



# Inspection Report on

**Bridge House**

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

## **Date Inspection Completed**

24/09/2024

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## About Bridge House

|                                                       |                                                                                                                                                                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing                                                                                                                                     |
| Registered Provider                                   | Brecon Care                                                                                                                                                                     |
| Registered places                                     | 36                                                                                                                                                                              |
| Language of the service                               | English                                                                                                                                                                         |
| Previous Care Inspectorate Wales inspection           | 13 December 2022                                                                                                                                                                |
| Does this service promote Welsh language and culture? | 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

People are treated with dignity, respect and have a choice about how they spend their time. Bridge House is homely, and people are comfortable and relaxed. People are consulted about their care delivery. An electronic care document system ensures people's day-to-day needs and preferences are considered. Medication systems have been reviewed. The management team are supported by staff who are trained, developed, and safely recruited. The responsible individual (RI) has good oversight of the service with systems in place which support its operation. The RI regularly visits the service and seeks opinions of people who receive a service. The environment is safe, secure, and maintained. The outstanding areas for improvement have been met.

## Well-being

People have a voice and are consulted about the service. They are encouraged to make everyday choices which include the clothes they wear, what food and drink they have, where to spend their day and what activities they participate in. People can spend their time alone or with others. Mealtimes are an opportunity for social engagement with others. People are asked their views and opinions of the service with the information provided used to drive improvements. People gave the service a high satisfaction rating of 9.7 out of 10 when last consulted.

People are treated with dignity and respect. Staff are familiar to people and know them well. People are consulted about how they want their care delivered. An electronic care document system which is updated regularly and reflects the needs of individual's enables people to be supported according to their needs and preferences. The service works collaboratively with healthcare professionals to provide a good standard of care and support. We saw positive interactions between staff and people who live at the service. *"My relative is so happy here, staff are amazing, they go out of their way nothing is too much trouble. Were like one big family "*.

People are protected from harm. Risks to people are assessed so they are supported to stay safe, and their freedoms respected. People receive a good standard of care and support from a well-trained and supported care staff team, who are registered with Social Care Wales, the workforce regulator. Medicine arrangements have been reviewed. Staff are safely recruited. *"It is lovely here, my relative is generally happy. They are safe and well looked after."*

The environment is safe, secure, and maintained, with plans for further refurbishment. The service uses the space provided by the environment to support peoples' wellbeing and to meet their identified needs. Routine health and safety monitoring ensures the safety of the environment. Dementia friendly approaches are in place which promote orientation for people with dementia living in the West wing, a separate unit attached to the service.

The provider does not offer a service to people in Welsh and would have to plan how to facilitate a service if needed. People are asked before admission their preferred language. People are supported to celebrate cultural activities. Information can be provided in the Welsh language if requested.

## Care and Support

People receive care and support when and how they want. People's personal plans provide clear guidance for staff about the individual, their care and support needs and outcomes they would like to achieve. This allows care and support to be delivered in line with each individual's routine such as when they want to get up and retire to bed. End of life care plans ensure people's preferences are maintained in their final days of their life.

People's personal plans are reviewed regularly. People and their relatives are now engaged as much as they want to be in the review process. We saw many encouraging and friendly interactions between people who live and work at the home. People are content and comforted in their interactions with staff. A relative told us, *"Staff are fabulous nothing is too much trouble."*

People are supported to be healthy and stay safe. Risk assessments support individuals to remain safe. Arrangements are in place to monitor and evaluate accidents and incidents. The relevant applications are made to safeguard people's best interests. Staff are trained to safeguard people from harm and abuse and are aware of their duty to report any concerns. We found staff are responsive and deal with any issues as they were identified.

People have opportunities for regular activities tailored to their likes and preferences. Activity staff provide a range of group and individual activities which people can participate in. People have asked for more activities in the local community and the service is looking to accommodate such requests. Families can visit their loved ones whenever they want, which helps residents to maintain relationships with their family, friends, and pets. A pleasant garden area has been created for people to sit outside and enjoy.

Medication arrangements are satisfactory. Staff receive medication training to be able to support people according to their needs. Medication is stored safely. Medication audits are completed regularly. We identified an isolated medication issue which the manager was in the process of rectifying. The manager consulted with other healthcare professionals to manage the specific medication needs of an individual. The service providers are looking to introduce systems to make medication administration safer.

## Environment

Bridge House is welcoming, comfortable, clean, and well-maintained. People can choose where they would like to spend their time, between different lounges to chat and engage in activities with other residents, in quiet lounges or in their own rooms. The garden area offers residents access to outdoor spaces. Individual bedrooms reflect people's ownership and individuality. The service adopts dementia friendly approaches to support people with their independence in the dementia unit. Corridors are clear of clutter which enables people to walk around freely. Signage is used to direct people around the service with toilets and bathrooms clearly labelled.

The premises complies with health and safety legislation. We found the service is clean and tidy. A number of environmental audits show routine health and safety checks take place to ensure people are safe. Regular fire checks take place and each person living in the home has a personal emergency evacuation plan to guide staff how to support people to leave safely in the case of an emergency. There is an on-going programme of works to ensure the service continues to meet the needs of people living at Bridge House. The service promotes hygienic practices and manages the risk of infection. Care staff have access to personal protective equipment (PPE) if required. We observed staff using appropriate PPE throughout the inspection. The service has a food standard rating of three which demonstrates hygiene standards are generally satisfactory.

## Leadership and Management

Effective management arrangements and oversight of the service are in place. The manager is suitably qualified for the role and registered with Social Care Wales (SCW), the social care workforce regulator. They are supported by a deputy manager and both form the management team. They know people well and demonstrate commitment to providing a good quality service. They ensure effective day-to-day management and oversight of the service takes place. Care staff told us that management are approachable and always there to help or provide guidance. Staff have confidence managers will get things done.

A number of audits are routinely completed which assess the quality of the service. Regular meetings take place between the RI and management team. The RI routinely visits the service and gains people's views and opinions of the service. Staff meetings take place to update and inform the team of any issues. A six monthly quality of care review is completed, the recommendations form part of an on-going action plan which drive forward improvements at the service. Senior managers monitor progress of meeting the recommendations. We found the measures in place to monitor the quality of the service provided are effective.

The service has an up to date Statement of Purpose (SoP) which is a key document that sets out the vision of the service and how people are cared for. There is a written guide for the service which explains what care and support the service can and can't provide. Policies and procedures provide up to date guidance for staff to ensure services are provided in line with the SoP.

Care staff are suitably recruited, trained, and supported to carry out their duties. The agency carries out pre employment checks in the form of Disclosure and Barring (DBS) and seeking former employer references. The necessary forms of identification are retained for staff. All staff are registered with Social Care Wales the workforce regulator. Newly appointed care staff complete an induction programme which includes training and shadow shifts to ensure they can perform specific care tasks. Care staff training records indicate care staff have access to training opportunities, and overall care staff have completed an appropriate level of training. Care staff are provided with support through regular supervisions, though we observed an open-door policy where care staff are encouraged to discuss people's needs swiftly, ensuring the continued provision of good-quality care.

| 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.

| Area(s) for Improvement |                                                       |        |
|-------------------------|-------------------------------------------------------|--------|
| Regulation              | Summary                                               | Status |
| N/A                     | No non-compliance of this type was identified at this | N/A    |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|    | inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| 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.                                                                                                                                                                                                                           | Achieved |
| 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. | Achieved |
| 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.                                                                                                                                                                                                          | Achieved |

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