

Bridge House Holdings Limited

Bridge House Nursing Home

Inspection report

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Date of inspection visit:
17 November 2022
18 November 2022

Date of publication:
12 December 2022

Ratings

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

Summary of findings

Overall summary

About the service

Bridge House Nursing Home is a care home providing personal and nursing care to up to 54 people. The service provides support to older adults who may also have a physical disability, sensory impairment or dementia. Bridge House Nursing Home accommodates people across two separate buildings, which have separate adapted facilities. One of the buildings specialises in providing respite and rehabilitation to people and external physiotherapists visit the home daily.

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

The registered manager ensured infection prevention and control guidance was followed to keep people and staff safe. People reported they felt safe living at the service.

Care plans were person centred and included the input of the relevant people. The environment in the home had improved from previous inspections including improvement in decoration and signage around the service. However, further development is still required. This was acknowledged by the registered manager and operations director.

People told us they felt staff were caring. The service supported people to be as independent as possible. People felt involved in their care and care plans were reviewed regularly to meet the needs of the person.

People's communication needs were assessed, and staff were aware if a person required further support with their communication. People and relatives told us they were aware of how to raise a complaint with the service. Staff worked well with people, families and health and social care agencies to support people's wellbeing.

The service had an open and transparent way of working to ensure the safety of the people living at the service. The provider was able to demonstrate that quality assurance systems ensured the quality of the service improved. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

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.

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 requires improvement (published 3 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed their staff training, documentation regarding people's abilities to make decisions and learning from incidents and accidents. At this inspection we found the provider had acted on the recommendations and they had made improvements.

Why we inspected

We carried out an unannounced focused inspection of this service on 21 and 22 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the premises, medicine management, staff recruitment records and governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridge House Nursing Home 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.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Bridge House Nursing 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.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Bridge House Nursing Home 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 Nursing Home is a care home with 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.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We checked information held by Companies House and we looked at online reviews. We reviewed the findings at our last inspection. 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.

During the inspection

We spoke with five people who use the service and seven relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, clinical manager, one nurse, one senior carer, six carers, two activities co-ordinators, one housekeeper and one administrator. We reviewed a range of records including five people's care records and five medicines records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure that information specified in Schedule 3 was available for each person employed. This was a breach of regulation 19 (2b, 3a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People and staff told us there were enough staff deployed to meet people's needs.
- The registered manager used a dependency assessment tool which was updated monthly or more often if needed to ensure enough staff were available to provide care and support.
- Recruitment of staff was discussed with the registered manager. The registered manager advised they were recruiting for a head chef and nurses in order to reduce the agency staff used.
- The registered manager advised agency staff were block booked to support with continuity of care for people.
- The registered manager used a thorough recruitment process to employ suitable staff. All staff files contained the necessary evidence including employment history and Disclosure and Barring Service checks. 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

At our last inspection the provider had failed to ensure safe medicine management. This was a breach of regulation 12 (1, 2, g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Controlled drugs (those subject to strict controls by law) were stored safely and securely and daily stock checks were always completed.
- Documents to help staff to administer 'when required' (PRN) medicines were now in place and explained what each PRN medicine was for, how the person would communicate they needed the medicine, any side effects and the maximum dose within 24 hours. This supported staff to ensure people received their medicines as required.

- Stock takes of medicines were completed daily to identify any missed medicines or medicine errors.

Learning lessons when things go wrong

At our last inspection we recommended the provider reviews how they use information and learn from incidents and accidents in order to ensure they follow best practice and drive improvement in safety. The provider had made improvements.

- Incident and accident records were completed when people had sustained harm. The records demonstrated effective recording, reporting and proactive responses from staff to identify learning points and reduce recurrences.
- Unique referencing and manager sign off had not always been recorded as per the providers form. This was discussed with the registered manager who confirmed they had reviewed all incidents and accidents recorded however had not signed each form to confirm this.
- The new registered manager had created a tracker to review incidents and accidents monthly in order to identify themes and trends. The registered manager explained how they would continue to make improvements to the tracker, including documenting actions taken and by whom.

Systems and processes to safeguard people from the risk of abuse

- People reported feeling safe at the service. One person told us, "Absolutely. I am not frightened of anyone here."
- The manager knew how to report allegations of abuse or neglect to the local authority.
- All staff had received training in safeguarding adults at risk. Staff were able to explain how to recognise different types of abuse and how to report any concerns. Staff also said they were familiar with the provider's whistleblowing policy and how to raise concerns about poor care practices. Staff were confident the management team would act on concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management

- People had individualised risk assessments in place to mitigate the risk of harm to people. Examples of risks covered in risk assessments included: pressure sores, falls and nutrition and hydration.
- One person who was found to be at risk of pressure sores did not have a risk assessment in place. However, staff were aware of the risks to the person and how to mitigate these. We raised this with the registered manager who agreed a risk assessment would be put in place.
- People had personal emergency evacuation plans in place in the case of an emergency.
- The service had a business contingency plan which included plans in case of fire, water loss and evacuation location in order to maintain people's safety.
- Fire drill records showed staff completed regular fire drills. This meant that both staff and people were aware of what action to take in the case of an emergency.
- The registered manager ensured environmental safety was effectively managed. We saw completed records of legionella checks, fire systems and electrical checks.
- Routine safety checks were carried out and were within the safe and expected levels, such as monthly water temperatures checks on hot and cold taps, and regular flushing of unused outlets.

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.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

At our last inspection the provider had not ensured that the premises were suitable for people living with dementia. This was a breach of regulation 15 (1c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The service had now improved the signage around the home however, the registered manager was aware further signage and other improvements are required in order to best support people's orientation around the home.
- The registered manager had ordered equipment to further adapt the home for people living with dementia. This included memory boxes to be put outside people's rooms and contrasting colours of paint to be used around toilet doors in people's rooms and in communal areas.
- The service had a dementia champion in place who was planning to provide further training to all staff on how best to support people with dementia in order to meet their needs.
- Although improvements had been made, the registered manager's action plan highlighted more development was needed to ensure the service fully met the needs of the people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended the provider reviews their mental capacity assessment process to ensure decisions are made in line with the MCA codes of practice. The provider had made improvements.

- People had individualised mental capacity assessments in relation to receiving care and spending time alone. We identified one person who had bed rails in place, however there was not a documented mental capacity assessment in relation to this. We discussed this with the registered manager who agreed this would be reviewed and agreed to have an assessment completed.
- People's care plans and consent forms documented if the person had capacity or if they required any support with making decisions.
- All staff received training in the MCA, and this was renewed annually.
- The provider had documented evidence where people had a Lasting Power of Attorney in place. This means they had a legally appointed representative to make decisions on their behalf and in their best interests.

Staff support: induction, training, skills and experience

At our last inspection, we recommended the provider reviewed their staff training provision in line with the current best practice guidance for adult social care staff. The provider had made improvements.

- The service provided mandatory training in topics such as fire awareness, manual handling, medicines and food hygiene. All new staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- All new staff completed an induction which included shadowing senior staff and completing all practical training required.
- People felt that staff had enough training and experience to care for them.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- We found staff received additional training in specialist areas, such as dementia. This meant staff could provide better care to people who were living with dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most people, and their relatives, told us they felt involved in their care.
- People's care plans were reviewed monthly. This ensured they were accurate, up to date and reflected people's current needs and preferences.
- Care plans contained information about people's health needs, preferences and a summary of their daily routines. Care plans were individualised and included information about how people would like their care to be delivered.

Supporting people to eat and drink enough to maintain a balanced diet

- Eating and drinking care plans were in place when required. These were reviewed monthly and the reviews documented input from professionals such as speech and language therapists, to meet people's needs. For example, one person's care plan said, "[Person] has been referred to a dietician...is currently having Altrajuce liquid 200ml twice a day which [person] is enjoying, especially the apple and orange

flavoured ones."

- People told us since the head chef recently left, the food had declined however the registered manager was aware of this and was in the process of employing a new head chef.
- One person said, "The meals are organised very well. They come around with the days options and let me pick what I want. They know the food that I like and how I like my drinks. Whenever I would like a drink, they always give me one."
- We observed staff supporting people to eat their meals in a caring manner and did not rush people to finish their food quickly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had regular involvement with chiropodists, GP's and the local authority to support people to receive effective care which met their health and wellbeing needs.
- The service continued to have an on-site rehabilitation area where occupational therapists and physiotherapists supported people to improve their mobility and general well-being on a daily basis. People told us they found this extremely valuable.
- Evidence of GP and other health appointments were recorded in folders along with individual care plans, such as for people living with diabetes and other long-term conditions.
- We found evidence of regular conversations between the provider and other professionals to ensure the best outcomes for people.
- Professionals reported staff communicated effectively with them to help meet people's needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection published on 23 December 2019, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "they're lovely, you couldn't ask for better staff".
- There was clear, person-centred information in people's care plans. This included their abilities, likes and dislikes. The information guided staff how to support people in the way they chose to be supported.
- People and relatives felt staff showed a genuine interest in their well-being and quality of life. One relative said, "The care has been exceptional" and, "They try to ensure residents get a good quality of life".
- People's relatives felt welcome in the service. One relative said, "They are warm and friendly, you can drop in any time, you can ask any question... you feel you are welcome anytime".
- When we asked staff if they would be happy for a member of their family here, one said, "Yes. The staff are all so kind and caring. It is just like a family here."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to share their views and make their own decisions about care. One staff member said, "It's all about the residents. We just want to do our best for them to make them happy".
- The registered manager conducted relative's meetings quarterly to keep relatives informed and ask for feedback about care. One relative said, "At relative's meetings there is a two-way stream of ideas and information". Another relative told us, "The manager's door is always open. I feel I can go to her about anything".
- People we spoke to were unsure if they had been involved in care planning. However, relatives we spoke to told us they had been asked about people's needs. Evidence of involvement of relatives and people were found throughout the care plans. One relative said, "There is constant dialogue about what is needed".

Respecting and promoting people's privacy, dignity and independence

- People's care plans clearly stated people's abilities and where independence should be encouraged and supported. One relative said, "They do encourage her to drink and do things she can do on her own independently".
- Staff knew when people needed their space and privacy and respected this. For some people this was very important. One staff member said, "We always knock before going into their rooms".
- Staff were seen to sit with people at their level and assist people at their pace during mealtimes.
- People and their relatives told us staff treated them with respect and dignity. One relative said, "they're wonderful, I'm completely happy with what they're doing".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection published on 23 December 2019, we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written from people's perspectives and contained information for staff about how people wanted activities to be carried out such as personal care.
- Care plans included specific information which captured people's needs, interests, positive personality traits and life histories.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly documented within their communication care plans and included communication strategies such as using specific types of speech, eye contact or other forms of communication. For example, "[Person's] native language is English and [they are] able to communicate verbally...although [they have] been diagnosed with dementia, [they are] able to express [their] needs and wishes and have short conversations with members of staff."
- Care plans also included detailed information about communication challenges people experienced to enable staff to provide individualised support. One person's care plan said, "[Person] seems to be disturbed by loud noises...[Person's] hearing seems to have deteriorated lately and it seems difficult to communicate with [person] and this is increasing their anxiety and agitation. Nurse in charge needs to regularly check [person's] ears as there has been hard wax build up and any concerns to be addressed to the GP."
- Staff were aware of the individual needs of people and felt they had enough information to support the person safely and effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities in the home. The home had recently employed an activity co-ordinator and facilitated activities either in a group setting or on a 1:1 basis daily. Activities in the home included craft sessions, quizzes and foot spas. Staff facilitated one to one activities for those people who preferred them. For example, one person was known to enjoy gardening. During the inspection,

we observed a member of staff outside supporting the person with planting bulbs in raised beds.

- People and relatives told us they could attend activities if they wanted to, but that they were not pressured to do so. One relative told us, "They encouraged [person] to do painting, she surprised herself by enjoying it" Another person said, "[Person] doesn't really participate but she was asked by the activities person about things that she might like. She said she would like a poetry book, they ordered it that same day."

Improving care quality in response to complaints or concerns

- The registered manager had introduced a complaints tracker to monitor and learn from complaints made regarding the service.
- There was a clear complaints policy in place and the registered manager was able to explain how complaints were acted on.
- People and their relatives told us they were aware of how to raise a complaint. One person said, "I would discuss it with the manager or clinical lead. I would have no hesitation in going to any of the senior people, they are very open."

End of life care and support

- People's care plans included information regarding their end of life care wishes which had been discussed with them and relevant others including relatives and professionals.
- People's end of life wishes were detailed in their care plans. The RESPECT form for emergency care and treatment was in the front of their care plans and clearly indicated their preferences regarding resuscitation and specific instances in which they would and would not like to be treated. ReSPECT is a summary plan for emergency care and treatment. The process is a new approach to encourage people to have an individual plan to try to ensure that they get the right care and treatment in an anticipated future emergency in which they no longer have the capacity to make or express choices.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of regulation 17 (1,2,a,b,c,d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included regular reviews of documents including Medicine Administration Records (MAR) and care plans.
- The registered manager and operations director had developed several trackers so they could monitor various key performance indicators monthly. This included weight loss and staff medicines competency checks.
- The management team had a clear plan on additional areas requiring improvement. This included the continued improvement to décor within the home and identifying further strengths of individual staff and offering them further training or more responsibilities as champions.
- An analysis of audits was completed monthly to identify themes and trends.
- Regular team meetings which were recorded and reviewed to identify actions. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to share from the residents meetings.

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

- The management team were welcoming and demonstrated an open and transparent approach.
- Evidence of team meetings was reviewed and identified that staff had the opportunity to raise concerns.
- Staff told us they felt listened to by the management team, "[Management team] are the best managers I have had. They are really supportive and have made me feel part of the team."

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

- The registered manager ensured required notifications had been promptly submitted to us. We identified one incident which had occurred early in the week of our inspection
- The management team worked to establish and maintain an open and transparent communication with people's families, for example, around changes to visiting guidance during the lockdown or when an outbreak of COVID-19 occurred.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Minutes from meetings with people and their relatives demonstrated their views were sought. People and their relatives told us the management team listened to their feedback.
- The management team was planning to complete a quality assurance survey with people and relatives in the following weeks to gain further feedback about the service.
- The new management team were in the process of completing supervisions and appraisals for all staff. "
- Staff commented positively on improved teamwork, staff morale and communication within the team. One staff member said, "We're all really proud to work here. Everyone is really happy. You can see all the staff are happy to be here" and, "Staff are much happier because the managers support us and listen to us so we are all on the same team."

Working in partnership with others

- Staff worked closely with the local authority and health professionals including the GP and physiotherapists who visited the home regularly.
- There were regular reviews of people's health and social care needs by community-based professionals.