

Bridgedale House (Fulwood) Limited

Bridgedale House

Inspection report

381 Fulwood Road
Ranmoor
Sheffield
South Yorkshire
S10 3GA

Tel: 01142309675

Date of inspection visit:
19 June 2019

Date of publication:
28 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Bridgedale House is a residential care home that provides accommodation for older people and people living with dementia who require personal care. The home can accommodate up to 25 people in one adapted building. At the time of this inspection there were 25 people using the service.

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

People and their relatives were happy with the care they received at Bridgedale House. We observed staff treated people with dignity and respect and without exception, everyone told us all staff were kind and caring. Staff were skilled at promoting people's independence.

People told us they felt safe living at Bridgedale House. Risks to people were assessed and kept under review. Staff were trained in their responsibility to safeguard people from abuse and they were all confident the registered manager would act upon any concerns they raised about people's safety.

People were supported by staff who were knowledgeable and skilled. Staff completed a range of training which equipped them to provide effective care to people. Staff supported people to maintain their health by working alongside community health professionals such as district nurses and GPs. People's nutritional needs were met, and they were very happy with the food on offer at Bridgedale House. 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 had access to a range of activities whilst living at Bridgedale House, both within the home and in the community. People were supported to maintain their interests and take part in activities that were meaningful to them. People and their relatives knew how to complain about the service if they needed to. They all told us the registered manager was very approachable and they were confident the registered manager would respond promptly to any issues they raised.

People, their relatives and staff all told us they thought the service was well-run. Everyone told us the registered manager was supportive and operated an 'open-door' policy. The registered manager and staff were keen to deliver a high-quality, person-centred service. The registered manager completed a range of checks on the safety and quality of the service on an ongoing basis, to ensure any necessary improvements were identified and implemented.

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 7 April 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the

rating at this inspection.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Bridgedale 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 Care Act 2014.

Inspection team:

This inspection was completed by one inspector and one assistant inspector.

Service and service type:

Bridgedale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are 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.

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 Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with four people who used the service and three relatives and friends about their experience of the care provided. We spoke with six members of staff including the registered manager, a senior care worker, three care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service, including policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

After the inspection:

We sought some more information from the registered manager. This was provided in a timely manner and was used to inform our judgements.

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe at Bridgedale House. People's relatives told us they had no concerns about their family members' safety.
- The provider had appropriate systems in place to safeguard people from abuse.
- The registered manager had a comprehensive understanding of local safeguarding procedures and all staff were trained in their responsibility to safeguard people from abuse. Staff told us the registered manager responded proactively to any concerns they raised.

Staffing and recruitment:

- There were enough staff available to ensure people received personalised care and support.
- People using the service, their relatives and staff all told us there were enough staff on each shift to meet people's needs. Staff told us they had enough time to get to know people well and provide care in an unrushed manner. We observed staff respond promptly to people during this inspection.
- The registered manager monitored staffing levels to check they remained appropriate.
- The provider followed safe recruitment procedures. They completed suitable pre-employment checks to ensure new staff were suitable.

Using medicines safely:

- Medicines were managed in a safe way. People received their medicines as prescribed and staff kept accurate records about what medicines they had supported people to take and when.
- Staff were trained in medicines management and their competency to administer medicines safely was regularly checked.
- We observed staff were patient and respectful when they supported people to take their medicines. People told us they were happy with the support they received with their medicines.

Assessing risk, safety monitoring and management:

- The registered manager assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained risk assessments detailing the specific risks posed to them and guidance for staff about how to manage those risks. Risk assessments were reviewed at appropriate intervals to check risk levels had not changed.
- The provider had plans for dealing with emergency situations. For example, personal emergency evacuation plans described how each person should be supported in an emergency.
- Regular checks of the building and the equipment were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used. We identified one piece of equipment did not have an up to date safety certificate, though it was not in use at the time of this inspection. The registered manager agreed to ensure it was not used until it had been certified as safe.

Preventing and controlling infection:

- People were protected from the spread of infection.
- The provider had a policy which staff were required to follow to promote effective infection control practices and all care workers received training in infection control.
- Staff wore personal protective equipment, such as gloves and aprons, when delivering care, to help prevent the spread of infection.

Learning lessons when things go wrong:

- Incidents and accidents were recorded, and actions were taken to reduce the risk of them happening again.
- The registered manager analysed accidents and incidents every month, to try to identify any themes or trends. This information was used to help reduce the risk of further incidents.

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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs before they moved into Bridgedale House, to check the service was suitable for them. This information was used to develop a care plan for each person which guided staff in how to care for them.
- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history. This information was recorded in their care plan so care could be delivered in accordance with their needs and preferences.
- People and their relatives told us they were happy with the care they received at Bridgedale House. Comments included, "We have every confidence our [relative's] needs will be met" and "I can't suggest any improvements. If there was anything I could ask for, I know I would get it."

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- People and their relatives told us they thought the staff were knowledgeable and well-trained. One person commented, "The senior care workers are confident, which gives us confidence."
- Staff received regular support and supervision from the registered manager to review their competence and discuss areas of good practice or any improvements that were needed. Staff told us they felt supported by the registered manager and they felt able to raise any concerns or questions with them.

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

- Where people required a special diet because of medical or cultural reasons, this was catered for. The chef was knowledgeable about people's dietary requirements and people's care records contained information about their dietary needs and preferences.
- The chef prepared a varied range of meal options each day, to suit people's preferences. People were very happy with the range of food on offer and they told us there was plenty of snacks and drinks available throughout the day. Comments included, "The tea is endless. There's plenty of biscuits; they just keep coming" and "I get regular drinks, excellent food and there's an excellent chef."
- We observed the lunchtime meal service during this inspection. The dining areas were welcoming. The tables were nicely set, and the food looked appetising and appealing. Staff provided people with appropriate encouragement and support to eat and drink, in a timely, sensitive and caring manner.

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

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP, district nurses and the palliative care team. This supported staff to achieve good outcomes for people and helped people maintain their health.
- People were happy with the support they received with their health. A person commented, "The district nurse comes to see me and the GP is 'on tap' here."

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

- The premises were suitably adapted to meet the needs of people using the service.
- Pictorial and written signage was displayed throughout the building to help people living with dementia navigate their way around the home. A pictorial food menu was displayed in the dining area to help people make choices about their meals.
- The premises had enough bathrooms and communal areas to ensure people could receive the support they required. People had been supported to personalise their bedrooms with items that were familiar to them, to support them to feel comfortable and safe.
- Technology and equipment was used effectively to meet people's care and support needs.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager made appropriate applications for DoLS authorisations. They had clear oversight of the authorisations that had been granted and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.
- People's care records contained assessments of people's capacity to make important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they delivered care.
- We were satisfied the service was working within the principles of the MCA.

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.

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 and their relatives told us staff were kind and caring. Comments included, "The care here is wonderful. The girls [staff] work very hard" and "They are kind; they couldn't be any kinder."
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a very good knowledge of people's personalities, individual needs and what was important to them. We observed staff demonstrate a real empathy for people; they were particularly sensitive to times when people needed compassionate support.
- Staff welcomed people's relatives and friends into the home to support people to maintain important relationships. We observed staff at all levels had developed relationships with people's families. People's relatives told us staff communicated very well with them and kept them informed about their family member's care.
- All staff told us they would recommend Bridgedale House to family and friends. All staff told us they enjoyed their jobs, and this was evident from our observations during the inspection. Staff felt the service provided high-quality care and people were well-treated, by a staff team who cared for them in a compassionate manner.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- We observed staff communicate effectively with people throughout this inspection. If people struggled to hear what staff were saying, staff wrote down questions for people to read and respond to. Where people struggled to communicate verbally, the service also accessed communication tools such as picture boards. This supported people to remain involved with decisions about their care, as far as possible.
- People were afforded choice and control in their day to day lives. We observed staff asking people what they wanted to do during the day and where they would prefer to spend their time.
- People and their relatives were invited to take part in formal reviews of their care, to ensure they were involved in the development of their care plans.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with.
- Our observations during this inspection showed staff were skilled at promoting people's independence.

Staff continuously encouraged people to complete tasks for themselves in a caring, patient and compassionate manner. We received positive feedback from a relative who described how staff had given their family member the confidence to try to walk again after a fall.

- Staff were respectful of people's privacy and dignity. They knocked on doors and called out before they entered bedrooms and bathrooms. They could all describe how they promoted people's dignity when delivering personal care. Without exception, people and their relatives said staff treated them with dignity and respect.
- People's care records were locked away safely and securely so only people who needed to read them could access them. Staff spoke of the importance of confidentiality and protecting people's privacy.

Is the service responsive?

Our findings

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

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:

- People's care records were detailed, person-centred and accurately described what support they needed from staff. They were reviewed monthly or sooner, if a person's needs changed.
- Staff knew people very well and delivered care in accordance with people's preferences. People's care plans contained detailed information about their life history and interests; this supported staff to build positive relationships and bonds with them.

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:

- Bridgedale House provided a range of activities for people living in the home. People took part in these according to their personal preference. During the inspection we observed people were engaged in a range of activities throughout the day such as a quiz, a game of bingo and jigsaws.
- Activities were planned by considering the interests and preferences of people using the service. All staff were involved in ensuring people were meaningfully occupied and supported to take part in activities that were of interest to them. Staff had enough time to talk to people about their interests and support them to engage in relevant activities.
- External entertainers and people from the community also visited the service to provide activities that were of interest to people. For example, a horticultural therapist supported people to make hanging baskets and table decorations. Staff told us this activity was thoroughly enjoyed by people using the service who had a keen interest in gardening.
- People were supported to access the community. For example, staff supported people to visit a local pub to attend a friendship group and people were supported to visit the church. People also had access to the extensive gardens at the service which were well maintained. People told us they liked to sit and walk in the garden; they described it as a "calm" place.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, clearly recorded and met. Staff used different tools to communicate effectively with people, to ensure they were given information in a way they could understand it.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the registered manager and they were sure they would be addressed.
- Although the provider had not received any recent complaints about the service, the registered manager told us they would use any complaints or concerns they received to make improvements to the quality of the service.

End of life care and support:

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Staff received training in the provision of end of life care. They worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and the palliative care nurses. This helped to ensure people received consistent and coordinated support.
- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. The plans were detailed and provided clear guidance to staff. They described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.

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.

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; 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 provider, registered manager and staff were all keen to provide high-quality, person-centred care. They were committed to ensuring people received personalised care which met their preferences. We observed a positive, welcoming and inclusive culture within the home.
- There were systems and processes in place to check staff provided a high-quality service to people.
- The service had an open culture and staff were committed to improving the care provided and learning from any incidents or complaints. All staff told us they were confident the registered manager would act on any concerns they raised.

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

- People using the service, their relatives and staff all gave positive feedback about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose. A person commented, "[The registered manager] is very approachable and I can see them whenever I need to."
- The registered manager had a visible daily presence in the service and led, very much, by example. Staff told us the registered manager would always support them if they asked for assistance to deliver care to people. A relative informed us the registered manager had been extremely supportive and well-organised during their family member's admission to the service.
- Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities and staff worked effectively as a team. A staff member commented, "I've not got a bad word to say about [Bridgedale House]. This is the best home I've worked in."
- The registered manager maintained oversight of the quality and safety of the service by completing a range of checks on an ongoing basis. This supported them to identify any areas for improvement, to ensure the service remained safe and of a high-quality.
- The registered manager understood the regulatory requirements and pro-actively provided information to CQC following significant events at the service.

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

- People, their relatives and staff had good opportunities to give feedback about the service. The registered manager and senior staff made themselves easily available to people using the service, their relatives and

staff on a day to day basis.

- Staff were able to share feedback about the service during supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.
- Annual quality assurance questionnaires were sent to people, their relatives and staff to obtain their feedback about the service. The registered manager was in the process of collating and analysing the results of the most recent survey at the time of this inspection.

Working in partnership with others:

- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.
- The service had established links with other organisations in the community, such as local religious organisations who visited Bridgedale House to provide regular church services.