

Bridgewater Home Care Ltd

# Bridgewater Home Care

## Inspection report

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04 July 2019

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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?

Good ●

# Summary of findings

## Overall summary

### About the service

Bridgewater Home Care is a domiciliary care agency, providing personal care to people living in their own homes. The agency's office is situated in Bolton. At the time of the inspection the service was providing personal care to 15 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is 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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported some people to access other healthcare professionals when required. Staff supported a small number of people to manage their medicines safely.

People were supported by a small group of regular staff which provided continuity and familiarity and people's comments confirmed this approach. Staff had developed relationships with people and knew them well; people received person-centred care as a result

People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude.

Systems were in place to recruit staff safely; there were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were of suitable character and had relevant experience to work with vulnerable people.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported some people to access the community.

People's needs were comprehensively assessed before starting with the service; people and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and

effectively. Staff received the training and support they needed to carry out their roles effectively and received regular supervisions and annual appraisals; this was confirmed by staff we spoke with.

People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. There was evidence that care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

The care manager and staff were committed to providing high quality care and support for people.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

The provider and care manager followed governance systems which provided effective oversight and monitoring of the service.

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 service was registered with us on 25 July 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### 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?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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

The inspection was carried out by one inspector on both days of the inspection.

#### Service and service type

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

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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. During the inspection the registered manager was not available, and the service was being managed by another experienced care manager.

Inspection activity started on 03 July 2019 and ended on 04 July 2019. We visited the office location on 03 and 04 July 2019 to see the manager and office staff; to review care records and policies and procedures and to speak to care staff. We visited people who used the service and their relatives on 04 July 2019 to seek their feedback and opinions of the service provided.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with the care manager, (as the registered manager was not available at the time of the inspection), the recruitment and retention co-ordinator, and four members of care staff.

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at seven people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly rated service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood their responsibilities if they were concerned about the safety of people using the service. Staff told us they would report any concerns to the registered manager or local authority.
- There were systems place for raising any safeguarding concerns with the local authority and other key agencies. The service had a safeguarding policy which was available to staff and covered key areas such as how to identify and report abuse or neglect.
- People we spoke with and their relatives confirmed they felt safe with the care they received. One person told us, "Things are going really well, and I feel very safe with this service and the staff I have seen." A second person said, "I can't fault them."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing, included those relating to medicines, moving and handling, the home environment and nutrition.
- Care plans and risk assessments outlined measures to help reduce the likelihood of people being harmed.
- Care plans were written clearly and were sufficiently detailed for staff to follow safe working practices.

Staffing and recruitment

- Staff were recruited safely; pre-employment checks were completed including checks with the Disclosure and Barring Service to ensure they were of suitable character to work with vulnerable people. Job application forms were fully completed, applicant's identities and addresses were verified, job interview forms recorded questions and answers which demonstrated a values-based approach to recruitment, and a health questionnaire and equal opportunities monitoring form was also completed.
- The provider had ensured staff employed had the required skills to undertake the role of a care worker.
- There were enough staff to meet people's assessed needs, and people told us they were consistently supported by the same group of familiar staff.

Using medicines safely

- The service had a policy in place relating to the safe administration of medicines which was provided to staff. Training records confirmed staff were trained to administer medicines and were observed regularly to ensure their competence.
- People who required support to take medicines had a care plan and risk assessment which described the support they required to take them safely.

- No-one we spoke with expressed any concerns regarding their medicines, and people's medicines administration records we checked were all completed correctly.
- At the time of the inspection the service was not responsible for the ordering, receipt or disposal of anyone's medicines, which was the responsibility of the person or their family members and did not support anyone who required controlled drugs.

#### Preventing and controlling infection

- People we spoke with told us care staff wore gloves and aprons and used these as required. A stock of these was available in the office premises.
- The service considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
- The provider asked people using the service for their feedback in relation good hygiene and infection prevention and control practice.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and we discussed with the manager the importance of recording and analysing these.
- Any incidents were recorded month-by-month which enabled the service to identify any trends, for example, if incidents were occurring at a specific time of day or in one place, and we saw a good example where the service had ensured additional equipment was provided to a person, in partnership with the local authority, in response to their changing mobility needs.
- Accidents and incidents were minimal, and no serious injuries had occurred at the time of the inspection.

# 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.

This is the first inspection for this newly rated service. This key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed and regularly reviewed each month or as and when required if a change occurred. Daily record logs, completed by care staff, contained a good level of detail and corresponded with people's assessed needs.
- People's preferences, likes and dislikes were acknowledged and recorded in their care plan information.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life.
- People's past life histories and background information were also recorded in the care documentation.
- People were involved in their care planning and the people we spoke with, and their relatives, confirmed this. One relative said, "This is a very good company and I've been involved in care planning from the beginning." A person told us, "Staff are interested in me and in what I have done in my life and they engage and respect me."

Staff support: induction, training, skills and experience

- Staff received adequate training, support and induction to enable them to meet people's needs.
- Staff we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member told us, "I had an induction period at the beginning and this included meetings with the manager and they asked questions about how I was going on and if I had any concerns. I did a week of training and also had observations of my practice. I shadowed other staff and I felt confident at the end of the process."
- The staff members we spoke with told us they felt they received consistent support. Records of audits and spot-checks demonstrated the provider had considered staff competence, learning and support needs.
- People using the service told us they trusted the staff and felt they were capable and competent in the caring role. One person said, "It's a better class of staff with this company and they are second-to-none." Another person told us, "[Staff names] are really nice people and they give me the attention I need."

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

- Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- Detailed records were kept of the support provided to people each day. Certificates we saw identified staff had attended the Greater Manchester nutrition and hydration programme in May 2019.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Records were kept of the support provided.
- Our discussions with staff demonstrated they were committed to working collaboratively with other professionals and services supporting people, to achieve better outcomes and achieve continuity in their care. For example, staff liaised with a range of healthcare professionals and services including GP's and district nurses.

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, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- Staff gained people's consent before providing care and support and people were supported to make their own decisions and choices.
- Written consent was also recorded in people's care file information.

# 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.

This is the first inspection for this newly rated service. 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 were supported by a small group of regular staff members, which provided continuity and familiarity for people who used the service
- People told us they had developed trusting relationships staff and felt comfortable in their presence. One person said, "The office sends me the staff rota each week, so I always know who's coming; it's always the same two carers who are really good with me. They matched the staff with my needs. [Staff name] takes me out and helps me and we have a lot in common."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well.
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were. One person said, "I feel free to talk about my beliefs with staff anytime; I can honestly say they [staff] are perfect and I have no reason to think this will change."
- During the inspection we found no evidence to suggest anyone using the service was discriminated against, and no-one told us they felt discriminated against.

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

- People told us they were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- People's communication needs were identified in their care planning information.
- One person told us, "The office rang me up to tell me CQC would like to visit me and to gain my permission first, and so that I wouldn't worry."

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing the best possible care for people. They respected people's privacy and dignity and could tell us the ways they did this, such as ensuring curtains and doors were closed if supporting people with personal care.
- Staff understood the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could such as assisting with personal care, choosing what they wanted to eat, or accessing the community with staff to do their shopping.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly rated service. 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; 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

- People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes which enabled staff to provide person-centred care and support in line with people's preferences.
- People had a 'service agreement' document in their care files which identified the types and level of support they needed and how this was to be provided, which were signed and agreed by people or their relatives, where appropriate.
- People's care was regularly reviewed to ensure they received appropriate support.
- People were involved in decisions about their care and supported to engage in care planning.
- People confirmed they could choose the staff who supported them; we saw examples where people had identified the gender of care staff they wished to support them, and this was respected.
- People were supported to follow their interests. One person told us, "I go out with staff to do food and clothes shopping or for a meal; staff always respect my values and do what I ask of them." A second person said, "The staff support me to go to [my preferred place of worship] and this is important to me, and I feel free to talk about my beliefs with them. I also attend other events with them; staff always let me know when they are coming so I don't worry, and I get companionship from them."

### 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 manager was aware of the Accessible Information Standard and provided adapted information for people; for example, information about the service was available in an easy to read format, audio format or large print on request.
- People's care plans contained pictorial information which assisted some people to understand the contents.
- People's communication needs were assessed, recorded and highlighted in their care plans which helped ensure staff understood how best to communicate with each person.

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

- The provider had a complaints policy and procedure in place for responding to any complaints; this was also available in an easy read version, or in pictorial format, to make it accessible for people. Each person

was given a copy of the complaints procedure when they first started using the service and we saw this was available in their care files held in their own homes.

- People told us they knew how to raise any concerns. One person told us, "I have no concerns about the attitude or approach of the staff. The office is always available and answer the phone straight away." A relative told us, "If I had a problem I would certainly tell them [the service] if I was unhappy at all; I will give praise when it is due, and this is all the time at the moment."
- Any minor issues or requests which had been raised were responded to appropriately. The service kept a log of any comments or complaints raised, including details of the response provided.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life and their wishes were respected if they did not feel ready to discuss this.
- The manager said they would liaise with relevant professionals to ensure people got the care they needed, such as doctors or district nurses.
- Compliments received by the service indicated the service supported end of life care well. Comments included, 'You are all an inspiration to the care service, thank you all from the bottom of my heart for caring for [my relative], you were all amazing and myself and the family will always remember,' and 'The family of [person name] would like to thank all carers for the excellent care received during this difficult time; this was done with dignity and kindness to keep [my relative] at home for as long as possible.'
- At the time of our inspection no-one using the service was receiving end of life care.

# 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.

This is the first inspection for this newly rated service. This key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- It was clear from our observations, the manager and staff worked as a close-knit team; our observations demonstrated the manager was visible to people using the service and staff. One staff member said, "I feel valued as a member of staff, the manager is absolutely lovely and encourages us all to be up front and discuss any issues." A second staff member told us, "I feel supported by [manager name], who is very supportive of me in every way. I feel free to challenge anything at this company and I've had a lot of personal support from [manager name]."
- It was clear from our discussions the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent. One person told us, "All the staff are very respectful of me and understand my personality very well. I get on with [staff name] like a house on fire, and if I want anything extra they accommodate this. I was involved in my initial assessment." A relative told us, "I feel the service are meeting [my relative's] needs in every way."
- Discussions with staff demonstrated they shared the same culture and values. One member of staff told us, "I genuinely enjoy working here because all our clients are amazing." A second staff member said, "I enjoy working here; it's a good group of team players and I'm valued as a staff member."

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

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The manager completed a range of audits and checks on a regular basis; action plans were completed to address any issues identified during monitoring or issues raised at staff meetings.
- The manager was aware of their regulatory requirements. For example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

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

- The service involved people and their relatives in discussions about their care and this was recorded in their care file information.

- People told us they felt listened to and their views were acted on. One relative told us, "[My relative's] needs are regularly reviewed, and this is to my satisfaction." A person told us, "The service meet my needs and I'm fully involved in care planning all the time; they are very flexible and will change my support pattern if I wish. They know enough about me to help me cope with my situation."
- Plans were in place to gain feedback from people through questionnaires to drive improvement. We looked at the results of the most recent service evaluation questionnaires sent to people and their relatives and saw responses were positive. Comments regarding what people like about the service included, 'Friendly and make sure you have everything,' and 'I like the same carers each week, good relationships have been built up,' and, 'dedication and patience of carers,' and, 'flexibility and punctuality.'

#### Working in partnership with others

- The service worked in partnership with other agencies and professionals, where the need for this was identified, to achieve good outcomes for people. This included working as part of a team with other services to provide support for people, including doctors, pharmacists, the local authority and district nurses.
- People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them at any time, including weekends.
- The manager had regular contact with members of staff each day and week and staff could call into the office at any time; they regularly sought feedback about what had gone well and what could be improved.