

Blackberry Hill Limited

Bridgeside Lodge Care Centre

Inspection report

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Date of inspection visit:
05 September 2017
06 September 2017
07 September 2017

Date of publication:
01 December 2017

Ratings

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

Summary of findings

Overall summary

This inspection took place on 5th, 6th and 7th September 2017 and was unannounced.

Bridgeside Lodge Care Centre is a residential care home that provides long-term specialist nursing care for up to 64 adults. The home supports elderly people, some of whom have dementia, and younger people, aged 18-65, who have acquired neurological conditions including spinal injuries. On the day of our inspection there were 58 people living in the home.

At the last inspection on 14 May 2015, the service was rated Outstanding in the Caring and Responsive domains. At this inspection we found the service remained Outstanding.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Bridgeside Lodge Care Centre provides outstanding care and support to people who live there. The registered manager, with proactive support from the provider's management team, had worked towards ensuring exceptional and continuously improving standards of care at the home. Together, they had thought about all aspects of the service provided and since the last inspection they had introduced new progressive ideas and initiatives to create a high quality of life for the people who used the service.

These initiatives included the introduction of innovative work aids, such as, an instant iPad care planning and recording system, adopting the FISH philosophy, a technique promoting fun at work to make staff alert and active in the workplace and embedding "People Like Me", an initiative in which staff and people who used the service were encouraged to make positive connections based on shared interests. The effect of these innovations was that staff had spent less time on completing their daily care notes and had more time and opportunities for building meaningful and positive relationships with people. Consequently, people told us they were feeling happy and safe at the home as staff always had time for them.

External professionals gave us consistently positive feedback about the support provided at the home, its management team and the staff who worked there. They said they had enjoyed working in partnership with the home as it always provided exceptional care to all people who used the service and the staff went the

extra mile to ensure people's care needs had been met

The care and support provided at the home was holistic and enabled staff to meet even the most complex needs of people who used the service. There was a clear strategic vision from the management team that enabled the home to continuously improve and build significant links with the local community and external health and social care professionals. For example, there was an "end of life" project that aimed at ensuring that people received the right and chosen end of life care. Another example was the ReSpec project, which aimed at formulating individualised and personalised recommendations for a person's clinical care in a future emergency in which they would be unable to make or express choices. Staff were well trained and they continuously worked towards improving their knowledge and skills to care for people effectively.

Other partnership initiatives promoted by the home supported people in creating and sustaining positive links with the local community. These included a partnership between Bridgeside Lodge and local nursery schools and the celebration of a recent event, the Regents Canal Festival, where other members of the community were invited and participated.

The registered manager was highly regarded by people using the service, their relatives, the staff and external health and social care professionals. They all gave exceptionally positive feedback about the manager. This included the manager's outstanding and tireless leadership skills which contributed to the excellent care provided by the Bridgeside Lodge. The work and contribution of the registered manager to the development and the continuous high standard of care at Bridgeside Lodge had been appreciated and recognised and she had been shortlisted as a finalist for Care Manager of the Year 2017 by the British National Care Awards.

Person centred care was embedded in day-to-day life at the home. Each person using the service was treated as an individual and staff worked towards bringing everyone using the service together as a part of the home's family-like community. People and their relatives were actively involved in various aspects of the service provision. There were regular service surveys and well attended family and friends meetings that were used as a platform for new ideas and discussions about on-going service matters. The complaints policy and procedure was rarely used by people and their relatives as, they said, all raised issues were immediately dealt with by staff and the management team.

Staff at Bridgeside Lodge were committed to building meaningful relationships with people who used the service. They were genuine, compassionate, committed to high quality care and went the extra mile to support people. People frequently referred to care staff as "kind and caring" and they consistently commended staff knowledge and competences. Family members we spoke with applauded the ways in which people's quality of life had improved since they moved into the home.

The home provided an outstanding end of life care programme and people experienced dignified and pain-controlled death. Family members told us about the sincere support they received from the staff during final moments of their relatives' life and how this support helped with their grieving process.

People's support needs and preferences were assessed and their care was planned before they moved into the home. A tried and tested admission process enabled people to overcome their initial anxieties and settle in their new environment quicker. People's care was planned in a person centred way and reflected their current needs and personal preferences. People and their family members were involved in the process and they were satisfied with the care and support provided at the Bridgeside Lodge.

The home provided safe care at all times. There was a robust recruitment procedure in place therefore only suitable staff were employed at the home. Any safeguarding concerns were dealt with immediately and according to the home's policies and procedures. Risks to the health and wellbeing of people who used the service were assessed and there were various systems in place to ensure people lived in a safe environment. Medicines were managed safely according to the home's policies and procedures. We observed that immediate actions were taken to address any issues related to medicines management and administration. People confirmed that they felt safe and comfortable with staff who supported them.

Staff had excellent knowledge about people's dietary needs and the safety measures that needed to be put in place to enable people to have an enjoyable and dignified dining experience. Staff worked closely with other professionals to ensure people remained in good health and any changes to their wellbeing were quickly addressed.

People had access to meaningful activities which were provided by the dedicated activities organiser and the staff team. People were encouraged to contribute to the activities programme and various initiatives introduced at the home promoted connectivity between people who use the service, staff and the local community.

Staff told us they felt supported by their team and the management team at the home and evidence showed that they received regular individual and group supervision and a yearly appraisal of their skills.

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.

The home had policies and procedures to help keep people safe from harm and abuse. People told us they felt safe and comfortable with staff who supported them.

The home assessed and managed potential risks to people and made sure that people lived in the safe environment.

There were enough staff deployed to meet people's care and support needs and the home carried out checks on new staff to make sure they were suitable to work at the home.

People received the medicines they needed safely and any issues related to medicines management were dealt with promptly and effectively.

Good 

Is the service effective?

The service was exceptionally effective.

Staff were proactively supported by the management to develop their knowledge and skills and were motivated to provide a quality service. Staff were given the training they needed to understand and meet the individual needs of people who lived at the home.

The home had Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Where people did not have the capacity to make decisions the staff were confident in applying the principles of the act to ensure decisions were made in people's best interests.

Staff went the extra mile to support people to ensure their nutritional and health needs were consistently and quickly met. Staff sought the support of the wider multidisciplinary team to ensure people maintained a healthy and balanced diet and that they remained in a good health.

Outstanding 

Is the service caring?

Outstanding 

The service was exceptionally caring.

The staff were kind, compassionate and showed genuine affection for people and were willing to go the extra mile to make them feel they mattered.

The service was highly person centred where people's preferences, wishes and needs were always considered and respected.

Staff were encouraged to build meaningful and friendly relationships with people using the service and make connections with the people based on their common interests and preferred ways of spending time.

People and their relatives felt the service was extremely caring and their dignity and privacy were respected at all times.

The home provided exceptional end of life care that was well planned and enabled people to experience a comfortable, dignified, and pain-controlled death. Staff offered peaceful and compassionate support to a passing person and their grieving family.

Is the service responsive?

The service was exceptionally responsive.

People's care needs and preferences were thoroughly assessed and a thoughtful admission process allowed people a quicker and more relaxed settling period in their new environment.

Care planning was comprehensive and person centred and reflected care needs and preferences of people who used the service.

The home used innovative methods to ensure that any care provided was recorded instantly and staff had more time to spend with people on social and fun interactions.

The arrangements for social activities were meaningful, met people's individual needs and had a positive impact on their emotional wellbeing.

People and their family members felt listened to and able to raise concerns. They felt these had been responded to.

Outstanding 

Is the service well-led?

Outstanding 

The service was outstandingly well led. People, their families and external health and social care professionals spoke highly about the management and the leadership at Bridgeside Lodge.

The staff spoke with confidence about the teamwork and good communication systems within the home that allowed them to feel supported at work and care for people in the best possible way.

A clear strategic vision and a strong and visible leadership, management and governance of the home ensured the delivery of high-quality, person-centred and comfortable care environment for people who used the service.

The home had developed strong partnership relationships with external professional organisations and the local community and was described as having a good reputation amongst the families who wanted their loved ones to live there.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

Bridgeside Lodge Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5, 6 and 7 September 2017. The first day of the inspection was unannounced and we informed the registered manager that we would return on the remaining two days.

The inspection was carried out by two inspectors, a nurse specialist advisor 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.

Before the inspection, we reviewed the information we held about the service. These included people's feedback, notifications of significant events affecting the service and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit, we spoke with the management team including the registered manager, the chief executive, an operations manager and a chief compliance officer. We also spoke with 17 staff members including seven health care assistances, four staff nurses, the activities organiser, the chef, three members of the domestic team and a maintenance worker.

We spoke with 11 people who used the service and six relatives and friends visiting the home. Many of the people using the service were unable to share their experiences with us due to their complex needs.

Therefore, in order to help us to understand people's experiences of using the service, we observed how people received care and support from staff. To do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with two external health and social care professionals who visited the home during our inspection.

We looked at records which included care records for eight people, recruitment, supervision and training records for six staff members, and other documents relating to the management of the service, such as, health and safety checks, team meeting minutes, medicines and staff and peoples file audits.

Following the inspection, we received feedback from 15 external health and social care professionals about their professional relationship with the home.

Our findings

People using the service and their relatives told us that the service protected people from harm and abuse and they felt safe with staff that supported them. People's comments included, "Not only safe, I love them, they are wonderful girls", "I like it here I feel safe. I've lived here for five years and nothing has ever happened that concerned me" and "It is very safe. As soon as I ring [a call bell], I have them [staff] here." A relative told us, "It is very safe here. There is always somebody [staff] walking around. There are enough staff to ensure that everything is fine."

The home had policies and procedures to help keep people safe from harm and abuse. There were three safeguarding concerns investigated by the registered manager within the past 12 months. Evidence showed that the registered manager was proactive in investigating such concerns. Safeguarding investigations carried out by them were detailed and had been dealt with according to the home's safeguarding policy.

Training records showed that all of the staff received safeguarding training. Staff we spoke with were able to describe potential signs of abuse and were aware of the safeguarding policies and procedures. Staff comments included, "Safeguarding is protecting vulnerable adults from harm and abuse. If I had any concerns, I would report it to my manager. I could also use a whistleblowing procedure and inform social services or CQC" and "We need to make sure that we protect people from harm and that people are safe."

A health professional we spoke with confirmed that the staff at the home were proactive in protecting people from harm and abuse. They told us, "The home is safe. They [staff] recognise any potential signs of abuse and contact us immediately in case of any safeguarding concerns."

The home had assessed risks to the health and wellbeing of people who used the service. Care files we looked at consisted of a variety of risk assessment documents that reflected risks identified during a pre-admissions and a care planning process. Risk assessments we saw included those for falls, manual handling, oral health, nutrition, the use of bed rails and pain. Records showed that all risk assessment documents were reviewed and updated regularly.

There were various systems in place to ensure people lived in a safe environment. We observed that the home was clean and very well maintained. There was health and safety and infection control information displayed across the service. We saw evidence of periodic checks carried out to ensure the health and safety. This included regular equipment checks, fridge temperature records, fire safety checks, water temperature and legionella checks. We spoke with members of the domestic and maintenance team who told us that any

repairs were carried out straightaway to ensure that people were comfortable and well looked after.

We looked at how accidents and incidents were managed in the home. We saw the home had a robust process in place for the reporting of incidents and accidents. The registered manager had regularly reviewed and analysed all recorded accidents and incidents for any possible trends and patterns. We saw that this analysis was then used to produce a monthly report with actions that needed to be taken to avoid similar accident and incidents from happening in the future. The findings were also discussed in staff and health and safety meetings to ensure staff were made aware of how to minimise the possibility of accidents and incidents reoccurring.

Staff were recruited in a safe way with the necessary background checks, including criminal records checks being undertaken as well as verification of staff's previous employment history, identity and qualifications.

There were enough staff deployed on each shift to ensure people's changing needs were met without delay. We observed that staff responded to people's needs quickly. Staff appeared to know people well and they were able to recognise when people required their attention. The majority of people confirmed that they never needed to wait long for staff to support them. They told us, "It is not always convenient for them as they are seeing to other people, but they come as quickly as they can" and "They can't always come on time, 18 residents on this floor many sicker than me, I have never had a long wait, I admire them immensely". A family member said, "My relative told me they never have to wait. There is enough staff around. If you call they come." One person told us that at times they had to wait for staff to support them.

The home had the policies and procedures in place to manage medicines safely. During our inspection, we found small discrepancies within the last medicines cycle between the amounts of medicines in stock and the amount that were administered to people who used the service. We discussed this matter with the registered manager who immediately investigated our findings and took robust action to remedy the situation. This included instant discussion with all staff responsible for the medicines management and implementation of a new medicines counting system to ensure that the medicines stock tallied. The registered manager had also provided us with an action plan to ensure that such discrepancies would not happen in the future. We checked how the staff addressed the issue identified by us and we saw that appropriate action was taken to remedy the situation. Regular in-house and external medicines audits, positive feedback about medicines management from people and visiting health professionals assured us that the staff at the Bridgeside Lodge administered medicines safely and as prescribed.

Staff recorded each medicine administration on respective Medicine Administration Records (MAR) which included information about allergies and any other considerations for taking the medicines. We saw that any changes to medicines administration were recorded and staff administering medicines had access to this information.

Staff had access to protocols about medicines that were prescribed to be taken when required. We saw that medicines received by the home were stored, disposed of and administered according to the provider's medicines policy. Staff who administered medicines received appropriate training to ensure they were competent to assist people with their medicines.



Our findings

People using the service and their relatives spoke highly about the quality and effectiveness of the care provided at Bridgeside Lodge. Some of their comments included, "I used to be in a bad condition, they washed me and they did everything for me. Now I can do everything myself. They [staff] helped me to achieve it" and "Staff helps me to move. I am in pain but they know how to do it." Relatives told us, "I observe how good they [staff] are with dementia, take people for walks, very compassionate", "My relative got very unwell and had to be taken to hospital and they responded ever so quickly. Nursing care is here better than in hospital" and "As a family member I came to tell you they [staff] are doing a great job here."

New staff undertook an induction which included mandatory training and shadowing of more experienced colleagues. Those new staff members who had none or limited experiences in the care field were also asked to complete the Care Certificate, a set of standards that health and social care staff follow when carrying out their professional duties. All of the new staff we spoke with confirmed their competencies were checked before being allowed to work with people independently. Other staff received regular mandatory and refresher training, which included safeguarding adults, dementia awareness, manual handling training, skin care, palliative care and end of life support.

The registered manager, who was a qualified student nurse mentor, told us that the aim was to provide on-going training to ensure staff satisfaction and to enable continuous high quality of the care provided. Therefore, staff at Bridgeside Lodge were encouraged to continue their professional development. We were told about a number of initiatives that aimed to support staff in enhancing their skills. 30 staff members at the home were working towards completing their National Vocational Qualification (NVQ) in Health and Social Care and seven staff nurses were in the process of completing their Mentoring and Managing in Nursing qualifications.

Evidence showed that the registered manager had also been working on a new training initiative that aimed to develop the clinical skills of health care assistants employed by the home.

External health and social care professionals told us that the staff had relevant skills and knowledge. One person said, "I believe the staff at the home have the skills and knowledge to deliver high standards of care to residents with very complex needs. The manager is also very proactive in managing staff training and ensuring gaps are addressed". A second person said, "Bridgeside Lodge staff have very good skills and knowledge needed to support patients with very complex physical and psychological conditions."

Bridgeside Lodge provided placements for student nurses and trainee nursing associates. The home was described as providing "a hugely valuable learning experience to all our students". This contribution had been recognised and the home had received a "Placement of the Year Award 2017" from City University, London. The home had also received very positive feedback for the placement they offered to trainee nursing associates (TNA) from Middlesex University. It stated, "We are extremely fortunate that our TNA's are having such a valuable learning experience across all of the spoke placements. However, I think the experience gained in your Care Home is truly exceptional and I would really like to thank and commend you for the interest, enthusiasm and encouragement that you obviously demonstrate." This indicated that the home's staff had a wide skill set and the experience to provide excellent care and support to people as well as an example for future nurses.

All of the staff we spoke with told us they felt supported by the management team at Bridgeside Lodge. Records showed that staff received regular individual and group supervision and a yearly appraisal of their skills.

There were comprehensive systems in place to ensure on-going communication between staff working on each shift. These included detailed handovers at the beginning of each shift where staff could share information on any changes to health and care needs of people who used the service. Additionally, the home had introduced shorter mini-meetings throughout the day, which allowed all of the care staff to stay up to date with any changes or events that might have taken place during their shift. This meant that the risk of any important information not being passed on to relevant staff members was minimised.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's mental capacity was assessed and outcomes were recorded in people's care files. Where people lacked capacity there was evidence that staff had met with their families or other representatives to discuss how care could be provided in their best interests. Care records for people who had been assessed as having capacity showed that they had been asked to consent to their care. These included consent to photographs being taken, medicines administered and moving and handling.

The registered manager had submitted DoLS applications for authorisation for some of the people living at the service. We saw an up to date DoLS applications checklist, which indicated that the home had taken appropriate action to ensure they contacted the relevant local authority to check if DoLS for these individuals were authorised.

All of the staff members we spoke with received MCA training and they demonstrated good awareness of the principles of the Act. They told us, "We need to understand people's mental capacity when providing care. We have it all documented but people's ability to make decisions depends on what they are going through" and "Mental capacity is about a person's capability to make decisions of their own. Their daily capacity may change. They may be able to choose what to wear and eat but they may not be able to go out as this may be

unsafe for them."

People told us that staff sought their consent when providing care to them. One person told us, "It is an on-going conversation, they tell me why they are here, do what they need to do, it is like a meeting of friends." A relative told us, "They always explain what they will be doing, always ask my relative if he wants their help."

The majority of people using the service told us they liked the food provided at the home and that they were able to request alternative meal options. We saw evidence that people and their relatives were involved in a review of the food provided at the home and they could influence future menus. We were told about the home's regular 'food tasting sessions' with one of their food providers. This included a new menu selection which took into consideration people's cultural choices, various dietary needs and innovative new ways to serve soft and pureed meals to maximise aesthetic appeal and taste. One person said, "The food is beautiful here, occasionally I get something I wouldn't eat but they do not force you and give you something else". A relative told us, "They recently had a meeting with residents and relatives about food to check if people were happy and what could be improved."

There was a strong emphasis at the home on the importance of supporting people to maintain a healthy and balanced diet. The home had sourced their meals from an external catering company that specialised in the production of nutritious meals for hospitals and care homes. The home's in-house catering team was responsible for the preparation of meals to ensure that people who used the service received food that was in line with their dietary requirements and personal preferences. The chef had a good understanding of individual nutritional needs and choices and they were notified immediately about any new admissions and any changes to an individual's dietary needs.

During lunchtime, we observed that current food menus were available on each table and people were approached by staff asking what they would like to eat. People could change their mind at any time and staff were happy to accommodate this change. Staff serving meals were able to tell us in detail about different ways of serving food to each individual depending on their needs and preferences. We were shown a folder kept in each dining room that provided staff with the information they needed relating to people's eating, drinking, specific diets, associated risks and other key information. These included guidelines from speech and language therapists (SALT), information on allergies and the level of support required at meals. We saw that the information was up to date and matched those in people's main care files. This meant people received support according to their most current needs and preferences.

During meals everybody got their meal at the same time and nobody needed to wait. People were encouraged to eat independently as much as they could and staff only helped them where they appeared to need additional help and to ensure that people had enough food. While supporting people, staff sat next to them so a person could see them. We observed that staff allowed people to lead their dining experience, they were there to support. However, they did not impose unwanted interaction. This meant that the staff provided the support in a non-intrusive, dignified way and with respect to people's personal space.

People, their relatives and friends told us staff at Bridgeside Lodge was excellent in supporting people in maintaining good health and enabling access to health service if needed. They told us, "I was sick last night and the doctor came to see me this morning straight away", "They look after me to a certain extent as I do not always finish my meals. Doctor or Podiatrist is immediately arranged [if needed]". Relatives told us, "When my relative arrived here they were very frightened and fragile and within three days they were comfortable and agreed to get further treatment in hospital which they refused before" and "Once staff were worried about my relative as they almost had bedsores. They addressed it immediately and my relative never got a pressure sore."

The home had employed their own consultant tissue viability specialist who provided regular additional training, support and bedside teaching to staff. This resulted in an outstanding management and prevention of pressure ulcers at Bridgeside Lodge. Since January 2017 only three individuals at the home had acquired pressure ulcers that were caused by their medical condition and could not be prevented. Furthermore, the home had also had a Tissue Viability and Dysphasia Champions specifically trained to further support other staff and to make sure people with fragile skin and swallowing difficulties would experience good healthcare outcomes.

Additionally, since the last inspection and following feedback from people who used the service, the home had purchased their own INR machine. INR machines are used to determine the clotting rate of blood, which can be affected by certain health conditions. This meant that people did not have to travel to hospital and could have their blood coagulation levels checked in the comfort of the home. The effect was saved time for people, increased comfort of the examination and gave better control over people's health.

People's care records consisted of numerous evidence of close partnership work with other external health professionals. This included frequent, recorded visits from a Speech and Language Therapist (SALT) team, an Occupational Therapist (OT), Tissue Viability Nurse (TVN), a podiatrist and a dentist.

External health care professionals told us staff's skilful interventions improved the health and quality of life of people who used the service. For example, we were told about a person whose behaviour often challenged the service. Staff had worked with the professional to update the person's care plan and were able to give a clear and accurate account of the person's condition and how they managed it. In another example, we were told that staff were able to identify people with complex problems who would benefit from a geriatric review and to discuss the nature of these problems to aid the assessment of the visiting health practitioner.

External professionals had also reported that the staff at Bridgeside Lodge had made appropriate and generally timely referrals for new clients and showed an excellent commitment to an on-going partnership work with external health services. Their comments included, "I am aware the service is very proactive in ensuring collaborative work to engage all professionals in contributing to service users welfare and seeking input to maximise their health" and "Staff are always open to getting support from the wider multidisciplinary team when there are issues with patients that need further management."



Our findings

People who used the service, their families and friends spoke very highly about the staff who supported them. Their comments included, "They are the most admirable lovely people. I have never experienced any truculence or negativity with them in nine months with them now", "Oh yes very nice, they are excellent", "I am very happy here. I've been here for about two years" and "How can you not be happy here, you have got everything. This is a very good deal." Family members told us, "Very nice, very friendly, all staff get on, lovely atmosphere, very homely and informal, always someone to talk to", "The care staff are lovely here, they are always helpful", "My relative says the nursing is brilliant here. They treat my relative like a fellow professional and this makes them feel so respected. They recognise everybody's names and they treat you like part of the community and family here" and "Staff know all of the people here and they want to make them happy. They have empathy. I saw staff wanting to make constant improvements to how they support people. I couldn't have chosen a better place for my relative."

External professionals frequently visiting the home also gave very positive feedback about the way staff interacted with people using the service. Their comments included, "The general ethos seems to be open and friendly, there is no sense of 'blame' culture", "On observation people are treated with extremely high standards of nursing care, exemplary communication skills, a high level of patience being offered [by staff]. People are spoken to by their preferred name and staff offer them their time even during demanding clinical pressures."

During our inspection, we saw staff caring for people in a kind and compassionate way at all times. We observed how people were supported during mealtimes. Staff approached people in a patient and considerate way ensuring that everyone had an enjoyable and dignified dining experience. For example, one person appeared to be unsettled and kept getting up and slowly walking about. A staff member gently guided the person back to their seat and encouraged to eat their meal. A second person, who we observed walking into the dining room, was temporarily disorientated until a staff member approached them, gently held and stroked their hand asking where they would like to sit and led them to the table they pointed at.

After the meal, we saw how a staff member patiently accompanied a person who appeared distressed and generally displeased. The staff member patiently and gently reassured the person ensuring that they received the support they requested. In other situations, we saw staff chatting to people about their day and interests, asking if they were comfortable and warm and reminding about activities and other home events to make sure that people participated.

We were given numerous examples of staff showing their full commitment to creating positive and meaningful relationships with people who used the service. People, their families, friends and external professionals told us how they saw staff happily going the extra mile to make people happy and make them feel they mattered. People's comments included, "I was almost moved to another home but the registered manager and the staff team knew how happy I was here so they fought for me and I stayed!", "The nurses here really treat me like a fellow professional. They know all about me" and "I feel respected here and I have full confidence in staff." In another example, people using the service and staff told us about a recent film-making project. We were told how during the event staff ensured everyone who wanted was encouraged to be involved in the process. A staff member told us, "Even people who were bedbound were dressed up. We wanted them to feel involved. We went to each room to see them and have fun. They often cannot do much and it was nice to see them come out of their comfort zone. In fact the people were the producers and we [staff] just run around to assist them."

People at the home were encouraged to be themselves as much as possible and staff respected their different cultural and religious backgrounds. Staff told us about people's individual life story journals that were created with contributions from people and their families. Staff said the journals helped them to get a better understanding and knowledge of people they supported. We saw a sample of these journals that consisted of simple words, pictures and memories' tokens of things that were important to people. Similarly, each person's room had a memory box outside with a symbol that they thought represented them. For example, one person had a film memorabilia in the box as they liked movies and another person had a sport symbol, as this was their hobby. This indicated that staff were keen on getting to know people and seeing them as individuals with a past that was worth remembering.

People told us they felt involved in making decisions about and planning their own care. One person told us, "They ask me how I want my care and they often come to see me to ask if I am happy with my care. When I moved in, I asked if I could decorate my room. They told me, "This is your room you can have it as you want it."."

Staff we spoke with told us about creating a meaningful and friendly relationship with people who used the service. To embrace this approach the home had embedded a "People like Me" initiative, which aimed at making connections between people using the service and staff based on their common interests and preferred ways of spending time. For example, we were told about a staff member who played a musical instrument and was encouraged to bring it and play for people who liked to listen to the music. In another example, a staff member who had in the past been doing drawings and paintings had connected with a person using the service who loved doing cross-stitching. The staff had encouraged the person to take up their hobby again and we were told the outcomes of their work were on show in the home for everyone to enjoy.

Another staff member could perform traditional Indian dance and they had performed for people who used the service. The performance brought back special memories to one person who in the past had travelled to India. This had been a breakthrough experience for this person and since then they had regularly engaged in other activities offered at the home. During the inspection, we saw a staff member approaching a person letting them know that they would come to visit them in their room so they could listen to the music together. The person was happy to receive the offer and they later told us how they enjoy spending their time with staff members.

People and their families thought staff treated people with respect and dignity when providing personal care. One person told us, "They help me with the shower as I have fallen in the past. I could also choose a male or female worker to support me. They ask me how I want my care to be provided." A family member

told us, "My relative finds a shower tiring, they [staff] know what he needs, if he says no they just leave him and give him as good wash, they [staff] make sure they get to know the residents". All of the staff we spoke with understood sensitivities around providing personal care. They all stated they asked for people's consent before providing personal care and that they felt comfortable with the support provided.

The home provided outstanding end of life care and people experienced a comfortable, dignified, and pain-controlled death. Where appropriate, from the day of people's admission, they were encouraged to think about what they would like to happen when they reach the end of their life. To assist with this process, the staff at the home supported people and their families in completing a "Future Matters – My Advance Care plan" which addressed the subject respectfully and sensitively. We were told that when people's health suddenly deteriorated the staff, in consultation with relatives, prepared an escalation plan that set out details of end of life care agreed. This document was placed in the person's care file for all respective professionals' reference. People had prescribed end of life medication in case they needed it to ensure a pain controlled death.

When required, staff had sent a referral to the Palliative Care Team who assessed a person for additional support and drew up a "Co-ordinate My Care" document consisting of end of life information previously gathered by the staff at the home. This was available via a central system to all professionals, such as, out of hours doctors and hospitals. This meant that all respective service and professionals were aware of people's wishes and previously agreed with them end of life care and support actions.

People's relatives told us about the outstanding care and support they and their relatives received at the end of their life. A family member told us, "My relative had chosen to end their life at Bridgeside Lodge. We could not have better support. I was able to spend the last moments with my relative and staff could not be kinder to both of us." In another example, we were told how a family member treasured the commitment and compassion of a staff member supporting their relative during their final moments. They described how the staff sang with them during their relative's dying minutes as their relative loved singing and music. Staff also allowed them to stay with their relative after they died giving the time to say goodbye. The relative said this was important and it helped them with their grieving.

Each person using the service had a folder in place consisting of information about the person's wishes in regards to end of life, with input from relatives. There was a Do Not Attempt Cardiopulmonary Resuscitation (DNAR) form, completed and signed by the person's doctor, which highlighted any discussions between the person's doctor, the person if they were able to and/or the person's relatives. The end of life documents also included a treatment escalation plan which gave staff detailed guidelines on what action they should take when a person's health suddenly deteriorated. This meant that end of life care was well planned and staff were able to offer peaceful and compassionate support to a dying person and their grieving family.

The registered manager told us it was essential to them that the end of life care at Bridgeside Lodge was managed with sensitivity and that the staff team supported people who used the service as well as their family members. To ensure an on-going high quality of care for those with advanced and terminal condition the registered manager had worked in partnership with external professionals on an "end of life" project aimed at ensuring that people received the right and chosen end of life care.



Our findings

People's care needs and preferences were assessed and their care was planned before they moved into the home. The registered manager told us that planning of a person's admission was crucial in ensuring they would receive the care that was of a high quality and relevant to their needs. Therefore, they had involved people, their family members and other relevant health and social care professionals in discussions about a plan of care for each person.

People and their family members described the admission process as "thoughtful" and that meant that people settled in quicker and were more relaxed in their early period at the home. They said, "The manager came and took a full history, very good assessment" and "The manager's guidance about how to move my relative here was brilliant. They guided us through the whole process and it made it easier and my relative settled immediately." An external professional told us, "The manager spends a lot of time meeting people and families and helping them to settle here. They are very understanding of people when they are going through a transition period and they are good and listening and addressing their concerns."

Information gathered during the pre-admission process was then used to formulate an individualised plan of care for each person. People told us that they were involved in the process. They said, "Yes I was consulted. They wrote down what they were doing for me rather than a plan for the future, for me to agree" and "Yes I had input, they [staff] asked me". A relative told us, "My relative was involved in care planning and reviewing in every way. We were also involved in the initial assessment."

Records showed that care plans were comprehensive and consisted of information that was person centred and reflected care needs and preferences of people who used the service. The information in various care documents, such as, pre-assessment forms, care plans and risk assessments was consistent, regularly reviewed and up to date. At the time of our inspection, the home was also at the final stage of implementing a new, progressive, person centred Mobile Care Monitoring system. The system was designed to create comprehensive care plans that were easy to keep updated when people's needs changed and to record daily care with a few taps on designated pictorial care icons on an iPad device. The system was easy to use and gave staff instant access to current information on care needs of each individual. Its interactive nature allowed staff to record care as they provided it and with people present. This innovation effected in staff having more time to spend with people on social and fun interactions.

People and their relatives told us that staff had an excellent understanding of their religious, social and cultural needs and they knew how to meet people's preferences to enhance their sense of being and

exceptional quality of life. They told us they were supported to follow their religious traditions, interests and that they were often taking part in a variety of social events. Their comments included, "I do not have so many needs, the religious mix of the staff and such a wide range of cultured staff, there should be no problem showing respect", "They always do activities. I especially like bingo. It is very nice" and "We have parties here, BBQs, DJs playing music and we go on boat trips. We also have a raffle tickets and family and friends can come to join us any time."

The activities coordinator and staff at the home had used a variety of creative ways to engage people in different activities to enable them to live as full a life as possible. These were age appropriate and had taken into consideration people's likes and dislikes as well as their ability to engage in these activities. The activities coordinator told us, "I get very good feedback from people and they always suggest new ideas and what I could do with them." For example, we were told about recent preparations to an art exhibition suggested by people, which would consist of artwork made by people who lived at the service. In another example, we were told about regular barge boat trips on the nearby canal. All of the people at the home were encouraged to go and the additional support was offered for people with reduced mobility and access to such activity.

We were also told about a variety of initiatives and creative ways of introducing meaningful and fun activities into the everyday life of people who used the service. For example, we were told how people who use the service participated in the recent Regents Canal Festival. People, their families and staff told us how they got involved in welcoming the local community to celebrate the event with them. We saw pictures and recordings from this event demonstrating that the event had provided a fun and interesting day for the community at the Bridgeside Lodge. In another example, a relative told us about the home's approach to fulfil spur-of-the-moment requests of people in using staff support to go for a walk, shopping and visiting a local café. A person using the service confirmed this as they told us how they enjoyed their recent spontaneous trip to the seaside.

During our inspection, we saw a variety of activities taking part in the home. Amongst them were live music sessions run with the support of the local music charity. We were told how these sessions had become a regular part of the activities programme at the home and how they added a fun and therapeutic value to the life of people who used the service. For example, we were told about a person who had been refusing to come out of their room for six months. On hearing the music they asked to come to join others and they spent two hours enjoying the performance. This was an important change for the person and staff were able to encourage them out of their room and to participate in activities since then.

Another recent initiative saw the development of a partnership between Bridgeside Lodge and local nursery schools. We were told how people enjoyed their time reading books to children and painting with them. The activities coordinator told us, "People really like bonding with children and this is a positive experience for them. The project is going well and we are thinking about involving more nurseries."

People and their family members were actively asked for their feedback about the care provided at Bridgeside Lodge. There were regular meetings for people and their relatives where they could express their views, work together on new service improvements and receive up to date information. Minutes from these meetings showed that subjects discussed related to staff training, maintenance work, food and new social activities offered to people. One person said, "I go to meetings here, they have good meetings". Family members told us how much they liked attending these meetings as they could meet other relatives and could participate in decision making around some aspects of the service delivery. One relative told us, "Family meetings are the main centre for ideas and suggestions. We discuss on-going issues and what more we could do to improve this home. Our suggestions are welcomed as the manager is determined to support

family and friends." The relative had also told us how they were working alongside other family members and the management team towards a new initiative that was aimed at enhancing a therapeutic aspect of the care provided at the home.

In another example, we were told by staff and people, the staff had fulfilled one of people's wishes about having pet animals at the home. During our visit, we saw a pet rabbit housed in one of the communal areas of the home. We observed that people knew the rabbit by their name and smiled every time it was mentioned. Similarly, people at the home told us how they looked after a local cat who often visited them and how they received weekly visits from a volunteer with a dog. During our visit one person told us how much they enjoyed being surrounded by them as this gave them the sense of peace and relaxation.

The home had a complaints policy. People and their relatives knew about it and staff were clear about how to support people to do so. People told us any issues raised were dealt with quickly and to their satisfaction. Relatives told us, "Very minor complaints, minor things all dealt with properly" and "I never had to complain, but if I did I would go straight to the manager. The communication here is very open and you can approach staff here anytime." There were two formal complaints received by the home since our inspection in August 2015. We saw that both complaints were dealt with immediately and actions were taken by the registered manager to resolve them and to drive the improvement of the service to people who used it. One complaint was related to the type of food provided at home. The registered manager had immediately arranged a review of the menus which following a consultation with people who used the service, resulted in new food being introduced at the home.

Professionals visiting the home told us Bridgeside Lodge was focused on providing person-centred care and it achieved exceptional results. They said, "There is a strong client-centred focus to the delivery of care", "I have only ever seen good practice at Bridgeside Lodge. I have also found the people to be settled. The staff are attentive and interact with patients without being asked" and "All the staff that we have worked with have excellent skills. They are always looking out for the residents and aiding them to have the most comfortable time possible."



Our findings

The home had a registered manager who was experienced at working in health and social care settings. They also had an appropriate management qualification in the health and social care industry and a good understanding of how to manage the registered activity and how to lead the staff team. There was clear evidence of a strong and visible leadership in the home. The registered manager told us, "You cannot be complacent when working with people and you have to create a positive environment for the staff and people who use the service." We observed a variety of empowering messages from the registered manager to the care staff displayed across the home. These included printed posters about what values the registered manager stood for when leading the home as well as thank you notes to individual staff members showing appreciation for their hard work, engagement and positive attitude.

The management team thought about all aspects of the service and they had a clear strategic vision that contributed to the service at the home continuously improving and providing a more comfortable care environment for people who used the service. For example, we were told about three initiatives that were introduced and well-embedded in the way the care staff worked with each other and people who lived at the home. Bridgeside Lodge was a founder member of The Centre for Creativity and Innovation in Care, a network that promoted "creativity as the heart of change in care and support services". A second initiative, "People Like Me", encouraged staff and people who used the service to make positive connections based on shared interests. The third initiative was the introduction of the FISH philosophy, an approach which promoted creating a fun, positive and fulfilling environment for people using the service and staff. The emphasis was on finding simple ways to support and delight people in a meaningful and memorable way. Examples of this were the use of spontaneous outings and matching staff able to work with people and their interests.

Since the last inspection, all of the three initiatives were well-embedded in the staff attitude and outlook. Some of their comments included, "We have been shown how to have fun when working. This is important and long shifts are not boring", "We get the ethos across to all the staff to know how to have fun, to enjoy work and how to do it alongside of people who live here" and "I feel very comfortable with people I support. We go out a lot and we have fun."

Since the last inspection, the home had been continually working with other external organisations to improve and build seamless, meaningful and dignified experiences for people who used the service. We were told about and we saw evidence of a variety of progressive initiatives championed by the home. This included working with the local commissioning group on improving discharge processes to the care homes

from the hospital and being part of the ReSpecT Process project. The project aimed at creating a summary of individualised recommendations for people's clinical care in a future emergency in which they would be unable to make or express their choices. Other initiatives were related to improving the "end of life" care and creating links with local nursery schools where people could read and paint with young children.

The home also championed a "Forest of Stars" initiative, the provider's internal research based award and accreditation scheme that broke down outstanding practice into simple evidence points that the home was challenged to reach in their own way. It was designed by the provider to support the registered manager and the staff in better understanding how to always reach for creative ways to achieve the best care outcomes and the quality of life for people who lived at Bridgeside Lodge.

The management team was proactive and sought innovative solutions to create a friendly working environment, which would allow the staff to carry out their care duties and to have time to build positive and meaningful relationships with people who used the service, their families and friends. Since the last inspection, the home had introduced an electronic portable care planning and recording system that allowed quicker record keeping and gave the staff more time to spend with people on social and fun activities. A visiting family member also told us about working alongside of the registered manager on a new initiative to purchase progressive interactive computer equipment. This would allow staff to enhance people's sensory experience and help them to relax.

People, their families and friends knew the registered manager well and they spoke with compliments about how the service was lead. People said, "The service is extremely well managed. You cannot be happy being 96 and in a care home, but I am very, very content here" and "You can't find a person like [the registered manager], she is one in a million she helps everyone". Family members told us, "I know all the staff and they recognise me. The registered manager has a huge personality and is trying to make things better, always asking how we could improve the home" and "I don't think I could have found a better place. I detected the main quality here, which is empathy and motivation of staff that is driven by the management. It is top-down quality and people work here for the right reason."

All of the staff we spoke with spoke positively about the management and leadership of the service. Some of their comments included, "I feel very supported because whatever I do I am being supported by my manager", "Through the support I receive here I feel more confident in my work" and "The management here makes us happy. They give us advice and encourage positive thinking. They even support us with personal issues."

The work and contribution of the registered manager to the development and the continuous high standard of care at Bridgeside Lodge had been appreciated and recognised and they had been shortlisted as a finalist for Care Manager of the Year 2017 by the British National Care Awards.

The staff spoke confidently about the teamwork and good communication systems within the home. These included a variety of thematic meetings such as group supervision, health and safety and nurses and general staff meetings. Minutes from the recent meetings indicated that staff could share their opinions, offer their suggestions and contribute to aspects of their role and the service provision. Some of the staff comments included, "We always team work, if we have any problems we can speak to a nurse of the manager" and "We have a good team. We have handovers and team meetings where we talk about best way to care for people and what plans we have as a service."

We saw evidence of regular service quality audits that were carried out by the management team or by nominated staff members. These included medicines, care files and health and safety audits. Records

showed that the audits were comprehensive and prompt actions were taken where gaps in performance were identified. We saw that any issues identified by the audits were then discussed with the staff in the team or individual one to one meetings. By involving staff in such discussions, the registered manager ensured that the staff were reminded of appropriate policies and procedures and the possibility of the recurring gaps in service delivery was minimised.

There was an annual satisfaction survey for people who used the service, their families and staff members, which allowed participants to give anonymous feedback. The results from the latest survey showed that over 80% of participants thought the home provided a very good service and 100% of participants said they would recommend the home to others. We saw that each section of the survey was analysed by the registered manager and actions were taken to address any issues identified. This indicated that the outcomes of the survey were used to improve the quality of the service provided to people and their families at the Bridgeside Lodge.

External health and social care professionals gave us exceptionally positive feedback about their experience of working with the management and the staff team at the home. Their comments included, "It is an outstanding nursing home. This is primarily because of the long term outstanding and tireless leadership from the manager [name]", "Bridgeside Lodge has a very good reputation in Islington and we always receive requests from families that they want their loved ones to be placed there. I am also aware there is a significant waiting list which confirms that the service is outstanding in both delivery and management" and "Bridgeside Lodge operates a very good service, this is both from my own experience of the home but also from feedback that we receive from wider MDT colleagues that go into the home. This means that the home is able to manage well its many complex cases and at times, it is approached to take cases other homes have not been able to cope with."