

Bridges Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bridges Homecare is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes or people in supported living arrangements.

At the time of our inspection 135 people received personal care as the regulated activity. 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.

The last rating for this service was Requires Improvement (Report published 1 February 2020). At the last inspection we found medicines management was not based on current best practice.

The systems in place to monitor the quality of service were not always effective in that they had not identified the concerns found in relation to their registration and medicines management. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had taken action and improvements had been made. The provider was no longer in breach of this regulation.

People's experience of using this service

Medicines were administered and managed safely. Records were accurate and up to date and staff's competency to safely administer medicine was regularly checked and recorded.

The registered manager had quality assurance systems in place to monitor the quality and safety of the service. This included monitoring of medicine management systems. The service had a clear management and staffing structure in place and promoted a positive, caring culture.

People told us they felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner.

There were sufficient staff on duty to support people with their needs and keep them safe. Effective and safe recruitment processes were consistently followed by the provider.

People were safe from the risk of infection. This included measures introduced by the provider to safeguard people and staff from COVID-19.

We undertook this focused inspection to check the provider had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bridges Home Care Ltd on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Bridges Home Care Ltd

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

The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had a manager who was 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also 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. This ensured we were addressing any areas of concern.

During the inspection

We spoke with eight people and eight relatives. We looked at three people's care records and four medicine administration records (MAR). We spoke with six care staff and the registered manager. We reviewed a range of records relating to the management of the service. These included medicine records, quality assurance audits, training records, policies and surveys.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection we found medicine management was not based on current best practice and staff's competency to administer medicine was not always checked and recorded. At this inspection we found improvements had been made.

Using medicines safely

- People received their medicines safely and as prescribed.
- The registered manager ensured people's medicine was administered by trained and competent staff. One member of staff said, "I had refresher training and my competency has been checked on a spot check. There is definitely improvement in how we are managing medicines."
- Records confirmed staff competency was regularly assessed and recorded and medicine administration records [MAR] accurate and up to date.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "I am very safe with them as the company also do occasional spot checks to ensure my safety and well-being." A relative commented, "He [person] feels safe knowing they are coming to check and see him every day, which takes a pressure off my mind."
- People were cared for by staff that knew how to raise and report safeguarding concerns. Staff were able to describe the types of abuse and what steps they would take to report any concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authority safeguarding team and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication and environment. For example, one person was at risk of falls. Guidance on how to keep this person safe, including two staff to support the person, was provided for staff.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs. All risks had been reviewed in relation to COVID-19.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We are usually ok, but we are tight at the moment due to holidays I think."

- Records confirmed there were sufficient staff to support people. For example, where two staff were required these were consistently deployed. People told us staff were punctual. One person said, "They arrive on time, never later and never missed and never go early." An electronic monitoring system was in place to monitor staff visits.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment (PPE) such as masks, gloves and aprons.
- One staff member spoke about the training provided for COVID-19. They said, "Yes. Correct use and disposal of PPE. What to do if I suspect a client has Covid. I've no concerns."
- A current infection control policy was in place and available to staff.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, following issues concerning the care and treatment of a new person to the service the registered manager had reviewed and implemented changes to the service's initial assessment procedure.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the systems in place to monitor the quality of service were not always effective in that they had not identified the concerns found in relation to their registration and medicines management. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good governance.

At this inspection we found improvements had been made and the service was no longer in breach of regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, one audit identified medicine risk assessments were required for certain people. We found these were now in place.
- People and their relatives told us they thought the service was well run. Their comments included; "I do know the manager. Very nice and supportive when I've spoken to them" and "I am happy with the way it is run, yes, very happy actually. Nothing to improve and I would recommend them as I've had them for some time."
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- Staff were complimentary of the support they received from the registered manager and felt the service was open and honest. One staff member commented about working at the service. They said, "We take a great deal of pride in providing a good service to our clients, being able to take time and listen to our clients when they're distressed or down. The company is so proud to make people feel happy and safe in their own homes."
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- Surveys were regularly conducted. The results from the latest survey were positive. People's and their

relative's views were also sought during reviews where they were able to discuss issues and raise concerns. For example, one person had issues with their care and how it was delivered. The registered manager visited this person and resolved the issue for them.

- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. Information was shared with staff at meetings and through secure telephone messages .

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training, for example, the Skills Network and Skills for Care.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. The registered manager was also a member of the Oxfordshire association of care providers.
- Coronavirus (Covid 19) contingency plans had been put in place and we saw the registered manager had been in communication with the local authorities and staff had been briefed.