

Indigo Care Services Limited

Three Bridges Nursing & Residential Home

Inspection report

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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

Three Bridges is a residential care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 53 people across two separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

All of the people we spoke with during the inspection spoke highly of Three Bridges and the care they received. People described the service as, "A home from home."

Staff were motivated and committed to deliver a high standard of care. They were well trained and felt supported in their role.

Care plans identified the needs of people and contained detailed person-centred information to meet the preferences of people receiving care.

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 confirmed they were offered choices and involved in decision making relating their care.

People had access to healthcare and the registered manager worked closely with other agencies to ensure successful outcomes were achieved.

Systems were in place to ensure the safety and wellbeing of people. These included systems to protect people from the risk of abuse, receive their medicines safely and to ensure that people could share their views on the service being provided at Three Bridges.

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 08 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Three Bridges Nursing & Residential 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist advisor who was a nurse 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 care service.

Service and service type

Three Bridges is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, clinical lead, administrator, a nurse, care workers, domestic staff, the activities co-ordinator and the chef. We also spoke with a visiting professional. 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 six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures were in place to reduce identified risk. This information was clearly recorded within people's care files.
- Relatives told us they felt the risks to people were managed safely. On relative told us, "[Name] had a lot of falls at home but none here so that's a big worry gone, [name] is safer here. The staff are approachable and very pleasant, there's always enough of them in the day when I visit."
- Regular checks were made on the building, utilities and equipment.
- Staff confirmed they had access to key policies and procedures that helped to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to raise concerns and all staff had completed safeguarding training.
- A whistleblowing policy was in place and staff were aware of the procedures to follow.
- Referrals had been made appropriately to the local safeguarding team.

Staffing and recruitment

- Staff were safely recruited, and all necessary checks were completed before starting work at Three Bridges.
- People told us there were enough staff to meet their needs in a timely way. One relative told us, "There's always enough staff around and they answer the call bell straight away."
- We also observed staff were visible, and available to support people in communal areas at all times during our inspection.

Using medicines safely

- Medicines were stored securely, and medication rooms were clean and well maintained.
- Medicines were only administered by staff who had been trained and assessed as competent.
- Relatives confirmed staff responded to the needs of people to ensure they received the appropriate medication. One told us, "They sorted [name's] medication out straight away so [name] was no longer in pain."
- Records of administration were well maintained, in line with best practice and completed comprehensively.

Preventing and controlling infection

- Three Bridges had systems in place to reduce the risk of infection and the home was visibly clean and tidy.
- Staff had access to personal protective equipment such as gloves and aprons and received training in

infection control.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. They were reviewed regularly by the registered manager to look for any trends and identify whether future incidents could be prevented.
- Records showed that appropriate actions had been taken following incidents, such as making referrals to other healthcare professionals for advice and 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed prior to living at Three Bridges and care plans had been developed based on these assessments, as well as assessments provided by other health and social care professionals.

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.

- During the inspection we observed staff asking people for consent before they delivered care. We also saw that people had given their written consent to care where they were able.
- Where a person was unable to consent to their care, the registered manager ensured their capacity had been assessed and care was only delivered in the person's best interests. Where appropriate, DoLS applications had been made and any conditions were clearly recorded in care plans.
- Staff received training in the MCA and could describe what this meant in practice.

Staff support: induction, training, skills and experience

- Staff received the training they needed to do their job well and received a robust induction when they started working at the service.
- People told us staff were well trained. One relative told us, "Staff are well trained; they sorted [name's] continence issues on day one, marvellous!"
- Staff felt well supported. They had received regular supervisions and appraisals and told us they felt able to raise any issues they had with the registered manager.

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

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within people's care files.
- The chef was also aware of people's needs and preferences and took pride in offering a high quality service. They told us, "I enjoy the freedom I have in that I can work outside of set menu's so if a resident wants something that is not on the menu they can have it, this gives me pleasure in knowing I am offering good choice and variety."
- People spoke positively about the food on offer and one person told us, "There's always choice and alternatives, plenty of snacks too."
- We observed staff supporting people to eat and drink throughout the inspection and there were facilities for people and relatives to help themselves to drinks throughout the day. People were offered choice and were supported to eat and drink at their own pace with appropriate equipment that helped people remain as independent as possible.

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

- People confirmed they had access to healthcare services and support and care records showed that referrals were made to other health professionals in a timely way when their specialist advice was required. Advice provided by these professionals was incorporated within people's care plans.
- Relatives told us staff sought medical advice promptly. One relative told us, "The staff always respond quickly. [Name] had a funny turn and the nurse had an ambulance here in minutes."
- Staff worked closely with a number of agencies to ensure people's needs were being met, including GP's, and community health teams.

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

- There had been some redecoration to Three Bridges since the last inspection and the registered manager told us about plans for further improvements. This included the refurbishment of bedrooms and provision of new furniture. People were also encouraged to personalise their rooms with photographs and personal items.
- People had the equipment they needed to be supported effectively and the home had considered appropriate signage to help people living with dementia find their way around.

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 inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We observed warm interactions between staff and people living in Three Bridges throughout the inspection and staff knew people well.
- People spoken with were positive about the care they received. Staff were described as, "Very friendly and caring," and, "Outstanding, exceptional." People also told us, "The staff always chat with us, [It's] like being at home away from home," and "I'm very well cared for, my family is content because I am content."
- Staff were committed to provide a high standard of care and enjoyed their job. One staff member said, "The atmosphere is lovely. Staff do their job thorough but make the residents happy. Everyone gets on and residents are always laughing. Families will also sit and have a laugh. It's the nicest place I have ever worked."
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- We observed people being treated with dignity throughout our inspection.
- People confirmed that staff respected their privacy. One relative told us, "They always ensure my wife's dignity and privacy are assured."
- We observed staff knock and ask permission before entering people's bedrooms and we also observed staff promote people's independence throughout the visit during mealtimes and also when mobilising around the home.
- Where people received nursing care in bed, care plans stated whether they preferred their bedroom door kept open or closed.

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

- We saw through records that people were involved in the development and review of their care plan. One relative told us, "We're always consulted in any developments or changes in [name's] care plan, we have regular reviews."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they received consistent care that met their personalised needs and preferences. One relative told us, "The staff are lovely. They made [name] feel welcome right from the start. [Name] feels like she belongs." Another relative told us, "When we brought [name] here, we knew we'd done the right thing, it's a great relief to have [name] here."
- Three Bridges used an electronic care planning system, and the clinical lead was able to demonstrate how this was effective in ensuring staff were responsive to people's care needs. They told us, "This system is very safe and accurate. As well as meeting residents needs, it also keeps staff safe in that they cannot miss any resident related care needs". We saw throughout the inspection staff inputting care records and they confidently explained how they used the system.
- We spoke with one new resident who showed us their 'About Me' information they had compiled and had published in the home's latest newsletter. They told us this information would help staff and other residents learn about her and was a good way of getting to know people.

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.

- The communication needs of people were assessed and care plans contained detailed information about people's communication needs. This included for one person, translation cards for staff as English was not their first language. These had been developed with the family and were stored in the persons bedroom. We also used these cards to introduce ourselves and found them to be an effective communication tool for the person.
- Staff were aware of people's communication needs and whether people needed spectacles and hearing aids to effectively communicate their needs.

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

- Three Bridges employed two activity coordinators and there was a wide range of activities available for people to participate in. These were also posted on notice boards around the home.
- We observed sing along sessions and quizzes taking place. Staff also participated, and people visibly enjoyed these activities. People also told us about other activities they enjoyed including watching sporting events on TV, knitting and crafts.

- One of the activity co-ordinators described how they also arranged trips out for people living at the home and spent one to one time with people living with dementia who were unable to participate in group activities.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.
- People confirmed they knew how to raise a complaint and were confident in doing so.
- Complaints received had been investigated and responded to appropriately.

End of life care and support

- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.
- Key wishes of people were recorded in care plans including when they didn't wish for resuscitation in a medical emergency.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us that the service was well led. One relative told us, "The home is brilliantly run. Any concerns we may have had would have been addressed but we don't have any." Another told us, "The home is so well run, if we wanted things to change it would happen."
- The registered manager knew all of the people using the service well and was involved in supporting them.
- Staff felt well supported and valued by the management team. One staff told us, "I feel [they] really support people who are loyal. They make you feel appreciated and told me what a good member of staff I was."
- The registered manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- There was a robust framework of governance underpinning the service. Audits and other checks completed by the registered manager and senior staff were effective in identifying and driving improvements.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The most recent CQC rating was clearly displayed in the reception areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and gather their feedback regarding the service. People told us that relative's meetings were, "Good".
- Staff were engaged and motivated and felt valued. One member of staff described the registered manager as, "Spot on," and we were also told by staff members, "We are happy here and the team work well to make sure everybody is safe and well cared for." Another staff member told us, "I always feel part of the team and in the loop."
- Staff spoke positively about team meetings and described an open and honest culture.
- The registered manager worked closely with external professionals to ensure consistently good outcomes

were achieved for people.

- The registered manager also supported people through advice and signposting. Information was readily available around the home about key support services and groups within the local community.