Bridges Home Care Limited

Oxford House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this inspection on 3 February 2016. This was an unannounced inspection.

Oxford House provides domiciliary care services to people who live in their own home. The service provides support to people with a variety of conditions including people living with dementia. At the time of our inspection there were 139 people using the service.

The service had a registered manager in post. 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.

Medicines were not always managed safely and medicine records were not always completed accurately. Systems for auditing the quality of the service had not identified these issues.

People's care records did not identify how they would be supported in line with the principles of the Mental Capacity Act 2005. We have made a recommendation in relation to the Mental Capacity Act.

The service promoted a caring culture, led by the registered manager. The service constantly looked for ways to improve and had recently implemented a new management structure. Staff were positive about the improvement in the support they received as a result of the change. People were complimentary about the management of the service and felt confident to raise any concerns.

People were supported by staff who had the skills and knowledge to meet their needs. Staff were kind and caring and knew how to treat people with dignity and respect. Staff had access to training and development opportunities and were well supported by the management team. People told us they felt safe and staff visited them when required to assist them with personal care.

Care plans were personalised and identified how any assessed risks would be managed. Where people required support with eating and drinking this was included in their care plans along with any specific dietary requirements.

We found one breach of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely.

There were sufficient staff to meet people's needs.

Risks to people were assessed and plans in place to manage the risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Records were not always completed in line with the principals of the Mental Capacity Act 2005

Staff had the skills and knowledge to meet people's needs and were well supported by the service.

People were supported to access health professionals when their conditions changed.

Is the service caring?

Good

The service was caring.

People were positive about the caring nature of the staff.

People were treated with dignity and respect.

People and their relatives were involved in their care.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and regularly reviewed to ensure they reflected people's needs.

People were encouraged to maintain their independence.

People knew how to make a complaint and were confident to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems to monitor and improve the quality of the service were not always effective.

The service promoted a caring, person-centred culture.

The service consistently looked for ways to improve.

Oxford House

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 was planned to check 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 3 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone from the management team would be present at the office.

The inspection was carried out by one inspector.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us
about by law. Before the inspection, we asked the provider to complete a 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.

Questionnaires were sent out to people who use the service, relatives, staff and community professionals asking them questions about the service. We received 16 responses from people who used the service, two from relatives and ten from staff. We gained feedback from commissioners of the service.

We spoke with eight people and three people's relatives or friends. We looked at 12 people's care records including medicine records. We looked at five staff files and other records showing how the service was managed. We spoke with the registered manager, finance manager, 2 area care managers and four care staff.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. Staff told us medicine administration records (MAR) were kept in people's homes and were returned to the office monthly. However, we found that MAR were not always present for people who received support with administration of medicines. Where MAR were available it was not always clear what dates they related to. For example, one person's MAR recorded only the month and not the year. Another MAR was dated February 2013 and April 2015. This meant we could not be sure people were receiving their medicines as prescribed.

People's records were not always clear whether staff had supported people with the administration of medicines. For example, one person's daily record stated 'meds given'. On the MAR for the same date and time there was a code indicating medicines had not been administered. We spoke to the area care manager who told us the person's relative will sometimes support the person with the administration of medicines and this would be indicated by the code shown on the MAR. However, where the MAR indicated medicines had been administered by care staff the entry in the daily record stated 'meds given'. This meant it was not clear from the records whether staff had administered medicines to the person.

We could not be sure people received their medicines as prescribed when they were dispensed outside of a monitored dosage system. For example, one person had been prescribed antibiotics. The MAR entry for the antibiotics was handwritten and did not state when and how often the medicine was to be administered. There was no information relating to the strength or dose of the medicine or the quantity dispensed. The MAR showed the medicine had been administered twice a day but not at a consistent time. This put the person at risk of not receiving appropriate treatment for their condition.

We spoke to the registered manager about these issues who told us they would take immediate action to address the concerns.

This issue is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe with the care provided by the service. Comments included: "Oh yes, we are safe"; "I feel very safe with them"; "I have no reason not to feel safe" and "They make sure I'm safe when they leave".

Staff we spoke with understood their responsibilities to identify and report any concerns relating to abuse. Staff told us they had received safeguarding training and were confident to raise any concerns with the management team. One member of staff said, "I would always report". Staff were aware of where to report concerns outside of the organisation, for example to the local authority safeguarding team or to the Care Quality Commission (CQC).

The service had a safeguarding policy and procedure for staff to follow. This system supported the service to report and investigate safeguarding concerns. Staff knew where to report outside of the service. Records

showed the registered manager had raised safeguarding concerns with the local authority safeguarding team and had notified CQC as required.

People told us they received most of their calls on time and where care staff were late they would receive a telephone call to advise them. Comments included: "They are never late, they always come, never missed me out"; "Sometimes they are late but the office rings or sometimes the girls (care staff) ring themselves. It's not a problem. The traffic's so bad round here" and "They're not always on time but they do let me know".

Staff told us they had sufficient time to meet people's needs and were not rushed. When people's needs could not be met by the time allocated for the visit staff fed back to the management team who reviewed the person's care needs and where necessary requested an increase in resource from the commissioners of the service.

The service had an electronic system to schedule calls which minimised the risk of missed calls as these were automatically identified by the system. Calls were scheduled to ensure staff had enough time to travel to visits and spend the agreed time with each person.

Records relating to the recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes. This was to ensure staff were of good character. These checks included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People's care records included risk assessments relating to the health and safety of the person and the environment. Where risks were identified risk management plans were in place. For example, one person's care plan identified the person needed the support of two carers and a hoist to transfer. The care plan contained detailed information relating to how the person needed to be supported to ensure the person was moved safely. Records of calls showed the person had support from two carers.

Requires Improvement

Is the service effective?

Our findings

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. However, we found that care plans did not contain any mental capacity assessments relating to specific decisions for people living with dementia. For example, one person living with dementia would decline personal care. The care plan detailed what staff should do if the person declined support. However there was no mental capacity assessment to determine if the person had capacity to make that decision and whether the actions were in the person's best interest. We spoke to the registered manager about this and they told us they would review people's care plans.

Staff understood the principles of MCA. Staff had completed MCA training and explained how they would support people who may lack capacity to make specific decisions. Staff were aware that decisions may be made in a person's best interest and that a person's capacity was assessed on a decision specific basis. One member of staff said, "It is about encouraging and respecting their choice. If someone is declining personal care I would not force them, but would report it to the office".
People were positive about the skills of the staff supporting them. Comments included: "They seem to know what they are doing. It's obvious they have had some coaching in how to lift and prevent pressure sores"; "They are very knowledgeable. They know just what I want"; "I think they've had lots of training, they know what to do" and "Everybody (staff) who comes knows how to do their job".

Staff had completed training which included: manual handling; infection control; medicines; safeguarding and MCA. New staff completed an induction programme which included training and shadowing more experienced staff. Staff worked towards the completion of The Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life and gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff had the opportunity to achieve national qualifications in health and social care. Staff we spoke with had achieved or were working towards level two and three diplomas in health and social care.

Staff felt supported. There had been a recent change in the line management structure and staff were positive about the change and the improvements that had happened as a result. Staff received regular one to one meetings (supervisions) with the registered manager and annual appraisals with the registered manager. Staff told us supervision sessions were useful and enabled them to discuss any concerns. Staff were encouraged to identify any development needs.

Where people required support with food and drink this was detailed in their care plan. For example, one person's care plan identified the person was not eating well and required support. The person's food and fluid intake was being monitored and records showed this was being completed. People we spoke with told

us staff prepared a meal of their choice. One person said, "They always check I'm eating all right".

People were supported to access health and social care professionals when needed. Records showed the service had contacted occupational therapists, physiotherapists, GP's, district nurses and mental health teams in relation to people's health needs. Where advice and guidance had been given this was detailed in the people's care plans and was being followed. For example one person had been assessed by an occupational therapist. The care plan contained details in relation to positioning the person and how equipment should be used to ensure staff knew how to support the person safely.

We recommend the service refers to the Mental Capacity Act codes of practice for guidance in relation to the principles of the MCA.

Good

Is the service caring?

Our findings

People were positive about the caring approach of the staff. Comments included: "They are very good. I couldn't be without them. I look forward to them coming"; "They are all good. Very kind and caring" and "I'm very pleased with them. They are very helpful". People told us staff were willing and would always help with anything they needed. One person said, "They are so helpful, they always ask if there is anything else they can help with or I want done".

Staff we spoke with had a caring approach to their work. Staff spoke about people in a kind and respectful way. One member of staff said, "I treat people how I would like to be treated. People are all different and you have to respect that".

Staff understood the importance of building trusting relationships with people they support. One member of staff said, "I have consistent clients and that's important to allow me to build relationships".

Throughout the inspection there was a caring atmosphere in the office. We heard office staff speaking with people and relatives. They showed compassion and understanding. Taking time to explain until they were sure people understood what was being said. When staff spoke to each other about people, they did so in a respectful manner.

People told us they were treated with dignity and respect. One person said, "They give me privacy. They wait outside. Then they come in and help me". One person's friend told us, "They are professional without being officious. They are jolly and jokey in an appropriate way".

Staff understood the importance of supporting people that respected their dignity and privacy. One member of staff told us, "I always introduce myself and have a chat first. It's about making them feel comfortable".

People were involved in the development of their care plans to ensure their needs were being met in a way they chose. People told us that regular reviews were carried out. One relative told us, "They came out a little while ago because I raised an issue. They came out and did a review and the issue was resolved. They've updated the care plan now".

Good

Is the service responsive?

Our findings

People's needs were assessed when they began using the service and care plans were completed based on the assessment to ensure people's needs were met. Care plans were personalised and detailed how people wished to be supported. For example, one person's care plan included detail on what support care workers provided and the support the person preferred to be given by a relative.

Care plans promoted independence and detailed how staff could encourage people to remain independent. For example, one person's care plan stated, 'Encourage [person] to clean their teeth'. Where people's needs fluctuated care plans detailed how staff should assess people on each visit and how they should be supported depending on the member of staffs daily assessment of the person. For example, one person was able to stand up on some days, however when they were feeling unwell they were not always able to stand. The care plan detailed how staff should support the person to try and stand but if they were unable a hoist should be used.

Some people's care plans contained information about the person's history, likes and dislikes. For example, one person's care plan identified the person liked reading the daily paper and watching certain television programmes. However, this level of detail was not consistent in all care plans we looked at. We spoke to the registered manager who told us this would be completed at each person's next review.

People were encouraged to spend time doing things they enjoyed. One relative told us, "They (staff) encourage [person] to get out of bed and come downstairs. It's a better life than staying in bed all the time but they have to encourage [person] because of the pain of arthritis. They (staff) say downstairs is the heart of the home and you will be able to see the birds and the garden". Staff we spoke with knew people well and this included people's histories. One member of staff said, "You get to know them over time. People talking about their past is so interesting".

Care plans were written in a dignified and respectful manner. People's preferred name was included along with any religious or cultural needs. This ensured people's needs relating to their diversity and human rights were identified.

Staff told us care plans were detailed and contained enough information to enable them to support people in a way that ensured their needs were met. One member of staff said, "They (care plans) are very person-centred".

People's care needs were reviewed regularly and where changes were identified care plans were updated.

People knew how to make a complaint and felt confident to do so. Comments included; "I've got no complaints, if I had I'd call the office" and "I've never needed to complain but I have some forms here I can fill in if I need to or just ring the office".

The service had a complaints policy and procedure and records showed that all complaints had been dealt

with in line with the policy and to the satisfaction of the person making the complaint.

The service had systems in place to obtain feedback from people and their relatives. This included reviews and an annual customer survey. The most recent survey showed positive results. Where issues were identified action was taken. For example, people had commented about the punctuality of calls. The registered manager had responded reassuring people the service aimed to attend visits within 30 minutes of the required time and where this could not be achieved people were telephoned and advised the call would be late. The results of the survey were shared with people.

Requires Improvement

Is the service well-led?

Our findings

Systems to monitor the quality of the service were not always effective. When people's care records were reviewed the records indicated that daily records, care plans and medicine administration records were audited. However the audits had not identified the issues found during this inspection. We spoke to the registered manager who agreed to review the audit system as a priority.

Calls were monitored to ensure all visits were made and that people received the allocated time for each visit. There was an electronic system in place to schedule visits. The system highlighted any calls that had not been scheduled. This ensured people received support to meet their assessed care needs.

People and their relatives were positive about the management of the service. One relative told us, "They (management team) always respond to anything we request. I know them all in the office. [Registered manager] has been out as a carer".

Staff were complimentary about the management of the service. One member of staff told us, "The management are very supportive. We get absolutely lovely support".
The management team promoted a caring culture. We saw the registered manager speaking with staff in a respectful caring manner. The registered manager listened to staff and valued their knowledge and experience relating to the people the service supported.

During the inspection we heard many telephone interactions with people, relatives and health professionals. Interactions were respectful and understanding.

There were regular team meetings which supported staff to contribute ideas to improve the service and allowed information and learning to be shared. Records of the meetings included discussions in relation to the new management structure and how this would support care workers by having a clear line of reporting and accountability. Records showed that staff had been complimented for their increased use of the electronic timed monitoring system which was used to track visits.

The registered manager and financial director constantly looked for ways to improve the service. For example, they had identified that the service required a more effective management structure as the service had grown significantly since it was first established. The new structure had recently been implemented. Staff were extremely positive about the changes made. Comments included: "It's very organised now. [New care manager] knows clients really well and is very responsive to any concerns"; "New structure is very supportive" and "The new structure has really improved support".

The registered manager and financial director had recently attended training to enable them to recruit staff using a values based approach. Values based recruitment is about employing staff who have the right attitude to work in care and know what it means to provide high quality care. The service was in the process of implementing the new approach and had invited people and their relatives to take part in the recruitment process.

Accidents and incidents were recorded and steps taken to minimise the risk of a reoccurrence. For example one incident resulted in all staff being reminded of the importance of following risk assessments and plans in people's care records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure care and treatment was provided to service users in a safe way. Medicines were not always managed safely. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure there were effective systems in place to ensure the quality of the service was monitored and improved to ensure the regulations were met. Regulation 17 (1) (2) (a)