Bridge House (Elmwood) Limited

Bridge House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bridge House is a residential care home providing personal and nursing care to up to 66 older people. At the time of the inspection there were 45 people living at the home. The care home accommodates people across three separate floors, each of which has separate adapted facilities. The first floor supports people who need residential support. The second floor supports people who need nursing care. The third floor supports people who are living with dementia.

People's experience of using this service and what we found
Some improvements were needed to make sure the management of medicines was safe. The service had systems and processes in place to do this and some improvements were made during the inspection. Staff were recruited safely and there were enough staff to meet people's needs. Issues around high agency use were being addressed by the appointment of new staff. The service was working with the authorities to address some safeguarding issues and were actively learning from previous issues. Staff received safeguarding training and knew what to do if they thought someone was at risk. All but 1 of the people and relatives we spoke with felt safe at the home. One person said, "I have been happy here from Day 1, I do feel well looked after." A relative told us when asked if they thought their family member family member was safe, "Yes, I do, (person) is well looked after and has not had any accidents. (Person) is nervous and anxious and is more settled than (person) has ever been." Risks to people's health and safety had been assessed and new systems were being introduced to improve risk management. Some people told us staff did not always respond to the nurse call system in a timely way.

We have made a recommendation about the management of some medicines.

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.

Since the last inspection there had been a number of management changes at the service. The current manager had been in post for approximately 4 months. People told us they had seen improvements since the new manager started. One said, "I am much more confident with the new manager." The manager and nominated individual recognised that auditing of quality and safety was not up to date in all areas. They had introduced a new schedule to address this, but it was not operational at the time of the inspection.

People gave mixed responses about how involved they felt in their relative's care. Some said they had been involved whilst others had not. Similarly, some people felt they were asked for their opinions of the service whilst others did not. People did appreciate the opportunity to be involved in meetings about the service. Staff were engaging with health and social care professionals to improve the quality of service.

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

Rating at last inspection and update
The last rating for this service was good (published 4 March 2022). The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions safe and well led.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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. Risks associated with infection outbreaks were generally well managed, but some improvement was needed.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Bridge House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 by 2 inspectors, a pharmacy specialist, 2 assistant 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 service.

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 with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the service did not have a manager registered with the Care Quality Commission. There was a manager in place who was in the process of application to CQC for registered manager status. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 February 2023 and ended on 29 March 2023. The inspection visit was delayed due to an infectious outbreak at the service. We visited the service on 9 March 2023 and 16 March 2023.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We observed care and support in communal areas. We spoke with 18 people who used the service and 8 relatives about their experience of the care provided. Many of the people using the service at the time of our visit were not able to tell us about their experience of care at the home but we made observations of care in communal areas.
We spoke with 9 members of staff including the manager, a nurse, senior care staff, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included seven people's care records and multiple medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The home had embedded systems and processes in place to make medicines management safer. Photographs and allergies were recorded and how a person preferred to take their medicine was clearly documented.
- Medicines were reviewed by healthcare professionals and when medicines were changed the home had a system to manage this safely.
- Care plans for medicines to be given 'as needed' were clear for each medicine to guide staff on when they should be used. Distraction techniques to be used before giving a medicine to reduce anxiety were not specified in all care plans.
- Time specific medicines were given at the times they should be. A system was in place to reduce the risk of medicines being given too soon.
- Care plans for people receiving their medicines covertly were not up to date on the first day of the inspection but were reviewed and updated by the end of the first day.
- Medicine patches were not always applied in accordance with the manufacturer's instructions.

We recommend the provider reviews systems to ensure medicine patches are applied in accordance with the manufacturer's instructions.

Systems and processes to safeguard people from the risk of abuse

- At the time of the inspection there were on-going safeguarding concerns being investigated by appropriate authorities. The service was working with the authorities to address the concerns and to learn from what had gone wrong. Some of these concerns pre-dated the current management team.
- Root cause analyses had been completed to look at what had led to people's health and safety being put at risk and what needed to be done to prevent the situation happening again. Outcomes had been discussed with staff.
- Referrals to the local authority safeguarding team had been made appropriately.
- Staff had received training in safeguarding people and knew what to do if they thought someone was at risk.
- All but one of the people and relatives we spoke with thought they, or their family member, were safe. The person who did not think their family member was safe was involved in an ongoing safeguarding process.

Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed and detail of how to manage and reduce risks was

included in risk assessments and care plans. Where risks such as nutrition or poor skin integrity had been identified, referrals to appropriate health care professionals had been made.
● One relative told us they had been involved in the development and review of their family member's risk assessment.
● Some relatives felt staff were sometimes slow to respond to call bells.
● Staff had received additional training and been given information about how to report accidents and incidents. Team safety huddles had been introduced for staff to analyse why an accident or incident had happened and what could be done to reduce the risk of reoccurrence.
● Where medication errors had occurred, meetings were held between staff to look at why the error had been made and to put actions in place to prevent it happening again.
● One relative told us they had, in the past, had to ask for their family member to be referred to a healthcare professional. However, they said they had much more confidence in the new manager to manage their family member's safety.

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.
● Compliance with DoLS conditions were recorded in handover records and people's care notes.
● Where people did not have capacity to make decisions about their health cand welfare, best interest meetings had been held with appropriate people, to make a decision on the person's behalf.

Staffing and recruitment
● Staff rotas evidenced there were enough staff to meet people's needs.
● Staff told us there were enough of them, but we received a mixed response when we asked people if they thought there were enough staff to meet their, or their family member's needs. Some people felt there was a reduction in staff at the weekend.
● The provider had recruited a number of overseas staff to work permanently at the home and therefore reduce the need for agency staff. They were due to follow a robust induction process and be buddied with a permanent member of staff on commencement at the service.
● The manager was working on a new system of staff allocation to ensure appropriate skill mixes on each unit and to make sure agency, or new staff, were appropriately supported.
● A new deputy manager started at the service during our inspection and a new clinical lead had been appointed but not yet started.
● Staff were recruited safely and went on to follow an induction and training programme. A new 'home trainer' role had been introduced and we saw this person had been effective in improving training for all staff.

Preventing and controlling infection

● We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection.

Some people had not been appropriately supported to make sure their nails were clean. Clean nails are particularly important for people using their hands when eating.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● 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.
● Relatives and friends were able to visit people living at the home.

Learning lessons when things go wrong
● The provider had recognised some of the systems introduced by the previous management team had had a detrimental effect on the service. For example, the provider recognised that a staff role introduced previously had resulted in other staff becoming de-skilled in matters such as reporting and managing accidents and incidents and some aspects of safeguarding. Systems, including further staff training, had been put in place to address this.
● The provider was taking a much more active role in the service to support the new manager in addressing issues within the service.

Requires Improvement

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 requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Since the last inspection there had been a number of management changes at the service. The current manager had been in post for approximately 4 months. The manager was in the process of submitting a registered manager application to the CQC.
- Risk management had been identified by the service as an area where improvements were needed. The manager was working with the new deputy manager and all staff to address this.
- A new schedule for auditing quality and safety at the service was being introduced but had not started. The manager and nominated individual understood they were behind with some auditing and planned to address this with the new schedule.
- Completed audits included medicines, staff training, accidents and incidents and care planning. Where issues had been identified, actions had been taken to address them.
- Environmental safety checks had been completed and were up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some of the relatives we spoke with said they had been involved in the development of their family member's care plan whilst others said they had not. One relative said they had been asked for details about their family member's likes and dislikes.
- Care plans were generally person centred but new 'Key worker summary' and 'Get to know me' documents were being introduced to improve the person-centred approach.
- Most of the people we spoke with said they had been asked for their opinions about the quality of care at the service. One person said, "Yes but I am not a big one on questionnaires, I filled one in the other day saying how good they are." However, one person told us they were waiting for improvements in relation to the issues they had raised.
- Most people thought the service was well led. One relative said, "Yes, I do, it is now, it has had its ups and downs, lots of manager changes. (Manager) needs the time to build it up and get it back to how it was." Another said, "I am much happier than I was 18 months ago."
- All the staff we spoke with thought there had been improvements and the service was well led. One said, "Yes, it is well managed. Owner is most of the time in the home. Manager comes in weekends as well as night and days. I really enjoy it if I have any questions there is always somewhere there to support."

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; Continuous learning and improving care

● The provider followed their duty of candour policy in taking responsibility and communicating honestly and openly with people when something had gone wrong.

● Meetings had been held with families of people living at the home to explain openly why admissions to the service had been suspended and how the new management team were working to address issues affecting the service.

Working in partnership with others

● Staff had been working with local GP surgeries to improve consistency and continuity for people living at the home from GP's and district nurses.

● The Primary Care Network Team (PCN) met weekly in the currently unused day centre at the service. They were available for supporting staff with any queries and medical issues.

● The home trainer told us, "PCN Team work closely with Bridge House, liaising with the GPs and really push for answers and results. They are a fantastic support, and we have a really good relationship with them."