

Key inspection report

Care homes for adults (18-65 years)

Name:	Bridgeway Care Home
Address:	Gamull Lane Ribbleton Preston Lancashire PR2 6TQ

The quality rating for this care home is:	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Anthony Cliffe	0 4 0 2 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Bridgeway Care Home
Address:	Gamull Lane Ribbleton Preston Lancashire PR2 6TQ
Telephone number:	01772796048
Fax number:	01772705726
Email address:	bridgeway@craegmoor.co.uk
Provider web address:	

Name of registered provider(s):	Parkcare Homes (No2) Ltd
Name of registered manager (if applicable)	
Mrs Susan Mary Walsh	
Type of registration:	care home
Number of places registered:	27

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
physical disability	27	0
Additional conditions:		
The registered person may provide the following category of service only: Care home with nursing: Code N, to service users of the following gender: Either. Whose primary care needs on admission to the home are within the following categories: Physical disability: Code PD The maximum number of service users who can be accommodated is: 27.		

Date of last inspection	2	2	0	7	2	0	0	9
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Brief description of the care home
Bridgeway Nursing and Residential Home is registered with the Care Quality Commission to provide nursing and personal care for up to 27 younger adults of either sex, who may have a learning disability, sensory impairment, or a physical disability. The home is situated in a residential area on the outskirts of Preston. Shops and local amenities are easily accessible and the home has good links with the local community. The home is owned by Craegmoor Healthcare which is a National Company. A registered manager is employed to manage the home on a day to day basis.

Brief description of the care home

Further information about the home and range of fees can be obtained by contacting the manager or administrator.

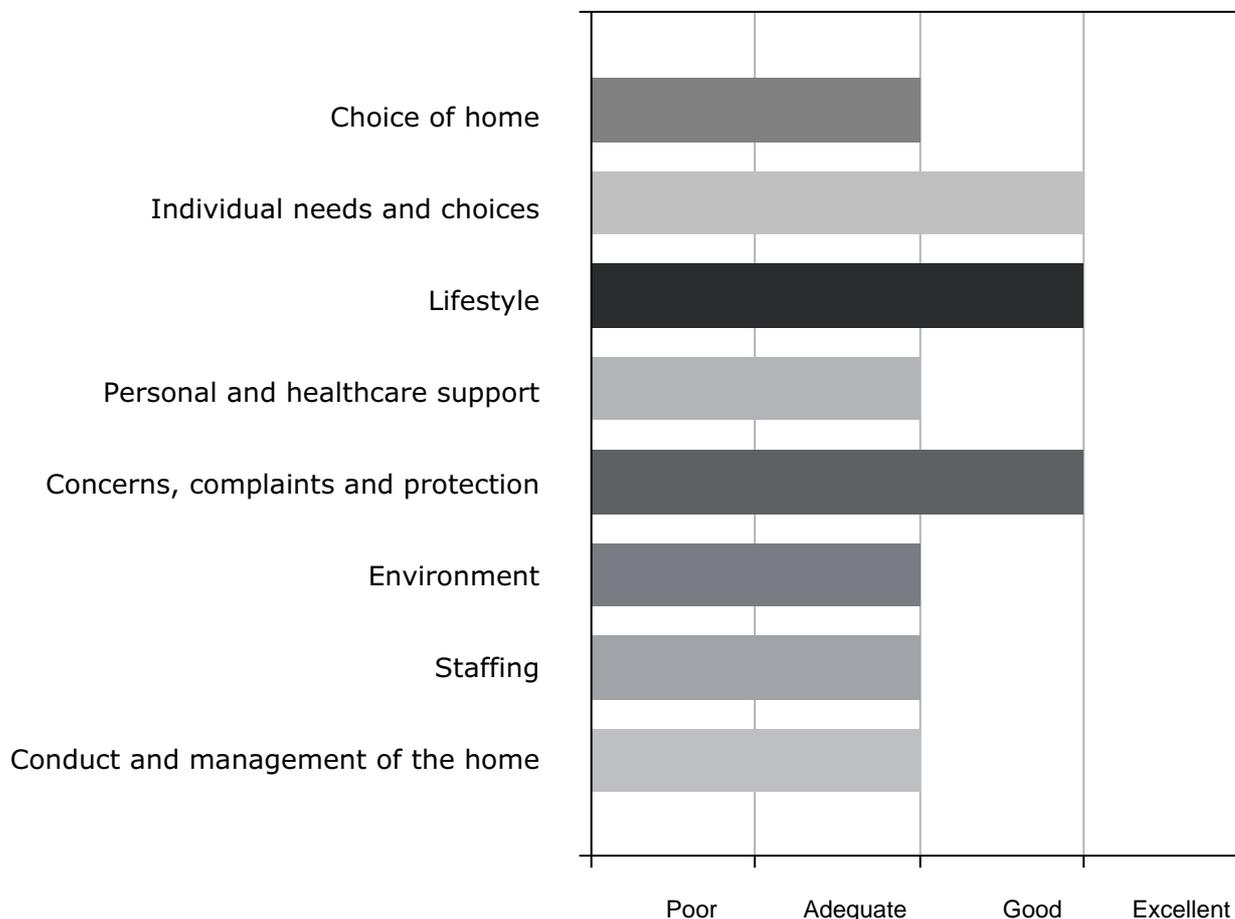
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This unannounced visit took place on the 3rd and 4th February 2010 and lasted over fourteen hours. One inspector carried out the visit. As part of the inspection we were accompanied by an expert by experience who is someone who has experience of using care services. The expert by experience helps us get information to make judgements about the quality of life that people that use services have when using a care service.

This visit was just one part of the inspection. Other information received was also looked at. Some weeks before the visit the manager was asked to complete a questionnaire called an Annual Quality Assurance Assessment (AQAA) telling us what they thought they did well, what they needed to do better and what they had improved upon since the last visit, to provide us with up to date information about the services provided. This helps us to determine if the management of the home see the service they provide in the same way we do and if our judgements are consistent with providers or managers.

During the visit various records and the premises were looked at. People that use services, staff and the manager were spoken with and gave their views about the service. We provided questionnaires to people using the service, staff and health and social care professionals involved in their care so they can tell us their views about the service the home provides.

What the care home does well:

People that use services live in a comfortable care home, which is being improved by a major refurbishment to offer brighter more comfortable living accommodation. Decoration of the main dining area has improved the appearance and decor so the home has a much brighter interior. The refurbishment includes the kitchen, bedrooms other lounge areas and replacement of the floor.

People that live at the home made positive comments about living at Bridgeway and said, "I love living here and see this as my home. My family see how important here is to me and I am becoming more independent and want my own place eventually but that will take time. I am going to start to take responsibility for my medicines and the nurses are going to help me with this".

There is a stable staff group who have positive attitudes to the people that live there so staff treat people with dignity and respect.

The personal care and health needs of people that use services are met to a good standard so they are supported to maintain their personal appearance and hygiene.

A varied menu is available so people that use services can choose different meals and have a cooked breakfast if they wish.

What has improved since the last inspection?

The home has a new manager and is better organised and managed so people using the service are receive much better outcomes than at the last visit.

Care and support planning is more person centred and contains more history and background information on people so staff have information about them.

The daily routines and responsibilities including, changing bed linen, cleaning and catheter care have improved through training and monitoring by management and staff understanding one anothers roles so people that use services receive a better quality of care.

Peoples names are not written in their clothing, which is more discreetly labelled so people are treated with dignity and respect.

The environmental standards throughout the home are improving with a major refurbishment including replacing the kitchen, passenger lift, flooring, decor and furniture so people will eventually have a more comfortable home to live in.

What they could do better:

The home must improve how it gathers important information about the needs of people that use services before they move into the home. So important information is gathered about their needs and the home accommodates only people whose needs it can meet.

People that use services must have all risks to themselves or others recorded and guidance for staff to follow completed. So staff know how to minimise and prevent risks.

Where people that use services make decisions that are contrary to the promotion of

their health and welfare decisions and guidance for staff to follow to promote good health must be in place. So staff know what pathway to follow to ensure that the health needs of people using the service are promoted.

Registered nurses must not prescribe wound products for the treatment of pressure ulcers unless they have received the advanced training to do so. So they practise within their professional responsibilities.

People that use services must be protected from all activities that place them at risk especially during the refurbishment of the home. So people live safely during the work taking place on the building.

The home must provide equipment to assist wheelchair users or whose mobility is poor to aid them to open doors more easily. So they can move independently around the home.

There should be sufficient numbers of registered nurses employed at the home. So the registered nurses employed do not work excessively long shift patterns which could lead to them making errors.

Staff at the home must be provided with a varied training programme on the needs of the people they provide care and support for. So they can understand the complex needs and issues or planning and providing care for them.

The home should improve how decisions about daily living and decisions about them self made by people that use services are reflected in their support plans so staff and others involved in their care understand how important peoples' daily decisions about their lives are to them so the agreements about how they make or are supported to make decisions are clearly understood.

Reviews of peoples recreational and lifestyle choices should be accurate and reflect the the lifestyle choices they are involved in so they and their families are confident they are doing the things they choose to enjoy doing.

Staff should wear everyday clothing so that uniforms do not pose a barrier to people living at the home developing appropriate personal relationships.

Care and support plans should contain accurate information about the needs of people and the information should be consistent to guide staff as well as reviews of care so guidance for staff to follow and reviews of care identify if the outcomes of using the care and support plans are positive or not.

The introduction of change needs allow the manager time to develop her knowledge of the service, people that use it, staff employed and local social and health care providers supported by training for people that use services and staff in how change is managed and affects them individually so the quality assurance system supports the manager in reducing errors in management and allows the manager time to develop a quality service.

If you want to know what action the person responsible for this care home is taking

following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Decisions to allow people to live at Bridgeway need to be carefully considered when insufficient information is gathered or provided about their needs so the home provides the appropriate care for the people living there.

Evidence:

As part of the arrangements for moving in people that may choose to live at the home can visit and spend time to get to know the other people that live as well as staff so they can familiarise themselves with the home. This includes visits during the day and overnight so they can get to know the other people that live there. The home gathered the necessary information on the needs of people using the service and this included information from meeting with people choosing to live at the home, their relatives, advocates or health and social care professionals involved in their care. The information we saw was detailed and provided information about people that use services, their mental health history, medication, support needs and potential areas of risk so staff could arrange care based on their needs. Sometimes people move into the home at short notice or in an emergency. We looked at how information was gathered about the needs of people who had recently moved into the home. We could see that

Evidence:

insufficient information had been gathered about a person that had recently moved into the home and the information recorded about the person indicated their needs would have been met at a more specialised care service so the home were not providing care and support based on the person's physical disability needs. The manager said this was due to insufficient information provided by the local council so more detailed information needs to be gathered before decisions about people moving into the home are made so people are not inappropriately accommodated at the home.

We saw that the home had developed information for people choosing the home in a pictorial or easy read version about the facilities and services offered at Bridgeway so people with learning difficulties or who did not use words could have important information in an accessible format.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported to live their preferred lifestyles and are listened to but there needs to be more clarity around how they make decisions so staff know how to manage their individual risks, support their needs and seek help and advice when necessary.

Evidence:

Information gathered about the needs of people using the service was good and outlined their needs, as well as areas of potential risk. Support and care plans and documents that identified where people that use services were a risk to the health and welfare of others and themselves called risk assessments were completed and reviewed at least every month or as needed so staff were aware of how to support people that use services to live a safe lifestyle. The home recorded if people living at the home were at risk of their health deteriorating or if they were a risk to others. We could see that risks were identified but for one person there was no risk assessment in place. The information held about the person said they had tried to be helpful to other people living at the home but their actions had placed people at risk so could cause

Evidence:

injury or harm to others and no guidance for staff on how to manage the risk.

We saw that another person was refusing to let staff attend to their personal care so staff did not know what to do if someone refused personal care and placed their health at risk. We did not see information about how people that use services made decisions or where they lacked capacity, experience or judgement to make decisions how this may lead them to be a risk to themselves or others so could not see how staff supported people that used services to make decisions. Examples of this were what staff had to do if people refused treatment or personal care or where they had agreed restrictions due to their vulnerability. The information we saw included support for personal care, managing alcohol and drugs, health, recreation, lifestyle and family contact.

People that use services also agreed what they wanted to achieve in the future and their dreams and aspirations recorded so staff would know the personal goals of people living at the home. Each person had information gathered about what was important to them and for them so staff could provided care based on the wishes of people that use services. This included information about their daily routines and how they wanted their care or support to be arranged and if they were a risk to themselves or others what agreements they had to follow so they remained safe. Examples of this were if people had to have staff with them when they went to the local community. This was included in the information gathered about person centred care. We saw that staff treated people that use services with courtesy, dignity and respect and sought their views about how they wanted to be supported and saw staff help them make decisions.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A variety of recreational and social activities are provided for people at the home but there needs to be regular staff skilled staff available to support people so they are able to participate in activities and events in the community.

Evidence:

We saw that people living at the home chose to spend their day as they wished so could decide on their lifestyle. People had a variety of leisure pursuits such as attending college, going out to shop and for a meal, sensory experiences, bowling, arts and crafts or receiving visitors so they were involved in everyday activities. Due to recent poor weather and snowy conditions, the manager explained that people living at the home had not been able to get out as regular as normal. The home has its own transport but relies on the staff who can drive the transport so people can get out so opportunities to go out can be limited by staff availability. At the time of the visit the activities coordinator was on leave so the care staff were involved in

Evidence:

supporting people to go to college and going out or doing activities in the home. Some of the people at the home said they thought that activities had not been taking place as regularly as they wanted then to.

We could see that a lot of information had been gathered about the needs, choices and recreational activities that people at the home enjoyed. We saw that the home used activity plans for people so they could plan the activities they enjoyed. We could see that these were useful in advising staff on the activities that people enjoyed but when we saw the summaries of the activities support plans for people that use services they did not suggest that all the activities were available to people. For example a person enjoyed going out shopping or for a sensory experience but had not been out to do this for a few months. Another person was described as attending college but had not yet registered on a college course so support plans were not always recorded accurately so we were unsure if activities were taking place regularly. The area manager was present at the visit and said the home is to look at the role of the activities coordinator so the role supports individual choices and supports people to be more able and socially included and involving a more person centred approach to achieve positive outcomes for people. There is a lot of training being provided for staff at the home on how to support and help people to be more independent so we will hopefully see care staff being more involved in supporting people to plan recreational and leisure activities of their choice. This is to be supported by the provider introducing an activity, recreation and advisory file on the providers' intranet which will have useful resources for staff so they will be able to have support to plan more individual activities. People living at the home are involved in staff recruitment, choosing their own holidays, gaining employment, user involvement meetings and groups and having advocates where necessary.

At the time of the visit due to the kitchen being refurbished some meals were prepared by the chef at the home or meals were provided through the local council mobile meals service so people had the choice of a hot meal. A hot breakfast could be cooked by the chef as well as fresh salads but people living at the home could make drinks and snacks as they wished as the dining room contained a kettle, fridge and microwave oven so could do everyday things for themselves. Breakfast was a choice of cereals and a cooked breakfast so had some choice of menu. People told the expert by experience that they did not think the meals provided by the councils' mobile meal service was of a good quality and the manager had arranged for the chef to buy ready meals from local supermarkets or people could have fish and chips or a takeaway meal so alternative arrangements were made.

The expert by experience said she found the home was relaxed and that staff were

Evidence:

friendly but thought that staff wearing uniforms was a barrier between staff and people that lived there so more everyday clothing could be worn to reflect Bridgeway is a person's home. The expert said that people living at the home had a lot of autonomy and could go into the local community unaccompanied which was positive.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported to be safe and well but information about what staff should do when people refuse to accept care or treatment needs to be clear so the right advice is sought and the appropriate treatment or care planned so their health is maintained. Arrangements for managing the medicines of people that use services is safe but decisions by registered nurses to use prescribed products for another use when they have not been trained to do so needs to be considered so they practise within their professional responsibilities.

Evidence:

Additional support was available from General Practitioners, occupational therapists, opticians, dentists and district nurses. People living at the home chose their daily living routines, managed their own personal care, and come and go as they pleased so took responsibility for their health.

We saw that staff at the home were monitoring the health of people using the service and helping them with staying healthy and look after their health conditions. We looked at the care and support plans for three people. We saw that the home were monitoring the needs of a person with alcohol related problems when the home is not

Evidence:

registered to accommodate people with these needs so could not provide the right care and support for the person. We saw that a person was refusing staff to check their health and this led to the person developing pressure ulcers. The home had sought the necessary advice and support from health care professionals but staff at the home were prescribing wound treatment for the pressure ulcer without having advanced training so could have prevented the healing process by using the wrong products.

We saw that information was gathered about the needs of people that use services so staff had information to provide support and care. We could see some examples that the home uses a person centred approach to care and use person centred plan but not person centred thinking to provide care and support to people living at the home so their care is not always based around their needs and choices. Person centred planning is a really good way for people that use services to take control of their lives. Person centred thinking helps staff that care and support people that use services to listen to them and then to get what they want. A person centred plan contains information on what is positive about people that use services for example what people like and admire about them and their gifts and talents. Information should be included about what and who is important to people that use services from their viewpoint, as well as what people want for their future. A person centred plan should have information about how people that use services want to be supported, so stay healthy, safe and well. This is called a support plan but may be called a care plan. This should be detailed enough to provide a living description of how people that use services want to be supported, how they make decisions and says who will do what by when.

The care plans we saw were not individual to people using the service and included limited information about their personal routines and choices about personal care or if they could help themselves. The care plans we saw said where people needed care and support but did not tell us how people wanted their care to be arranged and how staff would provide support or care to help them to care for themselves or if care was arranged or planned around their daily routines. So care based on their personal preferences was not always provided. An example of this was a care and support plan for a person who did not always use words or communicate with others. The support plan contradicted itself in saying the person could not communicate but then said the person communicated by making different sounds or gestures and could make them self understood. We saw the person was said to become distressed and agitated but there was no reason for this recorded so staff would not know if this information was relevant. When we talked with the relative of the person the person using the service was able to communicate their needs very well and used some words to say what they

Evidence:

wanted so had their own way of making them self understood. The relative said the person living at the home became distressed when there were loud noises or others shouting but this information was not included in the care or support plan for the person so the information was incomplete. We saw that risk assessments and care plans were reviewed regularly but the reviews said 'continue as plan' so did not say if the care plans in place were working to support people or if the care provided was appropriate. Care or support plans were kept in a locked filing cabinet and we could not see how they had been involved in the writing of their care plan so would not know what was written in them.

If people that used services wished they could make their own doctors appointments and see doctors in private so were responsible for their health. We received surveys back from a health care professional that said always sought advice about the health needs of people using the service and acted on the advice given. People that use services said they had a balanced diet which varied from a cooked breakfast to main meals and snacks. People that use services said they enjoyed their meals so were satisfied with their diet and choice of meals available. At the time of the visit due to the kitchen being refurbished some meals were prepared by the chef at the home or meals were provided through the local council mobile meals service so people had the choice of a hot meal. A hot breakfast could be cooked by the chef as well as fresh salads but people living at the home could make drinks and snacks as they wished as the dining room contained a kettle, fridge and microwave oven so could do everyday things for themselves. Breakfast was a choice of cereals and a cooked breakfast so had some choice of menu. People told the expert by experience that they did not think the meals provided by the councils mobile meal service was of a good quality and the manager had arranged for the chef to buy ready meals from local supermarkets or people could have fish and chips or a takeaway meal so alternative arrangements were made to provide a healthy balanced diet for people living at the home.

We looked at the arrangements for medicine. Medication policies were detailed so staff had guidance on how to receive, store, administer, record and dispose of medicines safely. The home had separate storage facilities for medicines which was safely secured. Policies and procedures for medicine administration were kept in the clinical room where medicines were stored with specimen signatures for the staff responsible for the management and administration of medicines so staff were aware of their responsibility and accountability for managing and administering medicines. Controlled drugs were stored at the time of the and the home has storage facilities should anyone be prescribed them. We looked at the arrangements for controlled drugs and found these to be safe. Some people managed their own medicines and the home had completed documents called risk assessments so they could decide if people that use

Evidence:

services could take their medicines safely. Medication was supplied from a local pharmacy.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People that use services are protected by the safeguarding adults procedure in place but a lack of understanding by people that use services and staff around understanding the vulnerability of people does not assure that people that use services will be protected at all times.

Evidence:

We looked at the complaints records kept at the home and two complaints had been received by the service and we had not received any. The records of people that use services we looked at contained copies of the complaints procedure so people that use services were aware of how to make a complaint. The complaints was made available in an easy to understand or read format so people with learning difficulties could understand the complaints process.

We could see from the relationships between people that use services and staff that they related well to one another. People that use services said they could say if they were unhappy with anything so were comfortable in raising concerns or complaints. There were copies of the whistle blowing procedure and a suggestion box available. People that use services have what is called the voice forum which supports them to say what they want about the service. Surveys returned to us by people who use the service and relatives, carers or advocates said they knew who to raise concerns with and how to use the complaints procedure. Staff also said in surveys that they knew

Evidence:

who to speak to if a person using the service or anyone raised concerns about it. Policies and procedures were in place to protect vulnerable adults called the safeguarding adults procedures. The safeguarding adults procedure is how we, the local council, police and other agencies respond to and manage allegations or suspicions of abuse against vulnerable adults. We were informed before the visit that the home had made three referrals under the safeguarding adults process and as a result had dismissed two staff members so were taking action to protect vulnerable people. The manager provided recruitment records that recorded staff had received the safeguarding adults policies and guidance. Staff had received training on how to recognise and respond to suspicions of abuse so we can be confident staff will be able to protect vulnerable adults.

We spoke to two staff and they said they had received safeguarding adults training while employed at Bridgeway and were aware of the procedure to follow should they need to report an allegation of abuse or neglect. Since the last visit all staff were re issued with guidance on the standards expected of them so they were aware of their responsibilities and practise when providing care to people that use social care services. Staff also had access to the whistle blowing policy, which is a policy they could follow if they needed to tell members of the public or other organisations about things in the care home that concerned them and needed to be placed in the public interest. The home had a copy of the Lancashire County Council safeguarding adults procedure. We saw that safeguarding adults training had taken place in 2009 and further training planned for 2010.

The AQAA said that staff were trained in the management of dealing with aggressive or disturbed behaviour so they could respond appropriately and help people to maintain their welfare and prevent risk of harm. This was explained that staff would be trained to be able to diffuse situations before they escalated so people did not become distressed or angry.

During the visit people that use services said they were aware that a staff member had been dismissed for accepting a gift from a person living at the home but did not see anything wrong with buying staff gifts so did not understand that staff had to work within professional boundaries and not accept gifts from vulnerable adults. The provider was to introduce training for people living at the home as well as staff about maintaining professional boundaries and what was acceptable or not acceptable practise from staff. We discussed our concern with the manager and area manager about staff discussing confidential information with people that use services and were assured that staff and people that use services will be receiving training on maintaining professional boundaries and relationships.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The environmental standards within the home are improving and will continue to improve with the completion of a full refurbishment but further improvements need to be made to protecting people while the refurbishment is ongoing and for people that use wheelchairs so they can move around the home independently.

Evidence:

We looked around the building and saw some of the bedrooms of people living at the home. At the last visit bedrooms were found to be dirty and have bedding that was soiled and stained. At this visit we saw that bedrooms were clean with clean bed linen so we could see that the manager was making sure that bedrooms were cleaned and laundry regularly changed. We saw that some bedroom carpets have been replaced so offer more comfortable flooring for people living in them. We were told prior to the visit that there was to be an extensive programme of refurbishment that includes decoration of all the public areas, corridors and bedrooms. The refurbishment programme had commenced with the dining room floor being replaced and the dining room redecorated. At the time of the visit the kitchen was being completely refurbished with additional venting being added so the kitchen had better ventilation and provided a better working environment. The fitting of the ventilation system had been obstructed by a large concrete block which had to be drilled through using specialised drilling equipment. The only way to access the concrete block was through

Evidence:

the floor above, which created a lot of noise and dust. When we were looking around the building we saw that a bedroom next to where the drilling was taking place was occupied. The occupant said to the expert by experience that she did not wish to move out of her bedroom while the work was ongoing. We saw that the bedroom door was open and a lot of dust was present in this area as the workmen had not partitioned the corridor off with a screen so the person was at risk of dust inhalation which was a concern as the person was cared for in bed due to their physical disability.

Once the kitchen has been completed then the rest of the work on the building will continue. We can see the provider has tried to minimise the disruption to people living at the home so their daily lives and routines are not disturbed.

Work will progress throughout 2010 with replacement of the lift. We cannot comment upon how the refurbishment will take place as we have not been given details of this. The manager and her manager were present during the visit and confirmed they were due to meet with the providers' estates department on 15th February 2010 to discuss the completion of the refurbishment programme. We could see that the building was in the progress of being improved and the dining room had been decorated with people living at the home choosing the colours. Before the visit we received surveys from people living at the home saying the decor and standard of bedrooms could improve and the refurbishment was underway. We saw people that use wheelchairs found difficulty in opening bedroom and corridor doors which were heavy fire doors. These doors have devices on them to help the door shut but not to open them so people using wheelchairs need assistance to open them.

We also saw and heard the fire alarm being tested. The fire alarm had a very loud siren which seemed to distress some of the people living there. People living at the home said they did not like the noise the fire alarm made and a more modern alarm system with alternative alarms equipment to warn people of fire would benefit who were distressed by the noise.

The expert by experience said as a disabled person she would not like to live at the home in its present condition and found getting through the heavy corridor doors a problem.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements in the numbers of staff employed and training programme provided need to be made so people that use services are provided with care and support by a skilled and sufficient staff team.

Evidence:

We saw the staff numbers in place supported the needs of people that use services so they had sufficient help with their needs as the home was not fully occupied. There were six staff on duty as well as the manager, administrator, domestic and catering staff. An additional staff member was on duty as well to on duty to assist a person who needed one to one support with planned activities inside and. Staff supported people that use services to keep their bedrooms and the home clean. We examined the staff rotas for a month and could see that the registered nurses were working excessively long shift patterns with only one or two days off in between and covering both days and nights in some instances so would be tired yet making important decisions about the care of people and being accountable for their actions. Staff were covering these hours due to staff sickness and vacancies so there were insufficient staff employed to meet the needs of the home. During the visit people living at the home said to the expert by experience that staff were always busy in the morning but this could be due to the fact that they were supporting people with their individual choices about personal care. A person said she felt that the registered nurses were

Evidence:

working long hours and in surveys returned to us before the visit by people living at the home and relatives they said the home needed more or they would like more staff.

Staff said they had the opportunity to complete NVQ level 2 qualifications which are nationally recognised qualification in social care. The information returned to us before the visit by the manager said 25 staff were employed and 10 had NVQ level 2 qualifications so all staff had access to a qualification in social care. New staff are provided with a detailed induction programme and as each area of this is completed it is signed off by the person supervising the staff member so that senior managers can confirm that staff receive consistent induction programme. Each member of staff is provided with a staff handbook and code of conduct by the home so they are aware of their responsibility and accountability when doing their job. We examined the recruitment records of two staff employed at the home. Recruitment procedures were completed and included staff having to complete an application form, full employment history and two references sought about their suitability for employment. The recruitment of staff also included a Criminal Records Bureau (CRB) disclosure which is a check of staff to see they are suitable people to provide personal care and support to vulnerable adults. Staff were also issued with the General Social Care Council code of practise a guide for social care staff on the standards expected of them so they were aware of their responsibilities and practise when providing care to people that use social care services.

Staff were provided with a variety of training which included health and safety, food hygiene, safeguarding adults, medicine management, equality and diversity, person centred planning, communicating with people and dealing with difficult and aggressive behaviour but did not include training on conditions such as multiple sclerosis, learning difficulties, The Mental Capacity Act, decisions making or the physical disabilities of people living at the home so would not know how to deal with all the complex needs of people living at the home.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The changes introduced into Bridgeway need to be more structured and introduced supported by training and development at a pace to allow the manager, people living there and staff time to become familiar with changes and allows time for the manager to become familiar with the home, policies and procedures, people living there, staff and local services and resources provided by health and social care organisations so a quality service can be developed.

Evidence:

The manager had worked at the home since November 2009 and is experienced in managing care services at a management level. The manager had been registered as the manager at Bridgeway prior to the visit taking place so we think she is a competent and fit person to manage the home. We saw during the visit that the manager is supported by her area manager and she said she had received a good induction on the providers management policies and procedures. We could see that the manager was not fully aware of all the things she needed to be made aware of in the home or what social and health care professionals and services were available in the area so relied upon the registered nurses at the home to provide this information

Evidence:

as she had only been employed at the home since November 2009. We could see that the managers unfamiliarity with local social and health care providers as well as getting to know the home, people that live there, staff and knowing the skills, strengths and weaknesses of the staff team as well as having to deal with introducing a lot of change had led to some mistakes being made . So some errors had been made within the home. We could see that the manager had been provided with an induction about the providers management policies and procedures so had knowledge of how the provider organisation expected Bridgeway to be managed but a longer term induction and introduction of change would be beneficial to the manager, people living at the home and staff so the manager has an opportunity to deal with the cultural problems that have developed at the home over a number of years and can develop a quality service. When we spoke with staff they said that they were aware of changes in the home and said they were positive and accepted change was positive. Staff said that there was still a lot of work to to but that the speed of change did not always recognise their commitment so staff moral was effected. The introduction of different shift patterns in the new year had also had an effect on the staff team with staff saying it was necessary and acceptable but not all staff agreed with this so staff team did not work as a team. The manager and area manager were addressing and responding to the staff issues so were listening to what staff said. Staff said they wanted more regular staff meetings so they could receive feedback on change as well as to air their views so they were kept up to date with the changes.

Before the visit staff returned surveys to us that said the manager was available to offer them support and supervision and did this on a regular basis. During the visit we spoke with staff who describes the manager as 'some who rolled her sleeves up and helped out' , 'not afraid to get her hands dirty, 'firm but fair' and 'always available to help'. A person living at the home described the manager as settling in and said, "She understands the needs of the people living here and goes out of her way to get what we want and shows commitment" We looked at how the quality of life for people living at the home was promoted. We saw the responsible individual and manager completed some checks on things in the home on behalf of the provider to make sure the home was managed properly, important information was gathered about the home, how safety was maintained and that people that lived there were satisfied with the care they received. This was called quality assurance and was done by doing lots of checks called audits so the provider could see how the home was managed and make a judgement on how everything was working and was aware of any matters in the home which needed to be improved upon and could tell the manager if she was doing a good job or needed to make improvements. The area manager was someone who new about how the provider looked at quality assurance to complete monthly quality assurance checks on their behalf. This involved talking to people that live at

Evidence:

the home and staff and looking at important records so they can write a report to say if they think the home is being properly managed. These visits are called Regulation 26 visits. The area manager or another one of the provider's managers visited the home regularly and completed reports on behalf of the registered provider. We saw these reports and they looked at how the building was being maintained and improved, talking to people that live there about the standards of care and food provided and to staff about training so important matters were discussed with people living and working at the home. During the visit the responsible individual spoke with people living at the home so they could give their views about living there and they said they were happy living at Bridgeway. Regular meetings between the manager and people living at the home were held so people that use services had an opportunity to discuss the management of the home and the manager could discuss matters about health and safety and living together.

We could see that the manager and area manager had introduced a lot of changes into the home as the home was rated as a poor service by the Care Quality Commission at the previous visit and positive changes were needed in many areas so people received a better quality of life. We saw many positive interactions between staff and people that live there and we received many positive comments from people living at the home who said that Bridgeway did everything well and was an excellent place to 'live and have fun'. Comments received were, and 'I like Bridgeway because it is like my home and not a nursing home', 'Keeps me safe and warm and staff talk to me if I am upset'. We also received surveys back from relatives who said they could see improvements and made comments such as, 'Staff relationships with residents are good, staff support, staffing levels, food, rooms and decoration are getting better'. We received a survey from a health care professional that said that staff usually seek advice and act upon advice given by professionals. The comments received were 'Communicates effectively with Central Lancs district nursing team. Looks to care about residents'.

The AQAA told us that all the required maintenance checks and health and safety checks had been completed as required so people that use services lived in a safe building. We checked the records for fire safety and found all fire safety systems were checked regularly so the safety of people that lived at the home was promoted.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	24	23	<p>The registered manager shall having regard to the number and needs of the service users ensure that, all parts of the care home are kept clean and reasonably decorated.</p> <p>The home is need of full redecoration as part of the planned refurbishment programme.</p>	31/12/2009
2	24	23	<p>The registered person shall having regard to the number and needs of the service users ensure that, the physical design and layout of the premises to be used as the care home meet the needs of the service users.</p> <p>The home is in need of being modernised, in order to reflect a style and ambience that reflect the homes's purpose.</p>	31/12/2009
3	24	23	<p>The registered person shall having regard to the number of and needs of the service users ensure that, the premises to be used as the care home are of sound construction and kept in a good state of repair externally and internally.</p> <p>There is a need to ensure</p>	31/12/2009

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			that all areas that have cracks in plaster and walls are repaired.	
4	24	13	<p>The registered person shall ensure that all parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety.</p> <p>There is a need to ensure that a large enough lift is installed that can safely accommodate the people living in the home.</p>	31/01/2010
5	32	18	<p>The registered person shall, having regard to the size of the care home, the statement of purpose and the number of and needs of service users ensure that at all times suitably qualified, competent and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users.</p> <p>Staff should respect service users and have attitudes and characteristics that are important to them. They should be interested, motivated and committed to the work they are employed to perform.</p>	30/09/2009

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	2	14	<p>The home must improve how it gathers important information about the needs of people that use services before they move into the home.</p> <p>So important information is gathered about their needs and the home accommodates only people whose needs it can meet.</p>	03/02/2010
2	9	13	<p>People that use services must have all risks to themselves or others recorded and guidance for staff to follow completed.</p> <p>So staff know how to minimise and prevent risks.</p>	02/04/2010
3	18	12	<p>Where people that use services make decisions that are contrary to the promotion of their health and welfare decisions and guidance for staff to follow</p>	02/03/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>to promote good health must be in place.</p> <p>So staff know what pathway to follow to ensure that the health needs of people using the service are promoted.</p>	
4	20	13	<p>Registered nurses must not prescribe wound products for the treatment of pressure ulcers unless they have received the advanced training to do so.</p> <p>So they practise within their professional responsibilities.</p>	04/02/2010
5	24	13	<p>People that use services must be protected from all activities that place them at risk especially during the refurbishment of the home.</p> <p>So people live safely during the work taking place on the building</p>	04/02/2010
6	29	23	<p>The home must provide equipment to assist wheelchair users or whose mobility is poor to aid them to open doors more easily.</p> <p>So they can move independently around the home</p>	04/05/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
7	33	18	<p>There should be sufficient numbers of registered nurses employed at the home.</p> <p>So the registered nurses employed do not work excessively long shift patterns which could lead to them making errors.</p>	02/04/2010
8	35	18	<p>Staff at the home must be provided with a varied training programme on the needs of the people they provide care and support for.</p> <p>So they can understand the complex needs and issues or planning and providing care for them.</p>	04/05/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	6	The home should improve how decisions about daily living and decisions about them self made by people that use services are reflected in their support plans so staff and others involved in their care understand how important peoples' daily decisions about their lives are to them so the agreements about how they make or are supported to make decisions are clearly understood.
2	14	Reviews of peoples recreational and lifestyle choices should be accurate and reflect the the lifestyle choices they are involved in so they and their families are confident they are doing the things they chose to enjoy doing.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
3	15	Staff should wear everyday clothing so that uniforms do not pose a barrier to people living at the home developing appropriate personal relationships.
4	18	Care and support plans should contain accurate information about the needs of people and the information should be consistent to guide staff as well as reviews of care so guidance for staff to follow and reviews of care identify if the outcomes of using the care and support plans are positive or not.
5	39	The introduction of change needs allow the manager time to develop her knowledge of the service, people that use it, staff employed and local social and health care providers supported by training for people that use services and staff in how change is managed and affects them individually so the quality assurance system supports the manager in reducing errors in management and allows the manager time to develop a quality service.

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