

Bridgewater Home Care Ltd

# Bridgewater Home Care

## Inspection report

X1a, Warrington Business Park, Long Lane  
Long Lane  
Warrington  
WA2 8TX

Tel: 01925245460

Website: [www.bridewaterhomecare.co.uk](http://www.bridewaterhomecare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Bridgewater Home Care Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection 41 people were receiving care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We found that some processes needed improvement to evidence more effective quality assurance systems. Governance checks had not identified issues raised during the inspection with record keeping, management of numbers of supervision for staff and management of notifications. Following the inspection the registered manager had submitted appropriate updates to CQC. The provider had recently employed a brand manager who they planned to provide over site and support to the location. This would help strengthen the governance systems of the service.

People and their relatives spoke very positively about the caring nature of staff. We received positive feedback on how staff were supportive and went the extra mile to get care just right for people. They told us they were always treated well by staff and were consulted about their care. Staff supported people with their personal care needs in a sensitive manner. People told us how staff supported them in protecting their privacy.

People were protected from the risk of abuse or neglect. Staff were well trained in safeguarding vulnerable adults. Systems and processes were in place to reduce the risk of harm. Medicines were well-managed and regularly audited to provide safe checks and support. Thorough recruitment practices were in place to provide safe systems to ensure new staff were suited to working with vulnerable people. Staffing levels were managed in sufficient numbers to meet people's needs and provide safe care. Staff recorded incidents and accidents in sufficient detail to aid analysis and reduce risk.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This was the first inspection since the provider moved to the new address for this location.

Why we inspected

This was a planned inspection following the service's registration with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

This service is not always well led.

Details are in our well-Led findings below.

Requires Improvement ●

# Bridgewater Home Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service supported 41 people with personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period of notice for the inspection because we needed to give people the opportunity to speak with the inspector.

#### What we did before inspection

We reviewed information we had received about the service since the service first registered with CQC. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return.' This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

#### During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, updates of various policies and results of surveys and questionnaires.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question was rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People felt safe being supported by staff supplied from the service. Relatives felt their loved ones were safe and well cared for.
- People were protected from the risk of abuse. Staff had completed training in adult safeguarding and were aware of their responsibilities to report any concerns.
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations they had carried out and showed they had taken appropriate actions to keep people safe. One incident discussed during the inspection needed further updates. The registered manager has submitted a detailed notification following the inspection.

Staffing and recruitment

- Staffing levels were safely managed. People received support from staff who were familiar with their support needs. Computerised systems helped the management team to safely monitor visits to ensure staff arrived at expected times and that everyone received visits as per their plan of care.
- Safe recruitment procedures were being followed to ensure staff were safe. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- Risk assessments were completed in relation to a range of needs including the environment. Assessments were detailed and regularly reviewed.
- Health and safety was well managed with regular audits and records to show safe oversight of the service.

Using medicines safely

- Medicines were well managed and people told us they received good support from staff to take their medication on time. One person told us how the staff had gone out of their way to collect medications for them when they had no other means to organise their prescription.
- People were supported with their medicines by trained members of staff who regularly had their competency levels checked.

Preventing and controlling infection

- Staff fully understood the importance of complying with infection control procedures as a way of keeping people safe. Staff were provided with personal protective equipment (PPE.)

Learning lessons when things go wrong

- Accident and incidents were routinely recorded and regularly reviewed.
- The registered manager had audited records to show if they had any ongoing trends emerging to help them take swift actions to reduce any potential risks to people.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At this inspection this key question was rated as good. This meant people's outcomes were consistently good, and feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support ; Staff working with other agencies to provide consistent, effective, timely care ; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives and people receiving support were very positive about the care provided and told us, "The staff are just lovely, one of the best services around" , "They go out of their way to help me, I really don't know what I would do without them" , "Staff are perfect kind and well mannered" and "They have been absolutely fabulous they go the extra mile, yesterday I asked could someone take me to the dentist and they just sort it, it's like a big cloud taking over from me."
- Staff ensured that they worked collaboratively with other healthcare professionals as a way of providing a holistic level of care.
- Records showed that when people were unwell staff acted promptly to ensure they received appropriate care and treatment.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutrition and hydration support needs were well managed.
- People confirmed staff knew their preferences and prepared meals and drinks as they wished.

Staff support: induction, training, skills and experience

- Staff were provided with necessary training and development opportunities to help fulfil their needs and expertise in fully supporting people.
- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge.
- Staff received regular one to one supervision and appraisals from senior staff to offer their continued support. Staff told us they were fully supported on a day to day basis and felt listened to and respected when discussing their views.
- Some records showed different amounts of supervision supplied to each staff member and records indicated some staff received group supervision. Following the inspection, the registered manager revised their supervision policy to offer better consistency. They updated it to include observational checks and group supervision as part of their mechanisms to support their staff.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff had completed training in relation to the MCA and understood their responsibilities.
- The service was working in accordance with the principles of the MCA. People were asked for consent and given choices in relation to their care and other important decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At this inspection this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke very positively about the caring nature of staff. They told us, "The staff are lovely" and "They are all so kind."
- Staff knew people very well. The management team tried to supply consistent groups of staff to each person. Staff were able to discuss the individual needs and requests of each person they supported. They knew the different medical conditions and emotional needs of people and felt they had received the right level of training to help them fully support people with mobility problems and with dementia.

Supporting people to express their views and be involved in making decisions about their care. People's individual requests and care needs were well recorded in their care records and regularly reviewed.

- People and their representatives told us they were regularly asked for their views and were very positive about the service. One person told us they specifically asked for female staff for their personal care and they were happy that this was always granted. Another person told us, "We can ask for a favour and they always help."
- People were supported to comment on their provision of care and were actively involved in the decision-making process through discussions with staff and care review meetings.

Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the way in which staff respected their rights to privacy and dignity.
- Care files contained detailed person-centred information, which was contributed to by people and their relatives and gave them opportunities to express how they wanted to be supported.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views.
- The staff demonstrated ways how they offered their respect and thoughts to each person that had passed away. They had developed a memory tree in the office with each person's name as a sign of respect and remembrance that had since passed away.
- People's confidential records were stored securely in locked cupboards in the main office or on password protected electronic devices.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question was rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was tailored around their individual support needs, wishes and preferences. Relatives were very positive and told us they were kept up to date, one person told us, "They always keep us up to date and let us know how our relative is doing, this service is much better than others we have used in the past." Another relative also positive told us, "We've had a journey with my (relative) with various care agencies, but Bridgewater have been fantastic, such as the level of communication and they do assessments if (our relative) wants any changes, the level of continuity is good and level of communication is fantastic."
- People's person-centred needs were reflected in their care files and helped inform staff in how to support each person they were allocated to.
- Care records reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs.
- Staff understood the need for effective communication and met the requirements of the AIS.
- Important information was made available in a range of accessible formats to help people better understand and to promote their involvement

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Bridgewater HC was mainly commissioned to provide personal care. However, we saw various examples of staff supporting people to engage in various social activities which helped people to avoid social isolation. The registered manager advised it was an objective of the company to try to develop further social support to people as the feedback was very encouraging to offer more events locally.
- The service regularly, organised fund raising for local charities and social get togethers. They invited all of the people they support.
- Staff understood the importance of supporting people to develop and maintain relationships.

#### End of life care and support

- The service provided support with end of life care. They worked closely with help care professionals to maintain a person's comfort and care. People's end of life wishes were recorded in care files. One relative praised the support they received for their family member.
- The records showed good liaison and referral to local health and social care professionals when needed.

#### Improving care quality in response to complaints or concerns

- The service dealt with complaints in accordance with their own policy and best-practice guidance.
- People and relatives knew who to speak to if they had a complaint. People and relatives felt listened to and had no concerns. they were very positive about the service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At this inspection this key question was rated as requires improvement. This meant the service was not consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The quality and safety of care was regularly monitored by the registered manager as a way of ensuring people received their expected level of care. Aspects of general auditing and monitoring by the provider was done via the computer system. We were told the provider had employed a brand compliance manager who's focus was to ensure all offices were working to the same standards.
- On-site support would help to improve some aspects of governance of the service for example with the standard of record keeping and management of care file reviews. We noted several documents that had not been accurately updated with signatures and dates. The registered manager acknowledged improvements were needed with some aspects of staff record keeping to help improve the accuracy of the records kept.
- The registered manager and provider were aware of their regulatory responsibilities. Notifications about specific events had been sent to CQC however we noted one incident that hadn't been notified at the time of the event. The registered manager discussed the different types of notifications as they had been unsure if it warranted a notification. It was agreed this would be submitted following the inspection.
- We saw that there was strong links with the local community. People were actively encouraged to access different support groups and social events that were taking place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People and relatives told us the registered manager and senior staff was known to them and approachable. We saw them to be kind, caring and they were knowledgeable of people's needs. People told us the communication was very good. One relative was very reassured by the communications and explained that, "Staff picked up (my relative) was poorly and needed to be admitted to hospital, the office check in and communication is really good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality and diversity support needs were well managed and staff supported everyone to meet their needs.
- Everyone had the opportunity to offer feedback about the provision of care they received. Following the inspection, the registered manager submitted the results of their last satisfaction survey. The results offered positive feedback and action plans drawn up by the provider responded to people's requests and suggestions.
- The registered manager offered an 'open door' policy to everyone so they could discuss any matters with them and published dates for surgery's encouraging people to contact her any time.

#### Continuous learning and improving care

- The registered manager and their team demonstrated how they continued to review their practice and looked at seeking ways to improve the service and the experiences of the people being supported by the service.
- Accidents and incidents were closely monitored by the registered manager to establish if lessons needed to be learnt and actions taken to reduce further risks.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities, the importance of investigating incidents/events as well as being as open and transparent as possible.
- Staff told us they would not hesitate to inform senior staff of a concern or error. We saw evidence of errors and performance issues that had been recorded, reported and addressed appropriately.