

Cumbria County Council

Bridge House

Inspection report

Manor Side
Flookburgh
Grange-over-Sands
Cumbria
LA11 7JS

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Date of inspection visit:
24 March 2023
31 March 2023

Date of publication:
15 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bridge House is a care home providing personal care to up to 37 people. The service provides permanent accommodation and short-term respite care to older people and people who are living with dementia. The home is on three floors and there is a passenger lift to assist people to access accommodation on the upper floors. All bedrooms are single occupancy and 3 have ensuite facilities. There are bathrooms, toilets and communal areas on each floor of the home. At the time of the inspection there were 28 people using the service.

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

People were safe and protected from harm and abuse. There were enough staff, with the right skills, to support people. The provider used safe systems when new staff were employed. Risks to people were identified and managed. People received their medicines safely and as they needed. The provider and registered manager had systems to learn and share lessons from incidents. People were protected against the risk of infection.

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.

People told us this was a good service and said they would recommend it. People knew the registered manager and how they could speak to them. The registered manager was committed to providing people with person-centred care. People were asked for their views and their feedback was used to further improve the service. Staff felt well supported and able to provide good care to people. The registered manager and staff worked in partnership with other services to ensure people received the care they needed.

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 8 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The rating for the service had not been reviewed since the inspection in 2017. We undertook a focused inspection to check people continued to receive safe and high-quality care. We reviewed the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridge House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Since we conducted this inspection, the legal entity has changed. The service has been re-registered with Westmorland and Furness Council. Therefore this report will be archived.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bridge House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out one inspector.

Service and service type

Bridge House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bridge House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 March 2023 and ended on 31 March 2023. We visited the service on 24 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who lived in the home and one relative about their experience of the care provided. We observed how staff interacted with people.

We spoke with the registered manager, the provider's service manager and 6 members of the care team and 2 ancillary staff.

We looked around the home and reviewed a range of records. This included 4 people's care records and multiple medicine administration records. We looked at records related to the recruitment and training for 3 staff. We also looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. People told us they felt safe in the home. One person said, "I feel very safe here." Another person told us, "Of course I'm safe. The staff keep us all safe."
- Staff had received training on how to identify and report abuse. They told us they would report any concerns to a senior staff member or to the local authority safeguarding team.
- The registered manager reported any concerns about people's safety to the relevant authorities such as the local authority safeguarding team. They worked with appropriate agencies to ensure people were safe.

Assessing risk, safety monitoring and management

- The registered manager had systems for identifying and managing risks to people's safety. Staff carried out thorough risk assessments which identified the support people needed to maintain their safety.
- Staff told us the risk assessments gave them the information they needed to keep people safe. One staff member said, "We know people well. We know how to keep people safe. We have all the information we need in the care plans and risk assessments."
- The provider and registered manager carried out thorough audits of care records and risk assessments to ensure they were accurate and up-to-date.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff, with the appropriate skills, to provide people's care. People told us there were staff available when they needed support. One person said, "There are always plenty of staff around."
- People chose where they spent their time, in the communal areas or in their own rooms. People told us

the staff responded promptly when they used their call bell to request assistance in their rooms.

- Staff told us there were enough staff to care for people. They said they worked well as a team to ensure people received the care they needed. One staff member said, "There are enough staff." Another told us, "Bridge House is a lovely and pleasant place to work, and the care provided by myself and my colleagues is exceptional in my opinion."
- The provider carried out thorough checks before new staff were employed. This included checking people's good character and conduct in previous employment in health or social care. Staff also had to have a Disclosure and Barring Service, (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received the support they needed to take their medicines. One person said, "The staff know what medicines I take and when. They manage them very well." Another person said, "I get my medicines alright."
- Staff who handled medicines had completed training and their competence in handling medicines safely had been assessed. One staff member told us, "I regularly have medication competency assessments with the supervisors to ensure that I can put into action everything that I have learned."
- Medicines were received, stored and administered safely. Senior staff completed regular medicines audits to check people had received their medicines as they needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting visiting in and out of the home in line with government guidance.

Learning lessons when things go wrong

- The provider and registered manager had systems to ensure lessons were learned from incidents. Incidents were investigated and any learning shared with the staff team. The provider's service manager also shared lessons learned with the managers of other services carried on by the provider to ensure learning was shared.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received high quality, person-centred care because the registered manager had developed a person-centred culture which focused on providing good outcomes for people. Staff were skilled at caring for people in a way that was respectful and empowered people to make choices about their lives.
- People told us there was a "lovely atmosphere" in the home. One person said, "I looked round a few homes before deciding to come here, you feel the lovely atmosphere as soon as you walk in."
- People told us they would recommend the home. One person told us, "It is lovely here, I would definitely recommend it." A staff member said, "I would highly recommend Bridge House as a service as I feel it's a very caring environment and safe for people to live as they should."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- People and their relatives knew the registered manager and how they could speak to them. People told us the registered manager and senior staff made them feel welcome when they wanted to speak to them. One person said, "The office [staff] always make time to listen to me. I can pop in and see them anytime and they are very welcoming."
- The registered manager was very experienced and had the skills and knowledge to manage the service and to ensure people received good care. Staff said they were happy working in the home and felt well supported and able to provide good care to people. One staff member said, "I personally feel very supported by the management." Another staff member told us, "I feel very well supported by my manager ... [registered manager] has always supported me within my role and encouraged me to progress and supported me to do so with the correct training."
- The provider and registered manager understood their responsibilities under the duty of candour. They were open and honest with people and their families when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider and registered manager used formal and informal ways to ask people for their views. People were asked for their views at meetings held in the home and as the registered manager worked in the home. People knew the registered manager well. One person said, "[Registered manager] is always 'out and about' in the home." The provider's service manager also asked people for their views during their regular audits of

the service. This helped the provider maintain oversight of the service.

- The registered manager used feedback received to further improve the service. They had discussed raising funds to provide a 'summerhouse' with people. This had been agreed as something people wanted. People told us they enjoyed spending time in the garden and were looking forward to having a summerhouse. People had also been involved in developing the garden and growing a range of vegetables.
- The registered manager had developed relationships with the local community and businesses to support people to continue to be active members of their community. The home had received support from local community ventures in fundraising for the summerhouse.

Working in partnership with others

- The registered manager and staff worked in partnership with other services to plan and deliver people's care. Staff knew the other services which supported people and worked cooperatively with them. The registered manager and staff identified if people needed additional support and contacted appropriate services such as the local GP, community nursing team and specialist services such as the Speech and Language Team.