Bridge-it Options Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on the 11 April 2018 and was announced. This was the service's first ratings inspection since it was registered in 2015.

Bridge-it Options Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, younger adults, people living with dementia, people with a physical disability and a learning disability. The service also provided support to people who required 'live in' care. 14 people were receiving personal care, visits to people's homes varied from one visit per day to four visits per day.

Not everyone using Bridge-it Options Ltd receives 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 had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave when we inspected but the registered provider was available throughout our inspection.

Medicines were not managed safely. People's medicines were not recorded in full on their medicine administration records. This meant staff did not know what medicines they were administering and there was no accurate record of what medicines people had been given.

Staff were not recruited safely. The provider had not asked for full employment histories of all of their staff. References had not been checked against employment records as this was not possible with no record of employment. The provider had completed a check with the disclosure and barring (DBS) service prior to employment. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people made vulnerable by their circumstances.

There were not robust auditing systems in place to make sure the service was monitoring the quality and safety of the service. This meant that the provider did not have oversight of shortfalls that we found during our inspection. The lack of quality monitoring meant that some records at the service required improvement.

People were able to have support with meal times. They told us meal times were not hurried and they had the support they required. We found not all staff had received food hygiene training to make sure they were fully aware of food handling and preparation. The provider told us they would make sure staff had the training they needed.

Risks had been assessed and care plans were person-centred. There was guidance for staff to follow to know what people's needs were. Confidential information was kept secure. People's care plans were kept in their homes so they could access them at any time.

Staff were aware of the signs of abuse and knew what action to take to report any concerns. They were confident their concerns would be dealt with by the service. Staff had regular team meetings and supervision with their supervisors.

When new people started receiving care and support the senior management escorted the member of staff to the person's house so that they could do a formal introduction. People told us staff respected their dignity and privacy.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had consented to their care and were involved in regular reviews of their support. As care and support plans were stored in people's homes, they could see them whenever they wanted.

Complaints were recorded and managed according to the provider's policy. The service captured compliments they were sent about the care people had received.

Senior management were visible, they often did visits to people so they knew what people's needs were. Staff told us they felt supported by the management.

The service worked with other agencies to make sure people got the care they needed at the time it was needed.

We have found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely. The service did not keep accurate and detailed records of medicines administered.

Pre-employment checks had not been carried out in full to make sure staff were suitable to care for people safely.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Risks had been assessed by the management and measures put in place to keep people safe.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision and told us they felt well supported.

The service worked with healthcare professionals to make sure people had the support they needed when they needed it.

People told us staff asked their consent before supporting them with personal care and other activity.

Support was given to people so they could have their meals when they wanted them, mealtime support was not hurried.

Is the service caring?

Good

The service was caring.

Senior management introduced staff to people ahead of their care package starting so people could meet staff visiting their homes to deliver care.

People told us the staff respected their dignity and were friendly and professional.

People's records were kept securely.

Is the service responsive?

Good

The service was responsive.

Care plans had the information needed to support staff to meet people's needs.

The service used technology to monitor calls so they could make sure people had their designated time consistently.

Complaints were managed and responded to in a timely way.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were no systems in place to monitor and improve the quality of service provided. Audits had not taken place so the provider did not have oversight of quality and safety issues.

Records were not always available to demonstrate management activity and planning.

Staff told us the senior management were approachable and visible and they felt supported.

Regular staff meetings were held and minutes kept.

Bridge-it Options Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed records held by CQC, which included complaints and any safeguarding concerns.

This inspection took place on 11 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We visited the office location to talk with the registered provider and staff. The service had a registered manager in post but they were on leave during our inspection. We reviewed a range of records including medicines administration records, three care and support plans, three staff personnel files, training records and other records relating to the management of the service.

On the 16 April 2018, we spoke to five people and six relatives on the telephone to obtain their views on the care and support they received.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Staff had administered people's prescribed medicines without these being documented on the persons individual Medicines Administration Record (MAR). We could not be confident that people were receiving their medicines as prescribed. For example, one person had a 'dosette box', which stored some of their prescribed medicines. A 'dosette box' is a tool prepared by the pharmacist to support people to manage their medicines. It holds all of people's tablets in compartments for each day of the week. The person's MAR did not have a record of each medicine contained in the box. Staff had just signed the MAR to record how many tablets had been given and whether this was 'morning' 'lunchtime' or 'evening'. For another person we saw they were prescribed paracetamol on an 'as required' (PRN) basis. This meant they could have pain relief as and when they needed it. The person's MAR had 'paracetamol' written on it, there was no other information such as dose, how many tablets to give or what would be the maximum number of tablets the person could have in a 24 hour period. This meant the provider could not be sure staff had the correct guidance to enable them to administer this medicine safely and people were at risk of being overdosed.

Staff were using topical creams that had been prescribed. These were not always documented on the person's MAR and there was no guidance written in the person's support plan to inform them what cream should be applied or where on the person's body. For one person we saw that there were unexplained gaps on their MAR where no record had been made that creams had been applied. On some days the staff had recorded in the person's daily notes that creams had been applied however there were numerous days where there was no record on the MAR or in the person's daily notes. The provider could not be sure this person had their creams applied when they needed them.

There were handwritten entries on MAR that had not been signed by a member of staff. Best practice guidelines from the National Institute for Health and Care Excellence (NICE) state that all handwritten entries on MAR need to be signed by two members of staff to make sure the risk of transcribing error is reduced. People's preferences of how they wished to take their medicines or who would be involved was not recorded. For one person we saw they had been prescribed paracetamol 'as required' (PRN). Records showed that some medicines were left out for a family member to administer. The MAR did not record the medicines the person's relative was administering. There was no risk assessment in place to minimise the risk of overdose. Point 5.16 of the provider's administration of medicines policy stated 'Don't leave medicines out for clients to take at a later time unless this has been agreed as part of the care plan and risk assessment'.

The provider had generic 'as required' (PRN) protocols in place. A generic protocol does not take into account a person's individual needs. A PRN protocol gives staff guidance on when to administer an 'as required' medicine. This is important as people might not always be able to tell staff they need medicine, particularly if they had communication issues.

Some visits to people were to prepare food. This could range from putting a ready prepared meal in the microwave to helping to prepare a light meal. We saw that not all staff had completed food hygiene training.

We discussed this with the provider during our inspection. They told us the training was available online and they would make sure the staff who had not completed it would do so. Staff who are preparing food need to be aware of safe food hygiene and food handling guidelines.

The above areas are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe Care and Treatment.

The service had completed Disclosure and Baring Service (DBS) checks for all staff. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. We found two files that had no record of previous employment at all. The provider is required to make sure they gain a full employment history for staff with any gaps in employment explored prior to staff starting employment.

As the staff had not provided the service with a full employment history it had not been possible to verify the references that had been obtained. It is good practice to gain a reference from the member of staff's previous employer, however this could not be verified without the employment information. The provider told us they required two references for staff prior to them starting employment. We found one worker only had one reference, as this worker also did not have an employment history it was not possible to verify who this reference was from and for what employment.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

People told us they felt safe when receiving care and support from the staff working at Bridge-it Options Ltd. One person said, "I feel very safe with them." Another person told us, "I could not do without them, I feel so safe." Another person told us, "They have never missed us out, we always get our call."

Risk assessments were in place to assess a range of areas. People's properties had been assessed so that any hazards to staff could be discussed and safety measures put in place. People's individual risks had been assessed. The service used a 'Waterlow' risk assessment for assessing people's risks of developing pressure ulcers. Where people used high risk medicines such as warfarin this had been risk assessed with safety measures put in place. This meant the service had assessed risk to people and staff to make sure people were safe.

Staff were aware of the types of abuse, the signs and indications of abuse and how to report any concerns. They were confident that any concerns would be handled promptly by the registered manager or a senior staff member. Records demonstrated that staff had received safeguarding training. We saw that safeguarding was an agenda item on team meeting minutes so that staff could discuss concerns as a team.

Accidents and incidents were recorded and the registered manager had completed a management review of each incident. Where needed there were investigations and learning outcomes. The registered provider told us that staff carried blank incident monitoring forms out on visits with them so they could be completed at the time of the incident if needed.

The provider assessed people's dependency levels which determined how many staff would support the person. The provider told us they often declined work if they did not have the capacity to provide safe care. They would only accept care packages that they felt they could manage safely. The senior management team were always available to attend people's visits if there was a need so that missed visits were minimised. Staff received their rotas the week before electronically, this meant staff had time to plan their

work schedules and inform the office staff if they had an issue with a visit.

Lone working systems were in place to support people and staff to be safe. There was an 'on call' phone, which was held by a senior manager at all times. People, relatives and staff had access to this number so they could ring for management advice or support. There was an electronic call monitoring system so the provider could see that staff had logged into their planned visits and when they logged out. If they did not log out an alert was sent to the 'on call' phone to alert management who would contact the member of staff to find out why they had not logged out.

Staff had access to personal protective equipment such as gloves and aprons. Staff we spoke with told us they wore them when supporting personal care. People we spoke with told us staff wore gloves and aprons when they were supporting personal care. One person told us, "They always clean everything down after a shower, they wear gloves and aprons when they are helping me." This meant that people were protected from the risks of infection and cross contamination.

Good

Is the service effective?

Our findings

People told us they thought the staff were "professional", "very good" and "trained". One person told us, "The staff have lots of common sense, they are trained well." Staff we spoke with told us they had received training and support from the provider.

Staff were trained in a range of areas. The provider told us they had sourced an external training provider to visit monthly to deliver the necessary staff training. Training was provided using both classroom sessions and online learning. We were able to see the online training records and saw training was ongoing for all staff. The classroom sessions had commenced with training provided to all staff in key areas such as safeguarding and medicines management, more was planned. New staff had an induction where they shadowed a more experienced member of staff and completed an induction training set. The service was using the care certificate for new staff to provide learning in a range of standards. The care certificate is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide quality care.

Staff had the opportunity for formal supervision. This is a 1-1 meeting that staff have with their line manager to discuss concerns, performance and training needs. Staff we spoke with told us they felt supported. One member of staff told us, "[registered provider] is very understanding and very supportive of us. In the recent snow they phoned us all to make sure we were safe and got home safe." They went on to say, "I feel really supported, I can ring management at any time of the day."

People received an assessment of their needs before they received a care package to make sure the service could meet individual needs. The assessment considered all of people's needs and the support needed and where the service was not able to meet those needs we saw this was due to capacity rather than discrimination.

An electronic care call monitoring system was used which organised and recorded people's visits, the length of time staff spent at each visit and time taken between visits. This meant the provider had a good overview of all of their staff out working at any one time. If for any reason a care worker was late and the person rang the office to report this, the provider could log onto the system and explain where their care worker was. Care workers logged into the system on arrival at the person's home and logged out when they left. The office could immediately see if people were having their designated time on each visit.

People told us staff asked their consent to the care they received. 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 they were not supporting anyone at this time who lacked capacity but had policies in place to support the person should this need arise.

The service worked with external health professionals where needed to make sure that people got additional support or medical guidance if needed. Records demonstrated that the provider had contacted professionals such as the GP, district nurse, social workers or OT's where needed.

People had a variety of meals prepared by staff who were aware of their needs. Support given ranged from putting a prepared 'ready meal' into a microwave to preparation of a light meal or snack. People told us the care workers were "on time" or "round about time" so they did not have to wait for their food. People had choice of food and were able to tell care workers what they wanted. Meal support was not rushed so people could take their time and enjoy their food. One relative told us, "Nothing is too much trouble for them, they are so friendly and always offer us a cup of tea."

Good

Is the service caring?

Our findings

People we spoke with all told us they were pleased with the service overall. One person told us, "No words in the English language can describe how great the carers are, they are very professional." Another person told us, "The carers are very good, very polite and helpful, they always ask if I want anything done." Another person said, "The carers are friendly, I feel ok with them." One relative told us, "The carers are lovely, excellent and we couldn't do without them."

Staff gave us examples of how they respected people's privacy and dignity. This included gaining consent, respecting people's decisions and being sensitive to how people may feel when providing personal care and support. Staff told us they enjoyed promoting independence and felt they had the time to do this and not rush the person at all. One person told us, "Being supported in the shower made me worried at first, but there was no need, the carers have never made a comment or made me feel embarrassed at all." Another person told us, "My dignity is always respected, they asked me at the start what I wanted to be called, the carers always call me by the right name." Another person told us, "I never feel embarrassed when having personal care, the carers always have a towel ready, they are very good."

When new people started receiving care and support the senior management escorted the member of staff to the person's house so that they could do a formal introduction. If needed staff told us they did the first few visits with them as well to make sure the member of staff was confident and the person was comfortable with the worker. Staff told us they always had time to go to the office to read the person's care plan first. This had knowledge of the person and their needs. One relative told us, "The boss always comes and introduces new carers." One person told us, "The manager brings new staff out to introduce them."

The service gave people their schedules a week in advance. People and their relatives told us they were able to look at the schedule to see who was coming and when. This meant they knew who to expect at each visit. One relative told us, "It is nice to see who is coming, unless it is an emergency they stick to it." Overall people were satisfied with the timings of the visits and the promptness of staff. Where staff were running late the office called people to let them know. One person told us, "The carers are usually on time but the office will ring if there is a problem."

People and their relatives told us that they generally had a core group of staff visiting them, which gave them a continuity of care. Some members of staff had recently left which people told us made them "feel sad", however, they were hopeful the same relationships could be developed with their new care workers. One person told us, "I feel safe with my carers as I know them, they are local girls and they are mature which suits me."

The provider made sure people's confidential information was kept secure. Staff were aware of the need to maintain people's confidentiality. All records were kept secure in locked cabinets and only authorised staff had access to records. People had copies of their care records in their own homes so they could review them at any time. People told us they read the notes carers had written about their visits and were happy with what had been recorded.

People's visits were a minimum of 30 minutes. The provider told us that they did not do any visits for less than 30 minutes. They told us the local authority often asked if they would support people with a 15 minute visit, the provider did not take this type of work. The provider told us they wanted staff to have the time to give care and support that was not rushed.

People's belongings and their property was respected. One person told us, "The carers respect everything, they never touch anything they shouldn't." Another person told us, "They look after the little things that are important like leaving my bedroom tidy, folding up my clothes tidy and putting them away."

The service had received many compliments about the service and staff. One person had written, 'Thank you for showing us how home-care should be done, you are amazing'. Another person had written, 'Thank you for all your team's loving care'. Another person had written to praise the care workers, they wrote, 'The care was amazing, nothing was too much trouble. They [care workers] would come in morning and evening, always with a smile and encouragement'.

Good

Is the service responsive?

Our findings

Assessments were completed prior to the service being started. The assessments then formed the care and support plans, which were available in people's homes. A copy was also held at the office so that staff could read them prior to visits starting.

There was background information in care plans that gave staff a brief history of the person, what was important to them and what they liked to be called. One person told us, "I have my care plan here, I can look at that anytime." People and their relatives told us that staff followed their care plans.

The care and support plan gave care workers information on people's daily routines. There was guidance in this section on what staff were to do at each visit to support people's routines. One person liked to have their cup of tea in their favourite cup, which was their favourite football team, this detail was recorded. The care plan stated that if the person was able to use their favourite cup it would encourage them to drink and support their well-being.

People had a review of their care needs. The provider had visited people in their homes and reviewed all aspects of the service delivery. People told us that "the boss lady" had visited them and asked them about how their visits were going, whether they were happy with the service and if any changes were needed. The provider told us that if people's needs were not being met by the service they informed the commissioning team, or sought advice from other healthcare professionals such as OT's, mental health teams or the person's GP.

At each visit staff filled out daily notes in care books. These books were collected monthly by senior staff who checked recording was accurate, legible and that records were signed. We reviewed books and found details of visits recorded which included how people were feeling and exactly what happened at each visit. One person told us, "I always read the write ups, they are always written well."

Some people who used the service received support with social activities, interests or hobbies. In addition to their personal care packages, people received support through companionship. The registered provider told us that one member of staff was trying to help some people regain old skills such as knitting. They had sourced wool and needles and spent time at their calls sitting with people and encouraging them to take up their old hobby.

When the registered provider completed assessments prior to people commencing the service, they told us they often suggested alternative support services. For example, they recently assessed a person who needed services to support social isolation. The registered provider gave them information about a local day service. They explained to us that it would be better value for the person to spend a day at a day service making and meeting friends rather than pay for an hour of domiciliary care. It was the person's choice but the registered provider wanted to make sure they had a range of information available.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal

requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Whilst the service provided people with a range of information and met with them to support understanding there was no alternative formats provided. For example, there was no pictorial supporting information for people who may benefit from this. The provider told us they were looking to improve this area in the near future.

There was a complaints policy and procedure. The service had received three complaints, which they had investigated and recorded in their complaints log. The outcome had been shared with the complainant and with staff so that learning could take place. People told us they knew how to complain and would not hesitate to do so if needed. One relative told us, "We are easy going folk but I will tell them straight away if things are not right." Another person told us, "I have nothing to complain about but I would report anything if I needed to." Another relative told us, "I am not afraid to report anything to the manager, I would report things if I needed to."

The service was not providing end of life care at this time but had done so in the past. The service had received many compliments for their end of life care. One person had written, 'My thanks and gratitude must go to [the team] for the care they each provided. Thank you so much'.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led. There was no system in place to enable the provider to assess, monitor and improve the quality and safety of the service provided. The provider had not established systems to enable them to make sure they were meeting all legal obligations and that they were compliant with Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had recently commenced 'spot checks' where a manager would visit a person and wait for the member of staff to arrive. This meant they could check what time the staff arrived, if they were wearing uniform and then observe interaction between people and the care workers.

Risk assessments and care plans were in place but required more detail to give staff robust guidance on how to meet people's needs. People told us they were happy with their care and staff had good knowledge of people's needs however, the records required improvement. For example, where people had been assessed as being at risk of developing pressure ulcers we observed their care plans lacked detail. One person who had been assessed as being 'at risk' had guidance that stated staff were to 'monitor skin condition'. There was no other detail about how staff would do this or what they had to look for. Another person who was also at risk had guidance that said staff were to 'check skin'. There was no detail about what to look for, what would cause concern or what to do if staff were concerned.

The service had no training plan. An analysis of training needs had not been completed to determine the training that the staff needed to complete their role effectively. Staff should be given specific training to enable them to support people's needs. People told us they thought the staff were well trained and staff felt supported however, systems had not been put in place to make sure the provider and registered manager had oversight of the skills of the staff. The provider could not demonstrate easily that new workers had completed their induction programme. This was because there was no robust system in place to pull all elements of training and support together to demonstrate compliance.

The registered manager and provider did not have oversight of the governance at the service therefore had not identified the issues we have found. Systems were not in place to assess, monitor and improve the quality and safety of the service. This meant the service had not evaluated any aspect of the service to measure effectiveness and improve where needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

The service had reviewed people's care and support with people and their relatives which gave people an opportunity to give feedback about the service provided. One relative told us, "The manager came to see us, they asked us how the staff were when they are here." The registered manager told us they planned to develop a system to seek feedback from people and their relatives on the service provided overall.

Staff told us the registered provider and registered manager often supported them with visits to people. They told us everyone at the company knew people's needs so that anyone could respond in an emergency.

Staff we spoke to felt the leadership at the service was "visible and approachable" and the office team was "friendly". One relative told us, "The manager comes out, she sets a good example to the staff."

Despite the shortfalls in the service the staff told us they really enjoyed working for the provider and enjoyed their work. One member of staff told us, "I really like it here, it is far superior to other care companies I have worked for." Staff felt they could voice their opinions and make suggestions for changes to the business. Staff told us the senior management team would always listen and try different ideas. One member of staff told us, "It is like a breath of fresh air for a care company." Staff told us they worked well as a team and communication with each other and the senior management was good. There were regular team meetings and minutes were kept of the discussion and actions.

The service had only recently started to provide regular personal care however, it had been registered since 2015. The registered provider told us they did have plans to grow the business but wanted to do this slowly, making sure they only took work they could confidently manage. They said, "We are trying to grow the service, we aim to really look after people but another important thing for us to do is look after our staff properly." One of the ways the service was trying to capture the extra work staff did was by recording it on an 'extra mile log'. The registered provider told us they recognised that staff often did additional activity when visiting people and they wanted to capture this so it could be rewarded in some way.

Values of the company were available to people and staff. The registered provider told us they believed the service was "true to the values of the company". Staff we spoke with were aware of the values of the provider and said the senior management at the service promoted and upheld these values day to day. The provider values were published on their website and shared with people when they commenced a service with Bridge-it Options Ltd.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Staff had not had food hygiene training to support them to prepare food.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established systems or processes to effectively assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not completed the required checks to ensure all staff were suitable to be employed.