

Bridge Medical Solutions Ltd

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Inspection report

5 Ashberry Close
Thurnscoe
Rotherham
South Yorkshire
S63 0LX

Tel: 01709894419

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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

The inspection took place on 16 August 2016. The inspection was announced as the service is very small and we needed to be sure someone would be in the office.

The last inspection took place in May 2014, at which time the service was found to be meeting all the requirements of the regulations we looked at.

Bridge Medical Solutions is a very small family run domiciliary care service, who were providing personal care to one older person at the time of our inspection. Bridge Medical Solutions also provide care staff to other providers via their staffing agency. This inspection looked only at the regulated activity carried out by domiciliary care service which was personal care.

There was 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 service was providing care and support to people in their own homes, at the time of our inspection however there were no people who were receiving the regulated activity (personal care).

The service was run by the registered manager who was also a director. The service was very small and also comprised of a care staff agency which supplied care staff to other services.

The standard of records which were kept was very good, the registered manager was able to complete all care assessments and care plans personally due to the size of the service.

People we spoke with told us the service was 'second to none' and they expressed no concerns about any aspect of the support they received.

Staff had undertaken training in safeguarding vulnerable adults and were able to demonstrate their understanding of their role and responsibility in keeping people safe.

There were robust, detailed risk assessments in place which identified individual risks and showed the measures which were in place to minimise those risks.

Staff recruitment procedures were thorough and all relevant pre-employment checks were carried out to help the provider make safer recruitment decisions.

Staff had received an induction prior to commencing their roles and had undertaken all required training.

Staff received regular supervision and appraisals and were well supported.

People were asked for and gave their consent to the care they received in line with the Mental Capacity Act 2005.

We were told staff were kind, caring and patient when supporting people.

There was clear evidence that people were involved in all aspects of their care and care planning.

People were encouraged to be as independent as they were able.

Care plans were written in partnership with people who used the service and their relatives if this was what they wished.

Care plans were reviewed regularly with the person who used the service, everyone who was involved in the care and support of the person was asked for their feedback.

Although there had been no complaints received, there was a clear complaints process in place and copies of this were available in people's homes.

The registered manager was involved in all aspects of the service including working alongside the care staff on a regular basis, which allowed them to closely monitor the day to day practice of care staff.

Records were detailed and well maintained. There were processes in place to regularly audit and assess the quality and safety of the service.

The provider was meeting all the requirements of their registration. All the policies and procedures which were in place were up to date and reflected current legislation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had undertaken training in safeguarding vulnerable adults and were able to demonstrate their understanding of their role and responsibility in keeping people safe.

There were robust, detailed risk assessments in place which identified individual risks and showed the measures which were in place to minimise those risks.

Staff recruitment procedures were thorough and all relevant pre-employment checks were carried out to help the provider make safer recruitment decisions.

Is the service effective?

Good ●

The service was effective.

Staff had received an induction prior to commencing their roles and had undertaken all required training.

Staff received regular supervision and appraisals and were well supported.

People were asked for and gave their consent to the care they received in line with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

We were told staff were kind, caring and patient when supporting people.

There was clear evidence that people were involved in all aspects of their care and care planning.

People were encouraged to be as independent as they were able.

Is the service responsive?

Good 

The service was responsive.

Care plans were written in partnership with people who used the service and their relatives if this was what they wished.

Care plans were reviewed regularly with the person who used the service, everyone who was involved in the care and support of the person was asked for their feedback.

Although there had been no complaints received, there was a clear complaints process in place and copies of this were available in people's homes.

Is the service well-led?

Good 

The service was well-led.

The registered manager was involved in all aspects of the service including working alongside the care staff on a regular basis, which allowed them to closely monitor the day to day practice of care staff.

Records were detailed and well maintained. There were processes in place to regularly audit and assess the quality and safety of the service.

The provider was meeting all the requirements of their registration. All the policies and procedures which were in place were up to date and reflected current legislation.

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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.

This inspection took place on 16 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a very small domiciliary care service and are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we held about the provider, including any notifications they had sent to us.

Before the inspection, the provider completed a 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.

During the inspection we reviewed one care plan, one staff recruitment file, daily care records, policies and procedures, and other records which related to the checks carried out to monitor the quality and safety of the service. We spoke to the registered manager, a member of care staff and we visited a person who used the service at home with their family to gain their views on the service they received.

Is the service safe?

Our findings

Staff we spoke with were able to describe to us the types of abuse, what their role and responsibility was in relation to keeping people safe and who they would need to report any concerns to. Staff were also aware there was a whistle blowing policy in operation and knew what protection this policy offered them if they were concerned by anything they saw at work.

We reviewed the risk assessments which were in place and found them to be very detailed and robust. Risk assessments had several sections. There was a Yes/No assessment section which covered various aspects of a person's care needs including their mobility and ability to complete tasks independently. There was also a breakdown of the risks identified, which then showed the measures which were in place to minimise the risk, whose responsibility it was to make sure the measure was in place and when the action needed to be reviewed. We found the registered manager had taken all available information and made sure this was included in the risk assessments, for example we saw hypotension (low blood pressure) had been recognised as a falls risk as low blood pressure can cause dizziness on standing.

We asked the registered manager about accidents and incidents which occurred in the service. The registered manager told us there had been no accidents or incidents, however they showed us they had a process for accident and incidents to be recorded which included forms which were kept in the homes of people who used the service and a central log where all information would be recorded and analysed.

We looked at the staffing levels within the service. We found there was currently one person who was receiving care and support from the domiciliary care service, and the person had a carer who was always allocated to them. This was very important as the person's condition meant they needed to be supported by staff they recognised to ensure there was continuity of care.

We looked at the recruitment process which was in place. We found there was an application which detailed the full work history of the applicant. There had been a check made with the Disclosure and Barring Service (DBS), which helps employers make safer recruitment decisions.

There had been references requested and received from previous employers. This showed the provider was making sure the people they employed were of good character and suitable to work with vulnerable adults in their own homes.

We asked the registered manager about the use of medicines. The registered manager told us and records confirmed they were not assisting anyone with their medication, therefore there were no records for us to review. There was a medication policy in place, which was robust, detailed and up to date with current legislation.

We asked the registered manager how they ensured their staff wore personal protective equipment (gloves and aprons) to reduce any risk of spreading infections. The registered manager told us and we saw when we visited a person in their home, that PPE was supplied and was available in people's homes to ensure it was always readily available to care staff.

Is the service effective?

Our findings

We looked at staff training and the induction process which was offered to staff. We saw staff were offered a detailed induction, which included all mandatory training. Staff training was up to date and included training for specific conditions affecting the people they were supporting.

Staff received supervision sessions from the registered manager every three months, and an annual appraisal. The registered manager also carried out regular observations of staff whilst they were supporting people. Observations of staff practice is a valuable part of supporting staff in a domiciliary care setting as staff usually work unsupervised and this allows the provider to establish if there are any concerns and to address them at an early stage.

Staff we spoke with told us they felt supported by the registered manager and were able to approach them at anytime if they had any questions or concerns.

We saw in the care plan we reviewed there was detailed guidance on the Mental Capacity Act 2005 and the role and responsibilities of care staff to protect people's human rights. The guidance broke down what the legislation says, and how this applied to care staff in their daily roles. The guidance was very detailed and easy to read to ensure it was accessible to care staff. There was also a detailed section entitled 'your rights, your responsibilities'. This detailed what people's rights were in relation to their human rights and how they should expect them to be protected by the provider and their care staff.

It was evident from the care plan that an assessment had been carried out to ascertain whether the person had capacity. We saw the person had been assessed as having capacity, and as a result of this had been asked for their consent to the care and support they received. The person's relative had also been involved in the assessment and had also signed to say they agreed with the care which was to be given. The registered manager had policies and procedures in place to ensure that if a person did not have capacity to consent to their own care they would either gain consent from a relative who had the legal right to do so, or a best interest decision would be made by all concerned parties to protect the rights of the individual.

Contained in the care file which was in the person's home was a detailed description of the processes which need to be followed to make decisions with and on behalf of people in line with the Mental Capacity Act 2005. This was very useful to allow families to understand this process.

Care staff supported people to cook their own meals and to make drinks independently during their visits. The cooking support meant that people could have a nutritious meal, and retain their independence in preparing that meal, rather than being left a snack which may otherwise be the only other option.

Is the service caring?

Our findings

We spoke with a person who was receiving care and support and their family. They told us the care staff were kind, caring, very patient and they had the same staff for all their visits. This was important to the person as this made them feel more secure.

The registered manager told us the service was a small and family run, the focus of which was to offer consistent, high quality care to people. As the service was so small they were able to offer a very person centred, high quality package of care. The family we spoke with told us the service was flexible and met their needs fully, as the care package was to allow the family respite time from their caring responsibilities. The family told us they were exceptionally happy with the service and the care staff who attended their home.

We spoke with a member of care staff, who told us "It was really good when I started, I was taken to meet all the people I would be supporting, so I could get to know them."

We saw in care plans there was information gathered about people's cultural and spiritual needs, which meant that care staff would be aware of any specific needs they had which they may need support to maintain.

The care file contained a document which was a detailed description of the role of a support worker, which showed what was expected of care staff by their employer, but also what people using the service should be experiencing, to give them clear guidance on what should and should not happen when care staff were visiting them.

It was clear from speaking to the registered manager, care staff and the family who used the service that they were all involved in making sure the planned care visits met the needs of not only the person who needed care but also their relatives who cared for them most of the time.

The registered manager had a policy in place which explained the processes for keeping confidential information safe, and ensuring care staff understood the need to protect people's private information. There had been no concerns reported by people we spoke with, who told us they felt their confidences were well protected.

We looked at the daily care records which were kept in people's homes. These records were detailed and written in a respectful manner. The person we spoke with and their family told us care staff always treated them with dignity and respect.

We saw from the care plan and from the daily records that care staff made every effort to ensure people maintained their independence and did not lose any of their life skills due to not having the opportunity to practice them. Relatives we spoke to told us this was a key part of the care package as they felt it was very important to maintain their relatives skills and capabilities for as long as possible.

There was no provision in the care plan we looked at to gain people's thoughts and wishes for the end of their lives, the registered manager told us they were looking at including this as they needed to gain this information to avoid the risk of people losing the ability to give their preferences.

Is the service responsive?

Our findings

We looked at care plans which were in place for people who received care and support. We found the care plans were extremely detailed and person centred.

We saw there was information at the beginning of the care file which explained 'Your rights, your responsibilities', this was very useful as it laid out in plain English what was expected from the service provider and the person who was using the service. The care file also included a copy of the last Care Quality Commission inspection report and detailed information on making a complaint.

The care plan contained detailed information about medical history and current conditions which care staff needed to be aware of, and gave the treatment or equipment which was in place to treat those conditions, for instance the use of hearing aids and glasses.

The care plan was easy to read and gave a very good picture of the person to whom it related. There was information about their history, their current family circumstances and their hobbies and interests.

We saw there were 'house rules' included in the care file. These rules had been agreed with the family and included items such as it being ok for care staff to have a drink when helping the person to make their own drink, and that care staff were only allowed to use the household phone to make 999 calls. This was useful as it meant care staff knew what was acceptable to the family whilst they were in their home.

We saw there were regular reviews carried out of care plans by the registered manager. There was an initial review carried out after three months, and care plans were then reviewed every six months or more frequently if there were any changes to a person's needs. We saw reviews were carried out by the registered manager and that they visited the person and their family and involved people in the review process to ensure all their needs were understood, this included input from the care staff who supported the person regularly.

It was clear people were treated as individuals and the level of detail in the care plans showed who each person was and gave the reader a sense of their character and personality, for instance some of their particular habits, or patterns of behaviour.

We looked at complaints and concerns. There had not been any received by the service since our last inspection. We saw there was a comprehensive policy and process in place should any concerns or complaints be received to ensure they were investigated and responded to in an appropriate and timely manner.

Is the service well-led?

Our findings

There was a registered manager in post, they had been in post since the service started. The registered manager was able to undertake a large part of the administration of the service personally as the service was so small. This meant the registered manager who was also a Director of the service had very good oversight of the quality and safety of the service.

The staff team was very small, we found there was a sense of commitment and responsibility which came through from the staff we spoke with. The registered manager was clear the function of the service was to provide high quality, person centred care to enable people to remain in their own homes.

At the time of our inspection there were no people using the service who received a regulated activity (personal care), the only support which was being given was in relation to keeping people safe and supporting people with their hydration and nutritional needs. We did discuss with the registered manager that under their current provision they did not need to remain registered with the Care Quality Commission, however they felt it was important that they continued to be registered to allow them to continue to meet people's needs should they require a higher level of care and support.

The registered provider was meeting all the requirements of their registration with the Care Quality Commission as they had systems in place to ensure they informed us of any notifiable events, and they had robust processes in place to monitor the quality and safety of the service provision.

The records which were kept were of a high standard and were closely monitored by the registered manager if they did not complete them personally to make sure they were to the required standards.

The registered provider told us they worked in partnership with the local authority and they ran day care sessions for people who required voluntary help and support to allow them to live independently in their communities. These services were run two days per week and offered support to vulnerable adults with a learning disability.