



Inspection Report on

Bridge House

**Bridge House Residential Home
Beulah Place
Ebbw Vale
NP23 6ET**

Date Inspection Completed

13/12/2022

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About Bridge House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Brecon Care
Registered places	36
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection to the service since registration under The Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The ownership of the service changed in July 2022 with the existing staff team re-employed. Since taking over, the service provider has prioritised staff training and invested in the environment. The responsible individual (RI) is a visible presence at the service. People are complimentary of the staff and services provided at Bridge House Residential Home. People looked relaxed, comfortable, and cared for. Staff morale has increased with a more cohesive approach to the team.

We found the leadership and management of the service needs to be strengthened with clearer lines of accountability between managers. Quality monitoring systems need to be made more robust. Routine audits are taking place although, when issues are identified there is little evidence of the actions being taken to improve the service. Procedures related to the management of medication were not sufficiently robust. Reviews of people's personal plans need improvement. We have issued the provider with these areas of improvements and expect them to take action before our next inspection.

Well-being

People are treated with dignity and respect. Individuals are encouraged to make everyday choices that affect their lives. People have an opportunity to be heard and listened to. Individuals were consulted about colour schemes during the redecoration of the service. Individual's rooms are comforting as they contain their own possessions and keepsakes. Staff are kind and compassionate. One person told us, *"It is good here. The food is fantastic and there's loads of choice. The staff are fantastic."* Another said, *"I can't live on my own now, but this place is good for me."*

People's physical and mental health and emotional wellbeing is considered. Individual's health is monitored although, referrals to health professionals could be timelier. We found individuals needs and wishes are clearly documented in their personal plans which inform staff how best to support each person. Risk assessments support care workers to deliver care by identifying and mitigating health risks.

The service goes some way to protect people from harm and abuse. Staff are trained to respond to accidents and events and where necessary refer to the relevant agencies. Arrangements are in place for individuals who may be unable to consent to care and support. Systems are in place to manage complaints. Staff recruitment practices need strengthening to further protect vulnerable people living at the service.

People's interests are recorded with opportunities for stimulation provided through leisure and recreational facilities. During our visit, we noted positive interactions between staff and people taking place as part of usual daily routines. A timetable of activities was on display. People are supported to maintain contact with their families. Individuals are supported to attend day trips and visits to the theatre in accordance with their personal interests.

People live in clean, comfortable and safe surroundings. The service is divided into two separate areas which support people living with and without dementia. Since the new owners have taken over the service there has been investment in the property and gardens. Routine health and safety monitoring ensures the safety of the environment.

Care and Support

Individuals are provided with care and support through a service designed in consultation with them. It considers their personal preferences and outcomes of needs and risks. People's personal plans are person centred and set out their individual preferences for care and support. We viewed three people's plans and found they need to be more specific to ensure care workers know fully what is expected of them to deliver consistent care. Individual health monitoring is taking place although, in one instance we would have expected a timelier referral to a healthcare professional given the increase in the number of falls they experienced. Further, information provided by staff about the person did not correspond with their falls risk assessment. We set this as an area of improvement however, we were provided with supplemental information following the inspection to show medical advice was sought and referrals to healthcare professionals made.

People's personal plans are regularly reviewed although, we saw little evidence to show any discussion had taken place with the individuals and or their relatives. In addition, we noted individuals' personal outcomes are not being routinely reviewed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Medication management systems need strengthening. Team leaders are expected to adhere to procedures for the receipt, recording, storage, handling administration and disposal of medicines. Team leaders are trained to administer people's medicines. In general, we noted a lack of consistent recording of medications. This included gaps in people's medication charts which had not been accounted for, medication that requires two staff signatures had only one recorded and a lack of routine recording of fridge temperatures. We saw medication audits which had identified the same issues, but the actions taken were insufficient to prevent them reoccurring. We have identified this as an area of improvement and expect the provider to take action.

The service promotes hygienic practices and manages the risk of infection. Staff are trained in infection control. Cleaning schedules are in place and the local authority has visited the service to support good hygiene practices. During our inspection we saw personal protective equipment (PPE) was easily accessible for staff and others to use as and when needed to reduce the spread of infection .

Environment

People live in a comfortable, clean and safe environment. A maintenance person is employed at the service who attends to general repairs and decoration. They are responsible for routine health and safety checks and the upkeep of maintenance records. The service provider has addressed the outstanding issues raised during the last South Wales Fire and Rescue visit. An updated fire risk assessment is in place. Staff have completed fire and evacuation training. Individual personal emergency evacuation plans (PEEPS) are in place for each person in case of an emergency.

The corridors and communal areas in the main property have been decorated and are now brighter and more homely. The manager told us people were consulted about the colour schemes before redecoration. Decluttering of the environment has provided an opportunity for a small lounge to be used as a quiet room and better storage of equipment. The laundry is being upgraded in keeping with infection control guidance. A new call bell system has been introduced. We were told a planned repair and redecoration plan is in place for the service.

The signage in the West Wing which serves to orientate people living with dementia needs to be improved. Areas in corridors have been identified for people's use such as a bus stop and a telephone box. However, there was no chair to assist people to wait and no telephone which may cause further confusion to individuals with dementia needs. We also noted low surface radiators in the corridors in the West Wing which were uncovered. A risk assessment was supplied to show the associated risks have been considered. The manager told us there is an on-going plan to cover all the radiators throughout the property.

Leadership and Management

The leadership and management of the service needs to be strengthened with clear lines of accountability between managers. The RI is a regular visitor to the service and people told us they are “*approachable*” and “*gets things done.*” Residents we spoke with during our visit, referred to the RI as the manager of the service. A manager is employed to carry out the day-to-day management of the service. They are working towards gaining the required qualification to register as a home care manager with Social Care Wales.

Governance arrangements which monitor the quality of the service need to be improved. The RI has completed a formal three-monthly visit to the service and provided a report to CIW. They are in the process of consulting with people to gain their views and opinions of the service. The results will be included in the six-monthly quality of care review of the service to be carried out in January 2023. Routine audits are conducted for all aspects of the service. We viewed a number and were unsure who, manager or deputy manager was responsible for conducting the audits. We noted gaps in the audits, and it was unclear when deficits were identified what remedial actions were to be taken. In addition, we saw no evidence of a review of whether the previous actions had been achieved to drive progress. We have identified this as an area of improvement and expect the provider to take action.

Recruitment and vetting arrangements for staff need to be strengthened to safeguard people living at the service. We looked at newly appointed staff personnel files. Pre-employment checks are completed in the form of a disclosure and barring (DBS) check and references sought. The references are followed up with a telephone call which is good practice however, we found the conversations were not documented. We found in instances when past employers did not provide any information about the applicants, verification of references proved meaningless. Gaps in employment history were not routinely explored new employees. Proof of identity is retained on file for each person. All staff are subject to an induction and a satisfactory probationary period. We have identified this as an area of improvement and expect the provider to take action.

The service provider monitors staff training compliance. Staff are trained to perform their duties. A staff training plan showed individual staff members training. Staff have access to e-learning and each staff member has a training account to maintain their skills and practice. The organisation is supporting staff to register with the social care regulator, Social Care Wales. Staff supervision is being conducted in line with the regulations. Since the change in ownership, the RI has conducted a number of staff meetings to keep everyone informed about the changes at the service. Staff told us “*I feel more trained and better able to do my job.*” “*If we need more training, we just get it.*” “*We have three monthly supervisions.*” “*Now it is great- the changes were full on, paperwork etc, but now it is good.*”

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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16	Reviews of people's personal plan fail to consider if the person has achieved their personal outcomes. There is no evidence to suggest reviews of people's plans include the individual and or a representative acting on their behalf.	New
58	We visited the service on 13 December 2022 and found a general lack of consistent recording of medications. This included gaps in people's medication charts which had not been accounted for, medication that requires two staff signatures had only one recorded and a lack of routine recording of fridge temperatures. We saw previous medication audits had identified the same issues, but the actions taken were insufficient to prevent them reoccurring.	New
66	There need to be clearer lines of accountability between the RI/ manager. The RI needs to follow the service providers prescribed systems and processes to enable proper oversight of the management, quality , safety and effectiveness of the service.	New

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