Ryedowns Limited

Bridge House Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 18 December 2014 and was unannounced. At the last inspection on 3 June 2013 we found the service was meeting the regulations we looked at.

Bridge House Care Centre is a care home which provides accommodation for up to 35 people who require personal care and support. At the time of our inspection the home was fully occupied. The home specialises in caring for older people living with dementia. Accommodation is arranged over three floors. There is a lift to assist people to get to the first and second floors. Within the home, each person has their own room some with en-suite facilities.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager on our records left the service in October 2014. We were notified at the time by them and the provider. A new manager had since been appointed and has submitted the appropriate registered manager application to CQC.

Summary of findings

During this inspection we found the provider in breach of their legal requirement to ensure medicines in the home were effectively managed. We found a medicine had not been properly administered and a medicine that was no longer safe to use. There was no written guidance for staff as to how some medicines should be administered. However, medicines were stored safely and people received their medicines as prescribed. You can see what action we told the provider to take at the back of the full version of the report.

People and their relatives told us people were safe at Bridge House Care Centre. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed by staff. There were plans in place which instructed staff on how to minimise identified risks to keep people safe from harm or injury in the home. The home, and the equipment within it, was checked and maintained to ensure they safe. Staff kept the home free from clutter and obstacles to enable people to move around safely. There were enough suitable staff to care for and support people.

People's needs were met by staff who received appropriate training and support. The manager monitored training to ensure staff skills and knowledge were kept up to date. Staff felt well supported by the manager and other senior staff. They had a good understanding of people's needs and how these should be met.

Staff encouraged and supported people to stay healthy. People were supported to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. Staff regularly monitored people's general health and wellbeing. Where there were any issues or concerns about a person's health staff ensured they received prompt care and attention from appropriate healthcare professionals such as the GP. They also ensured relatives were kept regularly informed and updated about any changes to people's health and wellbeing.

Care plans had been developed which reflected people's needs and their individual choices and beliefs for how they lived their lives. People's relatives and other healthcare professionals were involved in supporting them to make decisions about their care and support needs. Where people were unable to make complex decisions about their care and support, staff ensured appropriate procedures were followed to ensure decisions were made in their best interests.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that

people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager had sufficient training to understand when an application should be made and in how to submit one. This helped to ensure people were safeguarded as required by the legislation.

The home was welcoming to relatives who told us there were no restrictions on them visiting their family members. People were encouraged and supported to maintain relationships that were important to them. People and their relatives felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed. People said concerns raised in the past had been listened to and dealt with responsively.

People and their relatives told us staff looked after people in a way which was kind, caring and respectful. However staff did not always ensure that people's privacy and dignity was maintained when they received personal care.

A new manager had been appointed to the home and had taken appropriate steps to inform people, their relatives and staff of important changes within the home.

There were systems in place to monitor the safety and quality of the service which the provider used to identify changes and improvements that were needed. When improvements were needed, people and their relatives were informed and involved and their views were taken account of in how these could be made.

The home used learning from investigations and best practice to improve the quality of care people experienced.

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?

Requires Improvement

Some aspects of the service were not safe. We found some medicines were not dispensed or disposed of properly by staff. There was no guidance for staff on how and when to administer 'as required' medicines and records were not kept of when some medicines such as creams and ointments had been administered. However, medicines were stored safely.

There were plans in place to minimise known risks to people to keep them safe from injury and harm. Staff kept the home free from clutter so that it was safe to move around. Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people.

There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had to protect people from abuse or harm.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep these updated.

People were supported by staff to stay healthy and well. They were supported to eat and drink sufficient amounts. When people needed care and support from other healthcare professionals, staff ensured they received this promptly.

We found the location to be meeting the requirements of the DoLS. The registered manager had received appropriate training, and had a good understanding of the MCA and DoLS.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. Although people and their relatives said they were supported by staff that were caring, kind and respectful, staff did not ensure that people's dignity and right to privacy was always maintained, particularly when receiving care.

People's diverse needs and lifestyle choices were considered and respected by staff in a caring way.

Relatives told us the home placed no restrictions on them when visiting the home so that they could be with their family members.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans reflected people's individual choices and preferences.

Summary of findings

People were encouraged to maintain relationships with the people that were important to them. People were supported and encouraged to take part in social activities in the home

People and relatives told us concerns and complaints had been dealt with appropriately.

Is the service well-led?

Good

The service was well-led. The manager kept people, relatives and staff informed of important changes within the home. They asked people, relatives and staff for their views on how the service could be improved.

There were systems in place to assess the quality of service. The manager was well informed of actions that were needed to make improvements and took appropriate steps to ensure these were undertaken.

Best practice and learning from investigations was used to improve the quality of care people experienced.

Bridge House Care Centre

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 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 inspection took place on 18 December 2014 and was unannounced. It was carried out by a single inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This 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 also reviewed other information about the service such as notifications they are required to submit to CQC.

During our inspection we spoke with six people who lived in the home, five relatives, three care workers, one senior care worker, the deputy manager and the manager. We observed care and support in communal areas. We looked at records which included four people's care records, four staff files and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

A relative told us, "[My relative] gets all his medicines on time." People's medicines record showed staff had signed each time medicines had been given. However, we found that some aspects of the way medicines were managed in the home did not ensure people were protected from the risks associated with medicines. During our checks of stocks of people's medicines we found staff had been administering a medicine for one person, from a box prescribed to another. The person was not at immediate risk, as the medicine and dose given was exactly what had been prescribed to them. We were able to see this medicine was in stock for them. However staff could not satisfactorily explain why the medicine was given from a box clearly prescribed for another individual. We carried out further checks to ensure the other individual had received their medicines as prescribed and found that they had.

We found people's medicines records did not contain detailed guidance for care staff for when, why and how medicines prescribed to people 'as required' (PRN) should be administered. On one person's record we saw care staff had attempted to administer a PRN but it had been refused. The person's records contained no information for the reasons why care staff had attempted to administer this medicine and the circumstances around the refusal so it was not clear why staff were offering this medicine and whether this had been appropriate. There was also no information or written guidance for staff on how to administer prescribed creams or ointments. It was clear that care staff were applying these but were not keeping detailed records about how, when and why this was done.

We also found two boxes of a prescribed medicine, stored with medicines in use, which had recently expired in November 2014. Staff had not taken appropriate steps to dispose of this medicine.

The manager told us a medicines audit had not been carried out in the home since August 2014. After we raised our concerns with the manager, they made arrangements for an immediate audit of medicines in the home to be carried out that evening. We received confirmation after the inspection this had been completed.

There were inadequate arrangements for the dispensing, recording, safe administration and disposal of medicines in the home. The above issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Other records and our own checks found people had been supported by staff to take their medicines when they needed them. Checks of other medicines in stock showed these had been administered by staff appropriately. Medicines were stored safely in the home and only authorised staff members were allowed access to these.

Senior staff had carried out assessments of risks to people's health, safety and welfare. There was guidance for care staff on how to minimise identified risks to keep people safe from harm or injury. In some people's rooms where people needed extra help because of their specific needs, there were reminders and instructions displayed on their bedroom wall for care staff on how they could do this to minimise the risk of harm or injury. For example, one person needed to be turned at regular intervals to reduce the risk to them of developing pressure sores and this information was displayed in their room for care staff to see. Where changes occurred in people's behaviours that may have challenged others, senior staff took appropriate action to ensure people could be supported in a way which would minimise the risk of harm to them and others. We saw for one person the home was in the process of working with the local authority community behavioural support team to seek advice and guidance because their behaviour was challenging others. We observed staff were alert and responded appropriately to people who behaved in a way which might have caused them harm. There were also plans in place to keep people safe in the event of an emergency. For example, each person had an evacuation plan in case of a fire in the home.

People and relatives told us people were safe in the home. One person said, "They do look after me." Another person told us, "I feel quite safe and comfortable here." The provider had taken steps to protect people from abuse, neglect or harm. For example all care staff had received training in safeguarding adults at risk which staff confirmed with us they had attended. Staff were able to tell us about the signs they would look for to indicate that someone may be at risk of abuse or harm and the actions they would take to protect them. All staff said they would tell a senior member of staff immediately if they had any concerns.

Requires Improvement

Is the service safe?

There were policies and procedures accessible to all staff which set out their responsibilities for reporting their concerns and how they should do this. Contact numbers were also displayed in the home for care staff to call if they had a concern about a person.

Where there had been safeguarding concerns about people using the service, the home had dealt with these appropriately. Incidents had been documented and reported to the local authority. Senior staff had worked proactively with the local authority to investigate and take appropriate action where this was needed to keep people safe from harm.

There were enough staff to care for and support people. One person said, "I don't feel I wait very long to see someone." A relative told us staffing levels had been a problem in the past but they had seen recent improvements. The home had experienced a high turnover of staff in the last twelve months. The manager explained this was due to a combination of staff disciplinary action taken against some care staff for poor work practices resulting in their dismissal and career progression for others. The home had recruited new staff over the year to replace leavers. The provider had robust recruitment procedures in place and had carried out appropriate employment checks of staff to ensure they were suitable to work in the home. These checks included evidence of relevant training and skills, references from former employers and criminal records.

Care staff were present and visible in the home throughout the day. When people needed help from staff, we saw they responded quickly. Call bells were answered promptly. Senior staff involved people, their relatives and staff in discussions around staffing levels. Minutes of meetings with residents, relatives and staff showed staffing levels were regularly discussed to identify any issues, concerns and ideas people had about how levels could be maintained consistently. The home had a staffing rota which was planned in advance and the numbers of staff on duty had been consistently maintained across all shifts. Staff said there were enough of them to meet people's needs. The manager told us staffing levels were planned by them in a way which ensured there were enough suitable staff on duty, with the appropriate skills to meet people's current care and support needs.

Service and maintenance checks had been carried out by the provider of the home and its equipment to ensure it was safe. Maintenance and service records showed checks had been made of fire equipment, alarms, emergency lighting, call bells, water hygiene and temperatures, portable appliances, the lift, the heating system, hoists and slings. Communal areas around the home were kept clear and free of clutter which enabled people who were able, to move safely around the home.

Good

Is the service effective?

Our findings

People and relatives told us staff had a good understanding of how to meet people's needs. A relative said, "Yes, I think they have the skills and knowledge to look after [my relative]." People were cared for by staff who received appropriate training and support. There was an annual programme in place for all staff to attend training in topics and subjects relevant to their roles. The manager monitored training records to identify when staff were due to attend refresher training to update their skills and knowledge. Staff told us they received training which they felt was relevant to their role and helped them to understand the needs of people they cared for. Two newer members of staff told us they had received induction training prior to working in the home and had shadowed more experienced members of staff before being allowed to care for and support people. Staff said they had attended regular meetings with their manager and monthly staff team meetings to talk about workplace issues and concerns. All the staff told us they felt well supported by senior staff.

The manager had a good understanding and awareness of their role and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a service only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The home had made DoLS applications for some of the people living in the home, to assess whether restrictions they were subjected to amounted to deprivations of liberty and if authorisations were required to ensure people were being cared for safely and lawfully.

People's records showed assessments of people's capacity to make day to day decisions about their care and support had been undertaken. Where people lacked capacity to make specific decisions about aspects of their care and support, there was evidence staff involved other people such as relatives and healthcare professionals to make decisions that were in people's best interests. People's care plans contained instructions for staff to ensure people's consent was sought before they provided any care or support. Staff spoke to us about how they supported people to make decisions about their day to day care and support and had a good understanding and awareness of how to do this in an appropriate way.

People were supported to eat and drink sufficient amounts to meet their needs. People told us they enjoyed the food they ate. One person said it was important to them that they were able to eat good food, which they said that they did. Another person told us, "The food is very nice." The menu for the day's meals was displayed in both the lounge and dining room. Pictures were used to describe the food people would be eating. Menus were also placed on individual dining tables, although we did note these were for the wrong week. This was rectified immediately.

Meals were served promptly so that people did not wait long to receive their food. Staff told people what was on offer and ensured people received what they wanted. Where people needed help to eat, staff were present to provide this support and they did this in a respectful way. People's preferences for what they ate was respected, for example, one person preferred to eat food specific to their cultural background, which was provided. Staff checked with people they had eaten and drunk sufficient amounts. In individual rooms, there were jugs of water placed in easy reach of people so they were able to stay hydrated. People who were unable to use traditional cups were provided with adaptive cups which were easier to pick up, hold and drink from. This provided people with the support they needed to be able to drink freely, whilst maintaining their independence to do so.

Daily records of the care and support people received were kept by staff. This included information about outcomes from medical and health care visits and staff's observations about people's general health and wellbeing. Regular health checks were made by staff and documented in people's individual records. For example, people's weights and food and drink intake were monitored by staff to ensure people were eating and drinking sufficient amounts. Staff took appropriate action to ensure people received care and support they needed from other healthcare professionals. Staff documented any concerns they had about people's current health and the action they had taken as a result such as contacting the GP for further advice and assistance. Staff told us information about

Good

Is the service effective?

people was shared with all care staff in handover and team meetings so that they had up to date information about people's general health and wellbeing, and how they needed to be supported by staff to maintain this.

Requires Improvement

Is the service caring?

Our findings

People's right to privacy and dignity was not always respected by staff. During our inspection we saw one instance when a person was left to use the toilet in the dark. The bathroom door had been left partially open. Two people's bedrooms faced this bathroom and their bedroom doors were open which meant the person could be overheard using the toilet. We asked the care staff attending the individual why they had done this. We were informed although they were aware the light switch was not working properly, the individual had needed to use the bathroom in a hurry. This meant they were not able to get them to a toilet in another part of the building, in time. We discussed this with the manager. They confirmed the bathroom should not have been used until the light had been repaired. They acknowledged the actions taken by staff meant this person had not been treated with dignity or had their privacy respected. The manager told us they would ensure all staff were reminded that this must be upheld at all times, and other arrangements to ensure this did not happen again were put in place whilst this bathroom was out of use.

Despite this incident, people and their relatives said care staff treated them with dignity and their privacy was respected. One person said, "I'm a bit of a loner. They leave me alone and respect that I don't want them coming in [my room] all the time." People's care plans instructed care staff to respect people's privacy and dignity when providing care and support. Staff told us they did this by knocking on people's doors and asking for permission before entering and ensuring doors were kept closed when people received personal care. They said they also made sure people were appropriately covered when receiving care to maintain their dignity. We saw when care staff discussed information about people this was done discreetly and away from open areas to avoid being overheard.

People and their relatives told us staff were friendly and kind. People referred to staff as "kind", "gentle" and "caring." Interactions and conversations between people, their relatives and staff were warm and respectful. People were able to take their time to do things around the home and were not hurried by staff. When people became anxious staff responded quickly to alleviate their distress. In one instance a person became distressed during lunch and a member of care staff with concern and care took time to find out why they had become upset. They listened to the individual and asked them what they could do to help. They talked through with the person different things they could do to help them feel more comfortable. The person was able to say what they wanted and the member of care staff listened to this and moved them into the lounge as it was more comfortable in there.

It was clear that people's views about their care and support needs had been listened to by staff and used to plan the care and support they received. People's care plans reflected their specific preferences for how care and support should be provided to them. We saw from people's records family members and other people important to them were also involved in supporting people to express their views and make decisions about their care and support. Staff demonstrated good awareness and understanding of the diversity of people's needs in the home and used this knowledge in a caring way. For example, a member of staff from the same cultural background as one person told us how they knew faith played an important part in this person's life so they played recordings of religious music for them. We saw when this music was played, it calmed and soothed the individual. English was also not the first language for this person and staff had written up and displayed in their room useful words and phrases to help staff understand better what the person may need or want.

Relatives told us there were no restrictions on them visiting their family members at the home. It was clear from speaking with relatives care staff encouraged them to visit their family members. One relative told us, "I come pretty much every day." Another told us, "I come here most days to visit." We saw for ourselves staff were welcoming towards visitors and took time to say hello and speak with people.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to people's needs. A relative told us, "They've helped [my relative] to settle in well and since being here I've noticed a big difference. [My relative] is much calmer and is getting looked after." Records showed people's care and support needs had been assessed by senior staff. The information from these assessments had been used to develop a care plan for each person which set out how their needs should be met by staff. They reflected people's preferences for how support should be provided. Staff demonstrated a good understanding of people's individual care and support needs as it was clear from speaking with them, they knew people well and how to care for and support them.

Relatives told us staff kept them regularly informed about the health and wellbeing of their family members particularly when there had been any changes to this. One told us, "If anything happens they're straight on the phone to let me know what's happened." Another said, "They're very responsive. If [my relative] needs to see the doctor they will keep me up to date about what's happening." Staff ensured changes to people's needs were identified and dealt with quickly. People's care plans were updated with changes promptly. For example one person's plan was updated as soon as a DoLS order for them had been received so that staff were aware and updated about the restrictions that were put in place to keep them safe.

People's care and support needs were reviewed by staff. This was done monthly. However records documenting the outcomes of these reviews contained only basic information particularly when no changes were needed to the support people received. This meant the positive impacts of how care contributed to people's overall health and wellbeing were not always recorded. We discussed this with the manager who told us there were weekly meetings between senior staff where people's care needs were reviewed and any changes that had taken place were discussed, so that they all agreed the best way to meet people's changing needs. However they acknowledged records should be improved to enable staff to effectively monitor and review the quality of care and support provided to people and the impact this had on their health and wellbeing.

People were supported to maintain relationships with those that mattered to them. Relatives were encouraged to spend as much time with family members as possible. These relationships were respected by staff and people were given privacy to spend time together. Families were encouraged to visit the home and celebrate special occasions such as birthdays. The home had just hosted a Christmas party for friends and family members. Local groups and other people from the community such as the local Member of Parliament (MP) had also attended. This helped people to maintain important social links with people in the home and within the community.

People were encouraged to take part in social activities in the home. These mainly took place in the main communal lounge. On the day of our inspection, activities included games, puzzles and singing. An activities co-ordinator led each session and individual staff sat with people in the lounge and helped them to join in where they could.

People and their relatives were satisfied with the care and support they experienced. One person said the things that were important to them were being met by staff and so they were satisfied with the support they received. A relative told us, "I have no complaints at all." People and their relatives told us if they had to make a complaint they knew how to do this and to whom. A relative said senior staff had been receptive when they'd had issues about the care and support their family member had received. They told us, "I feel they're pretty good at listening to what you want."

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The provider had a complaints procedure which detailed how people could make a comment or complaint. The procedure was displayed in the home. Any complaints received were logged in a complaints book and the actions taken by staff to resolve the complaint were documented. People were encouraged by staff to raise complaints and issues at 'residents and relatives meetings' or directly with senior staff if they felt more comfortable doing this. Minutes from the last 'residents and relatives meeting' showed the procedure for making complaints and how this would be dealt with was discussed with people and their relatives.

Good

Is the service well-led?

Our findings

The registered manager on our records left the service in October 2014. We were notified at the time by them and the provider. A new manager had since been appointed and made the appropriate registered manager application to the CQC. People, their relatives and staff were informed about changes to the management of the home. Minutes from residents and relatives and staff meetings showed the new manager was committed to delivering a service which was focussed on the needs of people using the service. For example, at a recent staff meeting the manager had discussed with all care staff the impact that staff absence from work had on the quality of care people experienced.

People, their relatives and staff were involved in developing the service. Senior staff through 'residents and relatives' meetings asked for people's views about how the service could be improved. Minutes from the most recent meeting in October 2014 showed people's ideas and suggestions were sought about improving aspects of the service such as consistency of staffing levels. Ideas were discussed and agreement was reached about making changes based on people's suggestions such as around improving the consistency of staffing levels in the home. Progress against these changes would be monitored at future residents and relatives meetings which meant the manager was accountable for ensuring these were made.

The provider also sought the views of people and their relatives through annual surveys. The most recent survey showed people's overall satisfaction with the service was improving but people still had concerns about the quality of laundry. The findings from the survey were discussed at the most recent 'residents and relatives meeting' and people's ideas for how this aspect of the service could be improved were sought by senior staff.

The provider carried out various checks to monitor the quality of care and support people experienced. Quality assurance visits had been carried out by staff from the provider's organisation to the home to review the standard of service people experienced. The manager was well informed about issues and concerns identified from these visits and had taken action to address these. For example, following concerns raised about the lack of information the new chef had about people's nutritional needs, the manager had ensured they were given information they needed about people's likes and dislikes for the food they ate as well as important information about people's specialist diets. A service improvement plan was in place which was updated and reviewed by the manager. This was updated following an audit or check of the home with the actions that were needed to make improvements to the standard of service. Progress against these was monitored by the manager and other senior managers from the provider's organisation. The manager had not yet updated the plan following the most recent quality assurance visit which took place in November 2014 but confirmed that it would be.

The provider was focussed on improving the quality of care people experienced by embedding best practice approaches in the home. For example the home was accredited to the National Gold Standards Framework Centre (GSF) in End of Life Care. Accreditation to the GSF gave the home access to training, tools, resources and a set of standards aimed at ensuring people nearing the end of their life experienced good quality care. The manager and senior staff attended weekly meetings with other relevant healthcare professionals to discuss people's specific care and support needs to ensure these were being delivered in line with the GSF.

Learning from investigations was used by the provider to make improvements to the quality of care people experienced. Records were kept by staff documenting incidents and investigations such as safeguarding concerns about people. These detailed the outcomes and any reflective practice arising from these incidents for the home to learn from. In one example, this had resulted in extra training and support for staff to improve their understanding and awareness of sharing information in an emergency with other care providers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **There were inadequate arrangements for the dispensing, recording, safe administration and disposal of medicines in the home.**