and staff confirmed they understood their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse. Systems were in place to monitor staff that required SOVA refresher training.

We looked at the safeguarding records for the service. The safeguarding log highlighted that there had been six safeguarding incidents in the last 12 months. Records viewed confirmed that safeguarding incidents had been referred to the local authority safeguarding team in accordance with local policies and procedures.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a policy for the administration of medication. The policy was available in the medication storage room for staff to reference.

Photographs of the people using the service had been attached to medication administration records which also detailed people's names and key information. This helped staff to correctly identify people who required medication.

We checked the arrangements for the management of medicines with a registered nurse. We were informed that only registered nurses and senior care staff administered medication. A list of staff responsible for administering medication, together with sample signatures was available for reference. Staff spoken with confirmed they had received medication training and undergone an assessment of competency prior to administering medication.

We noted that the home used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a dedicated room and medication trolleys were secured to the wall.

We checked the arrangements for the storage, recording and administration of medication for the nursing and residential unit and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication. We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was satisfactory.

Systems were also in place to record room and fridge temperature checks; medication returns and incidents concerning medication. Additionally, monthly medication audits were undertaken by the management team. At the time of our inspection none of the people using the service had chosen to self-administer their medication.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Three Bridges Nursing and Residential Home to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people using the service or their representatives included: “The food provided is generally good and we get choices”; “The food is satisfactory. It’s okay”; “If anybody in the family needed care we would come here”; “I’ve stayed in many hotels that were not like this high standard. They are so welcoming when we visit”; and “I like it here they help me and call for the doctor if anyone is poorly.”

Three Bridges Nursing and Residential Home is a two-storey building with all resident accommodation on the ground floor. The home has 53 single rooms (four of which have en-suite facilities), four lounges (two of which lead onto a patio), a central conservatory that overlooks the sensory garden), two dining rooms and accessible bathroom and toilet facilities throughout the home. The home has car parking to the front and large gardens to the sides and rear.

We noted that there had been significant investment into the maintenance and refurbishment of the building since our last inspection. For example, the reception area had been redecorated and fitted with new carpet; hallways had been redecorated; the lounges in the nursing unit and dementia unit had been redecorated and fitted with new flooring, lights, seating and curtains; memory boxes and themed wall paper had been fitted in the dementia unit to help people locate their rooms and to orientate around the unit. Additional work had been completed and was also in progress at the time of our inspection.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. People’s rooms had also been personalised with memorabilia and personal possessions and were homely and comfortable. We noted that bedrooms were also being redecorated as they became vacant.

The provider had established a new programme of induction, mandatory; qualifications and service specific training for staff to access. This was delivered via a range of methods including face to face and on-line training.

We spoke to staff during the inspection who confirmed they had accessed a range of induction, mandatory and other training relevant to their roles and responsibilities. The training on offer included: Induction; care certificate; fire safety; food hygiene; manual handling; COSHH (control of substances hazardous to health); health and safety; dementia awareness; safeguarding of vulnerable adults; infection control; nutrition and hydration; Mental Capacity Act; first aid and medication.

Additional training on offer included: catheterisation (a medical procedure used to drain and collect urine from the bladder); venepuncture (the process of obtaining intravenous access usually for the purpose of obtaining a blood sample); pressure ulcer awareness and National Vocational Qualifications / Diploma in Health and Social Care training.

We noted that systems were in place to monitor the outstanding training needs of staff and when

refresher training was required. The manager acknowledged that a number of staff required refresher training and assured us that the organisation was monitoring the completion of training, to ensure all necessary training was completed in a timely manner.

Staff spoken with confirmed they had also attended team meetings periodically and received supervision and appraisal sessions.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

Is the service effective?

The registered manager informed us that she had completed training together with other staff in the MCA and DoLS and we saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Three Bridges Nursing and Residential Home there were 10 people using the service who were subject to a DoLS. Additional applications had also been submitted to the local authority for authorisation.

The registered manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been recorded.

Discussion with the registered manager and staff together with examination of training records confirmed staff had completed training in the MCA and DoLS and understood their duty of care in respect of this protective legislation.

A four week rolling menu plan was in operation at the home which was reviewed periodically. The daily menu

was recorded on a board in the main dining room. We noted that kitchen staff were made aware of any special dietary requirements when people were admitted and information on the dietary needs of people using the service had been obtained as part of the care planning process.

The menus offered an alternative choice of meal at each sitting. The food arrived in a heated trolley from the kitchen and portion sizes were good. The food looked and smelled appetising and was attractively presented. People had a drink of their choice and additional refreshments and snacks were provided throughout the day.

The most recent local authority food hygiene inspection was in July 2014. Three Bridges Nursing and Residential Home had been awarded a rating of five stars which is the highest award that can be given.

People using the service told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed GPs and other health care professionals subject to individual needs.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at Three Bridges Nursing and Residential Home to be caring. People spoken with confirmed they were treated with respect and dignity by the staff who worked in the home.

Comments received from people using the service included: “I have always been looked after with dignity and respect”; “They have very good staff who are very helpful”; “The staff are brill. They look after you well and they cater for your needs”; “Some staff are nicer than others but overall they’re all okay” and “They are kind to me and treat me well.”

During the two days of our inspection we observed the environment in the home to be warm, personalised and relaxed.

The registered manager and staff spoken with demonstrated a good understanding of people’s needs and support requirements. Staff spoken with told us that they had been given the opportunity to read people’s care plans and associated records which had helped them understand people backgrounds, needs and preferences. The information about people receiving care at Three Bridges Nursing and Residential Home was kept securely to ensure confidentiality.

We spent time with people using the service and their visitors during our inspection of the service. We found interactions between staff and people were positive, responsive to need and caring. We also observed people’s choices were respected and that staff communicated and engaged with people in a compassionate manner.

Staff we spoke with knew that maintaining people’s privacy and dignity was important. People we spoke with told us that staff were always respectful of them. We also saw staff treating people with dignity, for example ensuring bedroom or bathroom doors were kept closed during personal care. We noted that staff always knocked on people’s doors rather than walk straight in to their room.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided to people living with dementia. We observed people’s choices were respected and that staff communicated and engaged with people in a polite, dignified and courteous manner. We also noted that interactions between staff and people were unhurried; caring and personalised and that staff provided appropriate assistance in accordance with people’s needs and preferred routines.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at Three Bridges Nursing and Residential Home to be responsive. People spoken with confirmed the service was responsive to their individual needs.

For example, comments received from people using the service or their representatives included: “I like everything here. The staff are absolutely wonderful. I have always maintained that Three Bridges is simply the best. I’m happy in here and feel safe”; “Although she had severe dementia the staff got her involved in activities. In the last five months her whole demeanour changed”; “There are various activities that we can join in with” and “I have no complaints but know what to do if I had a problem.”

We looked at five care files. We noted that the provider had established a ‘service user care file index’ and associated documentation for staff to utilise.

Files viewed contained a range of information such as: pre admission assessments of need; physical, social and dependency assessments and care plan records.

Care plans viewed described the individual care needs of people; aims and objectives and the details of intervention required by staff. Plans covered a range of areas such as: maintaining personal hygiene; health and wellbeing; pressure area care; eating and drinking; mobilising safely; prevention of falls; pain relief; management of medication and effective communication etc.

Supporting documentation including: risk assessments; weight records; daily record of care provided; records of health care appointments; observation records, personal profiles and other miscellaneous records were also available for reference.

Records viewed provided evidence that people using the service or their representatives had been involved in care planning wherever possible and that plans had been kept under regular monthly review.

The registered provider had developed a complaints procedure entitled ‘Management of Complaints’ to provide guidance to people using the service and / or their representatives on how to make a complaint.

A complaints log had been established to record any concerns or complaints. This outlined the complaint reference number; date of complaint; details of the complaint; outcome and date closed.

Records detailed that there had been five complaints in the last twelve months. Records confirmed that issues had been investigated and acted upon by the service. No complaints, concerns or allegations were received from the people using the service during our visit.

The provider employed two activity coordinators who were responsible for the development and provision of a range of activities for people using the service six days per week. A monthly programme of activities was displayed in the reception area for people to view and a record of people’s birthdays was also in place so that they could be celebrated by everyone.

On the first day of our inspection we observed a group of 10 people participating in art and craft activities and bingo with an activity coordinator. People spoken with confirmed they were happy with the activities on offer and records of individual activities were maintained and available for reference.

Other activities on offer included: bingo; dominoes; board games; films; name that tune; art and crafts; knitting; karaoke; song-a-long; reminiscence and papering sessions.

We noted that outside entertainers such as musicians and singers also visited the home periodically. A ‘pets as therapy’ dog and owner visited each Monday to spend time with people using the service and a representative from the local Catholic church visited the home on the last Sunday of each month, to provide a communion service for residents’ subject to their individual wishes and beliefs. Local schools also visit during December to present a pantomime and sing Christmas songs.

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they found the service provided at Three Bridges Nursing and Residential Home to be well led. People spoken with confirmed they were happy with the way the service was managed.

Three Bridges Nursing and Residential had a manager in place that was registered with the Care Quality Commission. The registered manager was present throughout our inspection and was helpful and responsive to requests for information from the inspection team. Staff were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them.

An 'Internal Quality Audit Policy' had been developed by the provider including systems to ensure the quality of service provision was assessed and monitored on an on-going basis.

We noted that the regional manager had undertaken comprehensive monthly audits of the service in addition to a quarterly themed provider audit tool. Likewise, the registered manager undertook a range of audits throughout the year. These included: medication; catering; care files; health and safety; infection control and hand hygiene.

The provider had also developed four sets of questionnaires for relatives, service users, external professionals and staff to complete. The questionnaires were last distributed during May 2015. A summary report of the findings and an action plan had been produced for people to reference.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

We checked a number of test and / or maintenance records relating to: the fire alarm system; emergency lighting; fire extinguishers; gas safety; water cleanliness; portable appliances and hoisting equipment and found all to be in order. An emergency evacuation plan had also been produced to ensure an appropriate response in the event of an untoward incident.

We noted that meetings for staff, people using the service and / or their relatives had been coordinated throughout the year to provide opportunities for information to be exchanged between relevant stakeholders.

The registered manager is required to notify the CQC of certain significant events that may occur in Three Bridges Nursing and Residential. We noted that the registered manager had kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.

Information on the Three Bridges Nursing and Residential Home had been produced in the form of a Statement of Purpose and a Service User Guide to provide people using the service and their representatives with key information on the service. The information was on display in the reception area of the home for people to view.