

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Bourne Bridge House

Bourne Bridge House, Meshaw, South Molton,  
EX36 4NL

Tel: 01884860909

Date of Inspection: 26 March 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Meadowbank Care Limited
Registered Manager	Miss Michelle Edwards
Overview of the service	Bourne Bridge House is a care home service for up to eight adults with learning disabilities or autistic spectrum disorders, physical disabilities and sensory impairments, at the date of the inspection six people were receiving a service.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We looked at the care plans for all six people and other documentation. We observed people being supported by staff. We saw that people's privacy, dignity and independence was respected and that people's views and experiences were taken into account.

People supported told us they liked living at Bourne Bridge House. We found that people's needs had been assessed with plans developed to meet their needs. People experienced care, treatment and support that met their needs and protected their rights.

Staff were trained in safeguarding people and knew how to respond in the event of any abuse being suspected, witnessed or alleged. We found that people were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff rotas, training records and observing staff supporting people demonstrated that there were enough qualified, skilled and experienced staff to meet people's needs. Staff told us "there's a lovely atmosphere here" and that the provider was "really supportive". We were also told by staff that "it's great knowing you're making a difference" and "I like seeing people enjoying doing things".

The provider had in place systems that sought people's views, took account of complaints and comments and learnt from investigations into accidents and incidents. This meant the provider had an effective system to assess and monitor the quality of service.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We looked at the care and support planning for all six people and found that people's individual wishes and aspirations had been planned for along with their needs and how these would be met. Care plans contained explanations of how each person's views had been taken into account in drawing up these plans. One person told us how they had been involved in agreeing their individual care plan. This demonstrated that people expressed their views and were involved in making decisions about their care and support. We also found that these plans included how people's diversity, values and human rights would be respected with plans including details on how gender preferences and health care needs would be met. People spoken to confirmed that people's views and experiences were taken into account in the way care and support was provided.

A keyworker system was in place with a nominated staff member being responsible for the planning of care and support for each person. There was documented evidence that individual discussions and planning sessions were taking place between the person supported and the keyworker every other month. These recorded discussions provided people with the opportunity to make their views and wishes known and were also used to plan for opportunities for promoting independence and community involvement. There were also records of group meetings involving all the people supported which were used to discuss ideas for activities. We saw the provider ensured that someone who was able to provide non-verbal information to people was present at these meetings. Through discussions with staff members and the provider we were told that these meetings were felt to be important in providing opportunities for people's views to be sought and taken into account. This was confirmed by the notes of the minutes and the actions planned and taken following these meetings.

We looked at the statement of purpose that had been given to people and found these to be written in clear easy to understand language with information relevant to the person such as pen profiles of staff members and how their views and opinions would be sought and acted upon.

We observed people being supported to make decisions regarding activities for the day and were shown by people how they had personalised their rooms. We were also told by people how they had been supported to plan for activities important to them including holidays and contact with family and friends. These activities and events were consistent with each person's care plan.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at the assessments and plans for each of the six people supported and found these to be personalised and based upon the persons needs, wishes and preferences. There were also plans in place to ensure people's health care needs were met, including plans drawn up with the involvement of physiotherapists, occupational therapists, behavioural specialists and music therapists. There was evidence in people's care plans that these were implemented and were regularly reviewed. We observed people being supported in a manner that was consistent with care plans. This means that peoples needs were assessed and that care and support was planned and delivered in line with each persons care and support plan.

Care and support was planned and delivered in a way that was intended to ensure peoples safety and welfare. Individual risk assessments were in place for each person with evidence that these were implemented and regularly reviewed.

We saw the service had in place emergency information for each person. This included detailed information on health emergencies and what to do in the event of someone leaving the home. We were told that this information could be quickly accessed if needed in the event of an emergency and were told of examples when this information had been needed, including occasions where it had been necessary to call out the police. This information and the individual risk assessments in place meant the service had arrangements in place to deal with foreseeable emergencies.

Through the systems in place for assessment and planning of care and support the provider had ensured peoples care and support was delivered in a way that protected them from unlawful discrimination. There were no authorised Deprivation of Liberty Safeguards in place and we were told that although they were not needed the provider was clear about how to apply for them if they were required. We saw applications for Deprivation of Liberty safeguards that had previously been submitted by the provider. There were also guidelines available in the service on the Deprivation of Liberty Safeguards.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We looked at the safeguarding policies and procedures and individual assessments and plans that were in place and found these to be up to date, accurate and relevant. The provider explained how staff were trained to understand and use these policies and procedures and showed us training records to evidence that staff had undertaken this training. We spoke to four members of staff who were able to describe how they would respond if abuse was suspected, witnessed or alleged. We observed staff members supporting people in a respectful, caring and appropriate manner. As a result we found that people who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider had not made any safeguarding referrals in the last six months. However, the provider was able to explain to us the action they would take to raise an alert. This provided evidence that the provider would be able to respond appropriately to any suspicion or allegation of abuse.

We looked at the plans in place to support people through difficult times such as worry and anxiety. We spoke with the provider about how training in working with people who challenge was delivered. We looked at the training records to evidence that staff had undertaken this training. We spoke to four members of staff who told us how this training had helped them to better understand some behaviours and how they felt the training had equipped them to support people better. As a result we felt that people who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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We looked at the staffing rotas and discussed with the provider the staffing arrangements at the home. The home currently employs a registered manager, a deputy manager, four team leaders, twelve support workers and has one member of bank staff. We found that the level of staffing allows for four or five members of staff to be providing care and support during the day with three at night. The level of staffing met the assessed needs of the people supported and the use of bank staff allowed for cover for sickness and absence.

We saw an individual breakdown of the hours of care and support for each person and saw how this was reflected in the staffing levels and the actual staff rota. This showed the provider had carried out a needs analysis and risk assessment as the basis for deciding sufficient staffing levels.

The provider told us how the manager, deputy manager and team leaders roles work and explained the qualification credit framework used for each. We saw that of the eighteen staff employed to support people sixteen had relevant vocational qualifications. We also discussed how the core training needs and professional development for each staff member were assessed and met, cross referencing this to the training needs analysis developed by the manager. This showed that the training needs of staff were being assessed and that training had been identified and had taken place.

We found that staff turn over was not high and that some members of staff had worked with people for a number of years. This meant that people were being supported by people they knew giving continuity of care and support.

We found that there were enough qualified, skilled and experienced staff to meet peoples needs.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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There was a clear staffing structure in place identifying key managerial and care and support roles with the rota identifying the senior person responsible at all times. We saw records that demonstrated staff were receiving regular one to one supervision with a more senior staff member and an annual performance appraisal. This meant that staff were supported to gain in skills and experience by being supervised by senior staff.

The provider had identified dedicated staff members to work as keyworkers with individual people. These staff members took responsibility for communication with family and professionals for people and were supported by the provider to carry out these roles.

The four members of staff we spoke to all commented that teamwork within the home was good, one person told us "teamwork is good" with another commenting that the provider was "really supportive". We looked at notes of staff meetings held and found they contained discussions on how care and support could be improved.

In addition to the written records used for shift planning and handover of information we saw a staff debriefing book. The provider explained that at the end of each shift the team leader encouraged all the staff to comment on how they felt things had gone. We spoke to one team leader who told us "this gives staff a chance to say what has worked well and what has not. One staff member we spoke to told us "at the end of the shift we're encouraged to have our say". We were also told that individual debriefing is carried out to support staff who may need it following incidents.

We looked at staff training records and saw that staff received training to be able to meet people's needs. We saw that staff received appropriate professional development and were able to obtain further relevant qualifications. Staff spoken to confirmed this to be the case. The provider told us that they valued staff development and sought opportunities to support staff to obtain further qualifications.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We looked at a number of documents and discussed these with the provider. These included monthly assessment and monitoring reports completed by the manager then verified by the provider. We saw that following the last of the assessments completed on 6 March 2013 an action plan had been drawn up. The plan included actions to be taken and we saw evidence that these actions and changes had been implemented. We were told by the provider that questionnaires had been distributed to family representatives that would assist in developing an action plan for this coming year.

The provider had in a place a policy and procedure on responding to concerns or complaints. There was a clear recording system in place to identify the issue along with action taken to investigate and address the issue. No complaints had been received by the provider in the last six months.

The provider told us how an analysis of actual incidents and any near misses that had the potential to result in harm, was carried out and how any required action was implemented. We looked at examples of these and found they evidenced that changes to care plans and working practices had been made. This evidenced that learning from accidents, incidents and near misses took place and that appropriate changes were implemented.

We saw the provider had recently commissioned a review of the medication systems in use in the service. The action plan accompanying the review detailed actions to be taken to improve this area. We saw the provider had made changes as a result.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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