



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Bridge House Care Centre

280-282 London Road
Wallington
Surrey
SM6 7DJ

Lead Inspector
Alison Ford

Key Unannounced Inspection
5th September 2006 11:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Bridge House Care Centre
Address	280-282 London Road Wallington Surrey SM6 7DJ
Telephone number	020 8647 8419
Fax number	020 8773 9392
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Ryedowns Ltd
Name of registered manager (if applicable)	Mrs Patricia Wynne Reid
Type of registration	Care Home
No. of places registered (if applicable)	35
Category(ies) of registration, with number of places	Old age, not falling within any other category (0), Physical disability (0)

SERVICE INFORMATION

Conditions of registration:

1. Service users in the Physical Disability category to be aged 55 or over.

Date of last inspection 22nd December 2005

Brief Description of the Service:

Bridge House Care Centre is a home registered to provide nursing care for up to thirty-five elderly people although residents with physical disabilities may be aged from fifty-five. Six beds are also registered to provide care for terminally ill residents.

The home has twenty-nine single and three double bedrooms, seventeen of which have en-suite facilities. There is a lounge, a dining room and a conservatory overlooking the river, plus the usual toilet, bathroom and shower facilities.

The home is on a bus route and opposite a large public park.

At the time of this inspection fees ranged from £514 - £725 per week with some additional charges, which would be discussed prior to admission.

A copy of the latest inspection report can be obtained from the home, the Commission for Social Care Inspection or the internet.

SUMMARY

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

This key inspection was an unannounced visit of the year taking place over four hours.

During this time a partial tour of the premises was undertaken, a sample of care plans and staff files were seen, several residents and six relatives, that were visiting were spoken with. Various documentation relating to the health and safety of staff and residents including the complaints book and accident book were seen.

Menus and kitchen records were seen and the lunchtime meal was served during the visit.

No additional visits have been made since the last inspection; there have been no complaints made to The Commission.

What the service does well:

This home provides a good standard of nursing care in a well presented, well maintained and homely environment. This appears to suit the needs of its residents who describe it as "*being very nice here*" and "*with lovely food.*" Staff were seen to be interacting well with residents and treating them kindly and respectfully; one resident commented that "*everyone is lovely*" and another that "*they always talk to you nicely*".

On the day of the inspection, all of the residents looked clean and well cared for and several were sitting in the lounge, which looks out over the garden and the river. There was artwork from recent activities sessions displayed on the wall.

The care plans that were assessed showed that residents changing needs are identified and that they have access to other members of the primary healthcare team such as doctors and specialist nurses, as necessary. A named nurse system is in operation in the home, which ensures that an identified staff member is in charge of a residents care. This contributes to continuity and gives staff an insight into resident's particular problems. Staff training is ongoing and all staff have undertaken training relevant to the work that they do. There was evidence that recruitment policies are in place, which help to ensure the protection of residents.

Residents were complimentary about the food served in the home, there is always an alternative dish available and there is a hot snack supper if they would like it. Daily menus are put up on the wall in the dining room on a large board for them and weekly ones on the wall, so that their relatives can see what food will be served during the week. The lunchtime meal was observed during the visit, it looked appetising and well presented. Special diets are catered for and choices are always available.

Aids and adaptations are in place to meet the needs of the residents and allow them to move freely throughout the home and a limited range of activities is in place, which they enjoy.

What has improved since the last inspection?

Since the last inspection the majority of concerns that were raised at that time have been addressed.

At the last visit it was found that not all of the care plans were totally reflective of the support required by residents. Eight care plans were seen at this inspection and they appeared to identify all of the resident's current healthcare needs. This will make sure that all of the staff caring for the residents will be aware exactly what help and support that they need.

No errors in medication administration were noted and a recent pharmacy audit had been satisfactory.

Automatic door closers have now been fitted throughout the home. This makes sure that all doors close when the fire alarm is activated and will help to promote the safety of residents in the event of a fire. They are tested regularly and the Registered Manager explained that staff fire training is carried out frequently.

A quality assurance tool designed to seek the views of those using the service and influence the care that they receive has been introduced. Questionnaires have been distributed to residents and their relatives and the results are currently being gathered together. A discussion was held about the possibility of making these easier for residents to understand in order to allow more of them to answer.

Supervision is now in place for all care staff. This allows them to meet with a trained nurse on a 1-1 basis in order to discuss their performance and identify any training needs for the future.

An ongoing programme of redecoration is in place in the home and since the last inspection two of the bathrooms have been converted to shower rooms to make them easier for residents to use. As an extra safety measure, the showerhead also registers the temperature of the water to help prevent accidents from scalding.

What they could do better:

During the inspection it became apparent that although many residents appreciate a quiet life in the home there are those who would appreciate more structured activities. Although some are provided the range is limited. The pre-admission assessment must include a focus on potential residents social needs as well as their physical ones so that staff can then find some way of identifying the activities that residents would enjoy. The care plans must also provide evidence that, where possible, residents have had the opportunity to discuss their care and influence the support that is provided.

At this visit medication procedures were generally in order however, staff were reminded that in order to minimise the risk of errors occurring opened bottles of eye drops must be dated not only the boxes that they were contained in.

In order to ensure the views of residents are taken into consideration in the home a quality assurance programme is being developed. It was suggested that questionnaires could be produced in more easily understood language to allow more residents the opportunity to complete them. In addition, the Registered Provider, who is often in the home, will need to provide some evidence of the way that he has gained an opinion of the standard of care that is being provided.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

3,6

Quality in this outcome area is adequate. This judgement has been made from evidence gathered both during and before the visit to the service.

An assessment, undertaken prior to residents moving into the home, ensures that they can be confident that their healthcare needs will be met and that the home is suitable for them.

This home does not offer intermediate care.

EVIDENCE:

Eight care plans were looked at during the inspection and there was evidence that pre-admission assessments had been undertaken in order to ensure that the home would be able to meet the needs of the resident. This assessment then forms the basis for subsequent care planning. Regular reviews of any changes in the needs of residents take place throughout the year. Although the pre – admission assessment took into account physical needs and disabilities it was still considered that more emphasis must be placed on

considering the social interests of potential residents. This would allow them to be sure that the home would suit their preferences and that activities and events would be structured to meet their needs.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

Quality in this outcome area is adequate. This judgement has been made from evidence gathered both during and before the visit to the service.

Residents, in this home, have an individualised plan of care, which is reviewed on a regular basis so that staff can be sure that their healthcare needs remain met.

Residents are confident that they will be treated with respect and kindness to ensure that their dignity and privacy are respected at all times and that generally procedures concerned with medication are in place to protect them.

EVIDENCE:

All residents have an individualised plan of care; a commercially produced document is in use "The Standex " system. Eight of these were seen at this inspection.

The plan is generated from an initial assessment of the resident's psychosocial needs. One of the senior nurses is allocated to review the care plans on a regular basis to ensure that they remain up to date.

As detailed in standard 3 more emphasis must be placed on ensuring that residents social interests and hobbies are identified to ensure that their days

are spent, as they prefer. During the inspection process it became apparent that some residents would appreciate an increase in the activities provided.

It was also noted that there was no evidence that residents are given the opportunity to contribute to their care plans. Many of them have the ability to understand and influence that support that is provided for them and make decisions about their care.

Residents are registered with one of four GP practices and have access to other members of the multidisciplinary healthcare team as necessary. Risk assessments are undertaken to identify those residents whose health may predispose them to pressure sores and evidence was seen to illustrate that wounds had improved since admission. Hoists and pressure relieving equipment were seen to be in use throughout the home and visits are made by other members of the multidisciplinary healthcare team as required.

All personal care is administered in resident's own bedrooms and staff were observed treating residents with sensitivity. Those residents spoken to agreed that the staff were helpful and kind, one resident said "*staff in the home are lovely* " and another that "*they talk to you kindly* "

Medication stores and records were seen and were generally in order although the staff were reminded that bottles of eye drops must be dated on the actual bottle not on the box when they are opened.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the visit to the service.

Activities offered to residents generally suit their preferences and expectations and provide interest in their daily lives and they are encouraged to exercise their choice over their daily lives as much as they are able. Their relatives and friends are encouraged to visit and maintain their relationships with them.

Residents enjoy the food served in the home and meals, which suit their preferences and capabilities are prepared for them

EVIDENCE:

Many of the residents appear to appreciate a quiet and peaceful life and the pleasant surroundings, which the home provides, enables them to do so. A limited range of structured activities is provided however some residents expressed a wish for an increase in these. The Registered Manager must find some way of determining resident's preferences and work towards meeting them.

Residents confirmed that care staff encourage them to maintain their independence and make choices within their daily lives. Several visitors were

in the home and they explained that they are encouraged and always made welcome. All of them praised the home and the care that was given.

The lunchtime meal was served during the inspection and looked appetising and was obviously enjoyed by the residents. Staff had time to sit with residents who need help at mealtimes and special diets can be catered for.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the visit to the service.

Residents can be confident that any complaints that they might have would be dealt with promptly and appropriately and that measures are in place to ensure that they are protected from abuse.

EVIDENCE:

No complaints have been received by the home or by The Commission since the last inspection. All those that were spoken with during the course of the visit were confident that should they have any concerns they would be dealt with appropriately and promptly.

The home has policies in place to recognise and deal with abuse and all staff are given copies of these as a part of their induction. All staff have received satisfactory clearance from the Criminal Records Bureau and Protection Of Vulnerable Adults Register.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,26

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the visit to the service.

This home provides a comfortable, clean and safe environment for residents to live in, which suits their needs, and they have been encouraged to bring in their own possessions to enable them to personalise their rooms and feel at home.

EVIDENCE:

The home is in a pleasant residential area in keeping with surrounding properties and close to public transport links. There are various different seating areas in the home so that residents can either choose to watch television or sit quietly. The lounge with its views over the river is particularly pleasant.

A tour of the premises was undertaken. Both communal areas and resident's bedrooms are clean and well maintained; the latter have been personalised by

their occupants with items from home. A programme of redecoration is underway and carpets are about to be cleaned. Two of the bathrooms have recently been converted to shower rooms to help residents who may be less mobile and a conservatory is planned.

Locks have now been put on residents doors so that they can maintain their privacy, and door closers, operating in the event of a fire, have also been fitted to them. This will help to protect them in the event of a fire.

The home was clean on the day of inspection and free from malodour.

It was noted that increased measures to help prevent cross infection have been introduced in two instances and antiseptic hand wash and disposable aprons have been provided.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the visit to the service.

Residents can be sure that sufficient numbers of appropriately trained staff will be on duty in the home in the home to meet their needs and that recruitment policies and procedures are in place to protect them

EVIDENCE:

The home is staffed by trained nurses and care staff in accordance with previous staffing notices however, an extra carer is about to be employed at night in appreciation of residents increasing needs. They are supported by ancillary staff in sufficient numbers to ensure that the home is always clean and resident's nutritional needs are met. All of the care staff are trained to at least NVQ level 2 and some have also undertaken level 3. In addition all of the staff are encouraged to undertake training appropriate to the work that they undertake and this is ongoing throughout the year.

Five staff files were seen and all were complete including work permits where required.

There is a robust recruitment policy and all staff have received necessary clearance from The Criminal Records Bureau. No new member of staff is recruited without clearance from the Protection Of Vulnerable Adults Register

however; the homes manager was reminded that The Commission must be informed if staff are to start work without the full checks being available.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,36,38

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the visit to the service.

Residents can be sure that the home is managed by a person who is fit to be in charge, that it is run in their best interests and staff supervision ensures that staff remain competent to carry out their jobs.

Policies and procedures are in place to show that health and safety of staff and residents is protected.

EVIDENCE:

The Registered Manager has been in post for some time and displays an understanding of the needs of this client group. Staff meetings are held

regularly to ensure that staff are aware of any developments in the home and able to contribute their views.

A quality assurance programme has begun and questionnaires distributed to residents and their relatives. Results are currently being collected. It was recommended that the questionnaires could be made a little simpler and easier for residents to understand and relate to. This might encourage more of them to reply.

The Registered Provider frequently visits the home. As a part of the quality assurance programme records of visits made either by him or a nominated person must be kept and available for inspections.

Residents are not able to manage their own finances and all have relatives or representatives who do this on their behalf.

A previous requirement relating to staff supervision has been addressed. Trained staff supervise carers and give them the opportunity to sit down on a 1-1 basis to discuss performance and future development plans. Records of these sessions were seen in staff files.

The pre-inspection questionnaire showed that maintenance and safety checks have all been done in order to ensure that safety and wellbeing of staff and residents.

Kitchen records were seen and were up to date however concerns were raised about the amount of water all over the kitchen floor apparently resulting when the dishwasher was being emptied. This could cause a potentially serious hazard and a way must be found to prevent it. Some opened packets of food were seen despite a previous requirement to put all food into lidded boxes. The chef explained that there had been problems with the boxes therefore a method must be found to seal these bags.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	2
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	2
34	X
35	3
36	3
37	X
38	2

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP3	14()(1)	The Registered Provider must ensure that more emphasis is put on determining potential residents social needs during the pre-admission process.	30/12/06
2	OP7	14(1)	The Registered Provider must ensure that care plans contain a record of resident's preferences with regard to the activities that they wish to pursue.	30/12/06
3	OP7	15(1)	The Registered Provider must ensure that care plans provide evidence that residents have been consulted during the process.	30/12/06
4	OP9	13(2)	The Registered Provider must ensure that bottles of eye drops are labelled with the date on which they are opened, not the boxes they are supplied in.	05/09/06
5	OP12	16(2)	The Registered Provider must find a way to ensure that resident's wishes in relation to the activities provided in the home are obtained and acted upon.	05/09/06
6	OP33	26	The Registered Provider must ensure that there is a record available of all his visits to the	05/09/06

			home made in accordance with Regulation 26.	
7	OP38	13(4)(c)	The Registered Provider must ensure that the kitchen floor is kept clean and dry.	05/09/06
8	OP38	13(4)(c)	The Registered Provider must ensure that all bags of opened food are resealed.	05/09/06

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP33	It is recommended that the format of questionnaires designed to gain the views of relatives are made more suited to the abilities of the residents.

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