

Bridge-it Options 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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Bridge-It Options Limited is a domiciliary care agency (DCA). It provides personal care to people living in their own houses and flats in the community. It provides a service to adults, some of whom were living dementia, and younger adults.

Not everyone using Bridge-It Options Ltd received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 29 people using the DCA aspect of the service who received personal care.

People's experience of using this service:

Management processes were in place to monitor and improve the quality of the service. However, these were not always effective and did not always identify opportunities for improvement.

People told us they felt safe when being supported by care staff. There were appropriate systems in place to protect people from the risk of abuse.

There were enough staff to meet people's needs. The provider had effective systems in place to ensure safe recruitment practices.

People's needs were met in a personalised way by staff who were competent, kind and caring. Staff respected people's privacy and protected their dignity.

Individual and environmental risks were managed appropriately.

People were empowered to make their own choices and decisions. They were involved in the development of their individual care plans.

People know how to complain. When complaints were received these were investigated and responded to in line with the provider's policy.

The home has been rated Good overall as it met the characteristics for this rating in four of the five key questions. More information is in the full report, which is on the CQC website at: www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 19 April 2018) and there were three breaches of regulations. 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 the regulations.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

Follow up:

We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated as good.

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 had improved and was now 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?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bridge-it Options 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 team consisted of one inspector.

Service and service type

Bridge-It Options Ltd provides personal care to people living in their own houses and flats in the community. Not everyone using Bridge-It Options Ltd received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service did not have a manager registered with the Care Quality Commission in post. The process for registering a new manager had commenced with CQC. This means that only the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not 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.

During the inspection, we gathered information from:

We visited two people in their homes and spoke with another two people over the telephone. We also spoke with one family member. We spoke with seven members of staff including the provider, the branch manager, a field care supervisor, a care co-ordinator and three personal assistants (care staff).

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service including policies and procedures, records of accidents, incidents and complaints, audits and quality assurance reports.

After the inspection

We requested feedback from six health and social care professionals and received feedback from one of them. We also received feedback from a further three other care staff.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider had processes in place to make sure people received medicines safely, in line with their agreed support needs and choices, and as prescribed.
- Each person's care plan reflected their individual medicine needs. They gave detailed information concerning the level of assistance individuals required, in addition to how and when medicines should be administered.
- People received their medicines from trained staff who had their competency checked regularly.
- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.
- There was guidance in place for people who took medicines on an 'as needed' (PRN) basis, in line with the provider policies, which also included guidance on the management of errors. As part of their medicine's audit the provider had recently identified a trend in respect of a number of minor medicine errors, with no impact on people. The provider had arranged and carried out extra training and a period of intense oversight to ensure staff were competent and people received their medicines safely.

Systems and processes to protect people from the risk of abuse; Learning lessons when things go wrong

- People said they felt safe. One person told us, "I feel safe when the carers are here and when they help me to get up."
- The provider had appropriate systems and processes in place to protect people from the risk of abuse. Staff had received safeguarding training and could recognise abuse and knew how to protect people from the risk of harm. One member of staff told us "I have done lots of training including safeguarding. If I had a concern I would report to the manager and then go from there. If nothing happened I could go to social services."
- Every accident, incident and safeguarding concern was reviewed by the provider who looked for trends and lessons learnt. They were able to give examples where they had taken positive action and changed a person's support and care plan following a series of falls.

Assessing risk, safety monitoring and management

- Support was delivered in ways that supported people's safety, welfare and choice. Staff understood where people required support to reduce the risk of avoidable harm.
- Where risks had been identified actions to mitigate those risks were integrated into the care plan. For example, one person was at risk of falls and their care plan contained basic explanations of the control measures for staff to follow to keep them safe, however these were generic and not person centred.
- Other risks managed in a similar way included, risks related to moving and handling, pressure related injuries and the development of urinary tract infections.
- Environmental risks in respect of providing care in people's homes had been explored, assessed and where appropriate action had been identified to allow staff to manage those risks safely.

Staffing and recruitment

At our last inspection the provider had failed to complete the required checks to ensure all staff were suitable to be employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Recruitment processes protected people from being cared for by staff that were unsuitable to work in their home. A range of recruitment checks took place before staff started working at the service. A new member of staff told us, "I had to wait for my DBS [Disclosure & Barring Service] check to come back. They didn't even get me in to train before it came back." A DBS helps providers ensure that staff are suitable to work with the people supported by the service.
- The provider kept the necessary records to show recruitment processes were followed.
- Staffing levels ensured that people received the support they needed safely and at the times they needed. One person told us, "They [staff] always turn up on time." Another person told us, "I get a rota, so I know when they [staff] are coming and who's coming. I get really nervous, so it helps me to know is coming."
- There was a plan in place to manage short term absence through the use of overtime. In addition, where necessary the management team and office staff were available and trained to provide care and support to people using the service. A family member told us, "[The provider] comes out to cover calls, so I speak with her then."
- The provider told us, "We do not assess people unless we have the staff capacity to meet their needs."

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received infection control training and were provided with personal protective equipment (PPE), such as disposable gloves and aprons to use.
- During our visits to people's homes we observed staff wearing their PPEs appropriately. One member of staff told us, "I have plenty of gloves, aprons and hand gel. This week I am due to do my infection control training refresher."

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

Staff support: induction, training, skills and experience

- People and their families felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided. One person said, "Yes, they are trained and know how to look after me."
- People were supported by staff that had ongoing training that was relevant to their roles, such as safeguarding training, moving and handling, fire safety, food hygiene and medicines management.
- Staff had additional training around people's specific conditions if needed, for example, supporting people who were diabetic and supporting people who were fed through a percutaneous endoscopic gastrostomy (PEG), which is where a person is fed through a tube surgically passed into their stomach through the abdominal wall. One member of staff told us, "The face to face training is good and you have access to courses on line anytime. So we can do them whenever we want."
- Staff who joined the service carried out a comprehensive induction process, including a period of shadowing a more experienced member of staff. Those who were new to care were also supported to complete the care certificate. This is awarded to staff who are new to care work who complete a learning programme designed to enable them to provide safe and compassionate care.
- A new member of staff told us, "For my induction I did the care certificate and shadowed for about two weeks. The first week I just watched and then on the second week I did more of the care. It gave me the confidence to do my job."
- Staff told us and records confirmed that staff were supported in their roles and had regular supervision and one to one meetings with their manager to discuss their care practices and development opportunities. One member of staff told us, "Supervisions, yes we have those. I find them useful; it is nice to touch base, discuss training and next steps [career progression]." Those staff who had worked at the service for a year also received an annual appraisal.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This provided staff with the basic information necessary to allow them to understand the people they were supporting.
- People and their families, if appropriate were involved in the assessment process. One person told us, "I have had someone come out and talk to me about my care. They come back once in a while to check it's still okay."

Supporting people to eat and drink enough to maintain a balanced diet

- Where it was part of a person's support package, staff provided support with meals and drinks.

People confirmed they were satisfied with the support they received in this area, including the choice and presentation of meals. One person told us, "They [staff] do my food for me. I have written down what I want, and they do it for me."

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.

- The provider told us that all of the people they were supporting had capacity to make decisions about the care and support they received.
- The provider and staff were aware of the principles of the MCA and could explain how to apply them if someone lacked capacity. During our visits to people's homes, we heard staff seeking verbal consent from people, in an appropriate way, before providing support. One person told us, "They ask me if it is okay before they do anything. They are very caring." Another person told us, "If I don't want to do something they respect that."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed. Care records confirmed people were regularly supported to be seen by doctors and district nurses when necessary. One person told us, "The other day I was in pain and couldn't move. They called the doctor for me and waited with me until the doctor came."

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 the last inspection this key question was rated as good. At this inspection this key question has remained 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 told us they felt staff treated them with kindness and were caring. One person told us, "Staff are caring, gentle and treat me with respect." Another person told us, "Sometimes I know what I want to say but can't say what I want. They [staff] are patient and so they wait for me [to say what I want]."
- During our visits to people's homes we observed people were treated with kindness and compassion. Staff spoke respectfully with people and engaged with them in a friendly, relaxed way. They called people by their preferred name and spent time chatting with them as they carried out their support duties.
- People were supported by staff who promoted their diversity and persons choices and preferences. Staff were open to people of all faiths and belief systems, and there was no indication that people protected under the characteristics of the Equality Act would be discriminated against.

Supporting people to express their views and be involved in making decisions about their care

- People and family members confirmed that they were involved in discussions about their care. One person told us, the managers, "come out to see me and they talk about my care."
- Another person told us, "I have got a manual [care plan]. If my routine changes they write it. I have looked at the file and it does say what my care is."
- Where appropriate, staff ensured that family members and others who were important to people were kept updated with any changes to the person's care. A family member told us, "Yes I am involved in [my relative's] care. I was in care myself, so I make sure it is right."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they could for themselves. For example, one person told us they did their own breakfast and staff, "help me by carrying it through to the lounge." Another person told us, "When they [staff] help me they try and make me do as much as I can for myself."
- People were supported by people who treated them with dignity and respect. One person told us, "When they [staff] are doing my personal care they treat me with respect and dignity. They cover me and tell me what they are going to do."
- One member of staff told us, "When I go in I introduce myself. If they are in bed I knock on the door and wake them up slowly by saying their name."
- Staff described how they protected people's privacy and dignity. This included listening to people, respecting their choices and closing doors and curtains when providing personal care. One member of staff told us, "I always check [the person was happy] before providing personal care and make sure they are covered and things like that."

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences.
- Care plans informed staff how they should support people in a way that met their likes, dislikes and preferences and of the things that were important to them. In each person's care plan there was a one page 'grab sheet,' which highlighted key points regarding the care and support required. This provided a quick overview and guided staff on the person's care needs and how to support them.
- People's care plans contained information about their personal history, their preferences and information about how they liked to communicate. One member of staff told us, "I find the care plans very helpful. I have found the information in the folder is all there, when I need it." Another member of staff told us, "I feel the care plans have sufficient information to support people. I always look at the quick guide to see if anything has changed and I have done everything."
- The provider and staff were responsive to people's changing needs. For example, one person who did not normally require assistance with their medicines had been prescribed a medicine they could not administer themselves. They raised this with the member of staff that was supporting them, and they immediately contacted the office to arrange for the support plan to be amended to reflect this change in need. Another person told us how, as a result of the support they had received from the service their independence had improved, requiring less support. They told us how they had worked with the provider to continually adjust the care and support they needed.

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.

- The provider complied with the Accessible Information Standard, where people were not able to communicate verbally effectively, staff understood the need to support people with patience and engaged with people's non-verbal communication, such as body language. One person who sometimes found it difficult to communicate verbally told us, "Carers know me and know sometimes I cannot say what I want to say. They wait for me and can work out what I am trying to say. They are very patient with me and help me work through what I want to say."

Improving care quality in response to complaints or concerns

- Complaints about the service and the quality of the support provided were managed effectively. The provider had systems in place to log, respond to, follow up and close complaints. One person told us they

felt confident that any complaints would be dealt with effectively. They told us, "I have had to complain [about a member of staff]. All they kept doing was playing on their phone. They dealt with that okay. The boss lady came out and sorted it out."

- Where complaints had been received these had been investigated in line with the provider's policy and an apology given to the person affected.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.

The provider ensured that end of life training was available to all staff, if they wanted to develop these skills.

They explained that if they needed to support someone at the end of their life they would work closely with other community healthcare professionals to ensure their care needs were met.

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 remained requires improvement. This meant that although the management and leadership of the service had improved it was still inconsistent. Systems and processes did not always support the delivery of 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 the provider had failed to ensure there were effective systems in place to identify areas requiring improvement and make necessary changes promptly. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, there was still a need for further improvement and changes still needed to be fully embedded.

- There were systems and processes in place across the service to assess, monitor and improve the quality of the service provided. However, these systems were not always robust and did not always identify opportunities for improvement.
- For example, the audits of care plans did not always identify that some care plans and risk assessments did not always reflect people's individual needs in a person centred way. The medicines audit did not always identify where the National Institute of Clinical Excellence (NICE) guidance was not being followed. These failings had not impacted on people using the service and by the end of the inspection the provider had ensured that all records were person centred and national guidance was followed. The provider told us they would review their quality assurance process to ensure that the service delivered high quality care.
- Other systems in place to monitor the quality of the service were effective. The provider and branch manager carried out regular 'spot checks' on staff. These focused on of the provision of care and feedback from the person receiving the service." Where concerns were identified these were dealt with through a one to one supervision with the member of staff and focused training sessions.
- There was a management structure in place, consisting of the provider, who was supported by the branch manager, a field care supervisor, care co-ordinator and care staff. Each had clear roles and responsibilities.
- Staff were organised and carried out their duties in a calm, professional manner. The office provided the focal point for staff working on their own in the community. One member of staff told us, "It is a strange job because you work on your own, but you don't feel like you are on your own. I feel well supported by the management. They can be contacted any time in an emergency." Another member of staff told us, "I love working here I have referred many of my friends to come and work here. I have also referred my Nan to the service [for care support]. I would definitely recommend it."

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

- The provider used a range of ways to involve people and staff. This included speaking with people on an informal basis, either when providing care or carrying out a 'spot check' in people's home.
- They also carried out an annual quality assurance phone call. We reviewed the feedback from these calls and saw they were generally positive. Where concerns had been identified the branch manager explained the action they had taken to resolve the concern.
- The provider also used technology to seek feedback from families and visitors to the home. We saw comments made by people and families on an internet care service review website. Without exception, all of the feedback was positive praising both the management and staff and said they would recommend the service. Feedback comments included "Excellent service/Good. Look forward to seeing carers every day. Good to recommend" and "The staff and the office go above and beyond. They are always willing to help." The service had received an award from the website in recognition of the positive ratings they had received.
- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. The provider had an open-door policy for staff raise any concerns they may have. One member of staff told us, "I feel quite lucky to work for a small company where you know the boss. They go out and do care so they know what you are doing. They are really approachable; easy to talk to."

Working in partnership with others

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs.