

Bridge Cross Care Ltd

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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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bridge Cross Care Ltd is a domiciliary care agency in the London Borough of Greenwich. It provides personal care and support to people living within their own homes. At the time of our inspection there were three people using the service.

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

We found improvements had been made since the last inspection. There were some minor inconsistencies about responding to complaints which the provider had acted on.

People told us they were happy with the standard of care and support they received from staff. Risks to people had been identified assessed and staff had guidance on how to minimise risks. Staff understood how to protect people from the risk of abuse or neglect. There were enough staff deployed to meet people's needs and appropriate recruitment checks were carried out before staff began working at the service. There were systems in place to ensure medicines were managed safely if required. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment.

People had a person-centred care plan which was reviewed regularly to ensure their needs were met. People told us they knew how to make a complaint if they were unhappy with the service. People had access to information about the service in a format that met their needs.

There were systems in place to monitor the quality of service, regular audits and unannounced check were carried out on staff practices. People and their relatives' views about the service were sought regularly to drive improvements. Staff said they felt supported by the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update – The last rating for this service was requires improvement (published 29 March 2021) and there were breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We carried out an announced comprehensive inspection of this service on 22 February and 24 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good

governance.

We undertook this focused inspection to check they 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, Responsive and Well-led which contain those requirements.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bridge Cross 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 27 July 2021 and ended on 6 September 2022. We visited the location's office on 27 July 2022.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spoke with the registered manager who is also the owner. Following the office visit we spoke with one care staff by telephone. We also spoke with two people using the service by telephone to seek their feedback on the service they receive.

We reviewed a range of records including three people's care plans and care records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection on 22 and 24 February 2021 we found the provider had not always managed medicines safely. This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the time of our inspection there was no one using the service that required support with administering their medicines. However, the service had systems in place that ensured people's medicines were safely managed as support had been provided to people previously.
- The service had moved from paper to digital medicines administration records (MARs) to ensure an active recording and monitoring system was in place.
- Staff had up to date training on medicines management to ensure they had the skills and knowledge to safely support people when required.

Assessing risk, safety monitoring and management

At our last inspection on 22 and 24 February 2021 we found the provider had not always identified, assessed or managed risks to people effectively. This was a breach of regulation 12 (1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were systems in place that ensured people were kept safe from the risk of avoidable harm.
- Risks to people were assessed in areas including moving and handling, eating and drinking, personal care, continence care and accessing the community. The risk management records included guidance on how staff could prevent or mitigate these risks occurring.
- Staff knew people well and how best to support them to meet their needs and risks. People told us they had consistent staff who knew them well and how to safely support them to minimise any risks posed to them.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse or harm. One person commented, "When they [staff] come I feel safe with them and I am happy."
- Staff had a good awareness of safeguarding policies and procedures and had received safeguarding training. They knew of their responsibilities to report and respond to concerns of abuse or neglect.

- The registered manager knew of their responsibility to respond to safeguarding concerns, report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, there were no concerns or allegation of abuse.

Staffing and recruitment

- There were enough staff to support people's needs and staff were recruited to the service safely.
- People told us there were enough staff to support them. One person said, "I have been very happy with the care that [staff] have provided, they come on time, they are very good with time and very kind."
- A staff rota we reviewed confirmed care and support was delivered at the time planned and the right numbers of staff supported people's needs.
- Staff were safely recruited, and pre-employment checks were completed before new staff started work. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy and procedures in place which provided guidance to staff on how to minimise and prevent the spread of infections.
- Staff completed training on infection prevention and control and COVID-19 to ensure they had the knowledge and skill to safely support people.
- Staff had access to personal protective equipment (PPE) such as facemasks, aprons and gloves to keep both people and themselves safe from the risk of infections.
- The provider followed current COVID- 19 guidance and staff were encouraged to be vaccinated against the COVID-19 virus.

Learning lessons when things go wrong

- There were systems in place to monitor and support learning from accidents and incidents.
- The provider had policies and procedures on reporting, recording and managing accidents and incidents.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- The registered manager informed us where they experienced issues with medicines management in the past, lessons were learnt. Their medicines administration records (MARs) were changed, and staff were kept up to date and engaged in regular communication about safe management of medicines.

Is the service responsive?

Our findings

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Care and support was planned and delivered to meet people's individual needs.
- There was an up to date care and support plan in place for each person using the service. The care plans included detailed information about people's physical, medical and social care needs, including their personal care, mobility, communication and behaviours.
- People had choice and control of their day to day lives and their decisions were respected. One person told us, "The [staff] I have at the moment are very good."
- Staff knew people well and the level of support to provide to safely meet their needs. Daily care notes showed the care and support provided was in line with the care planned for.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, assessed and recorded in their care plan to ensure staff knew how best to communicate and support them.
- Where people were people who can't use words to communicate there were detailed information in their care plan which provided staff information and guidance on how best to communicate with them. Where people used hearing aids, this information was recorded in their care plan to ensure staff were informed to encourage people to wear them where required.
- Staff knew the level of support to provide to ensure people communicated effectively. A member of staff informed us, "You can't talk behind [person's name] be visible, so they could lip read and make sure they have their hearing aid in."

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedure in place which included guidance on how to make a complaint and the timelines to expect any complaint investigation to take.
- People told us they knew how to make a complaint, however we had mixed views from people about how complaints were handled. One person said, "I am happy I have nothing to complain about today, thank you!" However, another person told us, "I have given up complaining because they don't listen to me; I don't see the point complaining."

- The registered manager told us they had not received any formal complaints since the service registered with CQC. However, where they had received verbal complaints, concerns or dissatisfaction they had made several changes to ensure that people were satisfied with the standard of care and support provided.
- Following feedback on our inspection, the registered manager had increased the frequency of their monthly service evaluation to weekly to encourage people to easily raise their concerns and complaints.

End of life care and support

- At the time of this inspection, no one using the service required end of life care and support.
- The registered manager told us if end of life care and support was required, they would work with the person and appropriate health and social care professionals to ensure their end of life care needs and wishes were met.

Is the service well-led?

Our findings

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection on 22 and 24 February 2021 we found systems were either not in place or robust enough to ensure the service was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made at the service since our last inspection. One person who informed us they previously complained about the service said, "Currently things have improved."
- There were systems in place to assess and monitor the quality of the service. The registered manager was involved in the day to day delivery of the service and also carried out regular unannounced checks on staff practices to ensure they adhered to best practice guidelines.
- The service had improved on their records management. Initial assessments were in place, care plans were personalised, risks to people were identified, assessed and had management plans in place. There were appropriate systems in place to ensure the safe management of medicines.
- There was a registered manager in post who understood their responsibility to meet the requirements of the role and knew they had to notify CQC of any significant events that occur at their service."

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

- People confirmed staff worked in a person-centred way. They told us staff had the knowledge and skills to support them and to carry out their roles.
- The culture at the service was positive and the registered manager was actively involved in the day to day delivery of care.
- Staff told us they were happy working at the service and felt supported by their manager. Staff confirmed the registered manager promoted a positive work environment.
- The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.

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

- People and their relatives views were gathered to improve the quality of the service. People told us they had regular communication with the registered manager and office staff to check if they were satisfied with the service.
- The service used surveys, or a service evaluation form to gather feedback from people and their relatives. Information on the service evaluation forms were positive with ratings of either good or excellent. Feedback results in March 2022 stated people felt their independence was promoted, they were provided with enough information, they knew how to make a complaint and their views were listened to.
- Staff views were sought through surveys and team meetings. The survey results were positive in which staff stated they were happy, they felt valued and supported. Staff meetings were also used to share information, educate and gather staff views about the service.

Working in partnership with others

- The service worked with health and social care professionals to ensure people received good care. Records showed that staff worked alongside and communicated with health and social care professionals and the local authority to ensure people's needs were appropriately met.