

Bridge Care Services Limited

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Inspection report

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26 April 2018
02 May 2018
03 May 2018

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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

This inspection was carried out over four days and included a visit to the office on 26 April 2018 and interviews on the telephone covering three days on the 24 April and 2, 3 May 2018. Our visit on the 26 April gave the provider just 24 hours' notice to make sure staff were available at the office for the inspection. At the last inspection on 21 September 2016 we rated the service as requires improvement overall. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to, supervision of staff and effective governance systems.

This inspection was to check satisfactory improvements had been made and to review the ratings. The provider sent us an action plan that detailed how they would make improvements to become compliant with the regulations. At this inspection we found improvements to the service and the regulations were met.

Bridge Care Services is a domiciliary care agency that provides support to people who live in their own home, both older people and some younger adults with disabilities. They provide a service throughout the Stockport area to people who have a service commissioned via the local authority and to people who are privately funded. The office is situated in the centre of Marple on the first floor of an office building. The office did not have a lift or disabled facilities. However, the registered manager advised they would always make arrangements to see people in their own home to meet their needs.

A registered manager was in place. 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.

We received positive comments from relatives and people receiving support. Overall, they were very positive about the service provided with lots of opinions made about how staff got to know them and provided very personal care and support.

The registered manager had systems in place to monitor the quality of the service. Governance systems had been developed to show appropriate management and review of the service.

Staff were given appropriate support through a programme of training and on-going supervision, and an annual appraisal. Staff said the training provided them with the skills and knowledge they needed to do their jobs.

Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding adults. Staff responsible for supporting people with their medicines had received training to ensure they had the competency and skills required.

The provider had a safe system for the recruitment of staff and was taking appropriate steps to ensure the suitability of workers.

People told us that staff usually arrived on time, and they generally had no issues about staff turning up for duty. The service had a monitoring system that continually checked the promptness of their visits and could take action, if staff were running late for any reason.

Support plans contained up to date, information about each person's care and support. The registered manager used a variety of methods to assess and monitor the quality of the service. They carried out a regular checks and visits to each person to make sure the care and support was a good standard and met each person's needs.

There was a complaints procedure in place. The majority of people who used the service told us they knew how they could raise a complaint if they needed to and had no hesitation to approach staff about any issues.

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.

The recruitment processes in place were robust to ensure only suitable staff were employed by the service.

There were enough staff employed in order to provide a safe and flexible service to clients.

Recruitment checks were in place to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good 

The service was effective.

Staff understood the need for and sought consent from people before providing care or support.

Staff completed an on-going programme of training. People's needs were met by a suitably skilled and trained staff team.

Staff told us they felt well supported by the management team. They were provided with regular supervision and appraisal by the senior team.

Is the service caring?

Good 

The service was caring.

People receiving support and their families told us the staff were kind and caring.

Staff told us they would be happy for family or someone they knew to be provided with support from the service.

Is the service responsive?

Good 

The service was responsive.

Plans of care were in place detailing each person's care and

support needs.

Staff knew people well and told us they would report any concerns or complaints raised with them to their manager. People receiving support and their relatives knew who to contact if they wanted to make a complaint.

Is the service well-led?

The service was well-led.

At the time of this inspection the manager was registered with the Care Quality Commission (CQC).

The registered manager and the registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their line manager.

Governance systems had improved. The quality of the service was monitored, including requesting feedback from people using the service and their relatives.

Good 

Bridge Care Services Limited

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 was 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 over four days and included a visit to the office on 26 April 2018 and interviews on the telephone over three days on the 24 April and 2, 3 May 2018. The registered provider received 24 hours notice to ensure staff were available at the office to assist with the inspection. The inspection team consisted of one adult social care inspector visiting the office and an expert by experience carrying out telephone interviews. 'An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications. The provider also 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.

Since the last inspection we had been liaising with the local authority and we considered this information as part of the planning process for this inspection.

During inspection, we reviewed a variety of documents such as policies and procedures, four care records of people being supported by the service, a sample of medicine administration records, four staff personnel files, recruitment practices, supervision and appraisal records, training records, records relating to safety checks and quality assurance systems.

We spoke with 10 people provided with support by the service, two relatives, the registered manager and provider and eight support staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff supporting them. They shared various positive comments such as,

"I feel safe. I know all the people who come to me. They turn up when they are expected", "The care is very good and I feel safe. My carers come between 8.30 – 9 am every day" and "I feel very safe with this company, who come in every day."

Relatives told us they had no concerns. One person told us, "I feel confident that my (relative) is in safe hands with them", "Having the carers gives me peace of mind, because they are safe, reliable and consistent. It's a big weight off our family's shoulders. In an emergency, the staff have been trained up to deal with everything" and "They are all good time keepers."

We found that medicines were safely managed. We looked at a sample of the medication administration record (MAR) charts that had been returned to the office. Staff we spoke with told us they were confident in their abilities to support people with medicines as they had received appropriate training and had the right skills to do this safely. There had been one medication error in the last 12 months. The registered manager had taken all appropriate actions to investigate this incident and take appropriate actions to help reduce further risks.

Most people provided with support were very positive regarding the staff teams supplied to them saying, "They used to rotate the staff from time to time, but now it's an infrequent occurrence. We have some laughs together. I find them very entertaining people", "We have a regular carer and she always lets us know if there are any problems, for example if she's running late" and "I have one main carer now and I think that is much better, as it develops familiarity and provides continuity."

During this inspection we looked to see if there was sufficient staff employed to meet the needs of people being supported. We were provided with copies of the bookings which showed the staff rotas and the number of hours each person needed each week. Staff told us they tried to maintain consistency in keeping the same groups of staff together to the same people. Staff used a computerised application to help manage the staffing levels to meet all their care packages.

There were sufficient numbers of staff to meet people's needs. People told us the staff were usually promote. They told us that staff often carried out more tasks than they were booked for and did a bit extra to help them, like washing the dishes and putting the bins out for them.

We saw evidence of up to date maintenance checks for all facilities and equipment within the office building. Some of the required checks such as 'portable appliance testing' was chased up by the registered manager during the inspection. Updates of relevant health and safety maintenance certificates and environmental risk assessments were submitted to CQC following the inspection to show compliance with necessary health and safety requirements by the registered provider. We looked at a sample of checks such as the electrical installation certificate and fire alarm testing certificates. These checks help to make sure that any environmental risks to people within the office building were minimised and the environment was well managed to ensure it was safe for everyone. The registered manager took action during the inspection

to ensure that all staff had updated fire training by June 2018.

We looked at sample of staff recruitment files and found that they had appropriate checks had been carried out to show that staff were recruited as per the services recruitment policy and assessed as suitable for their posts. This included seeking references and obtaining Disclosure and Barring Service (DBS). The DBS carried out checks and identify if any information is on file that could mean a person may be unsuitable to work with vulnerable people.

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy and procedure which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to staff on identifying and responding to the signs and allegations of abuse. We looked at records which showed the provider had suitable procedures to help make sure concerns about people's safety were appropriately reported. The service had made a recent safeguard referral to the local authority and showed responsive actions in keeping people they supported safe. Staff we spoke with were knowledgeable about safeguarding procedures and the actions taken to safeguard vulnerable adults. Staff told us they would not hesitate to report any concerns straight away to their line manager. The service had a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

We looked at a sample of support files which contained individual support plans that identified any known risks that might compromise the person's safety. People's records had been regularly reviewed. Risk screening tools had been developed and included areas such moving and handling assessments. The risk screening tools we examined were able to identify the actions for staff to minimise risks to maintain people's safety when providing support to the person.

Is the service effective?

Our findings

When we spoke with people that received support they were complementary about the staff and their ability to provide them with individualised care and support. They told us, "Conversation is my support. We talk about a range of subjects", "They have really helped with mental wellbeing", "It's excellent as far as I'm concerned. Everything about the service is very good", "They will do anything for me, including cleaning up. They offer good conversation and will alert me to any issues. My carers are very good. Without the carers it would be a very lonely existence" and "My carers go beyond the call of duty. Their hearts are in the job. All are great." Relatives were positive about the staff abilities and told us, "The staff have the right skills to support my (relatives) needs."

During the last inspection, we found the service in breach of Regulation 18 HSCA RA Regulations 2014 Staffing. The registered provider had failed to provide appropriate staff supervision. During this inspection we found improvements had been made in the way the provider managed staff supervision and the regulation was met. The purpose of staff supervision is to support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. The Staff told us they were receiving appropriate support, training and guidance to fulfil their role. Staff told us they had regular supervision and an annual appraisal session to talk about anything needed for their work. Observations of supervised practice were completed at least once a year by senior staff to monitor the quality of care provided by each staff member. We were shown a staff supervision and appraisal schedule/planner for 2018 which included the names of each staff member. Staff had received regular supervision and appraisals following the last inspection.

A system was in place to support staff with updating training each year. The staff we spoke with told us they were happy with the training on offer. Staff were well qualified with the skills and experience to meet the needs of people they were supporting. An e-learning programme was in place supported by face to face training which was monitored by the manager and the registered provider. We saw an overall staff training matrix (record) for all the training available. Training covered lots of topics for staff including for example, fire training, moving and handling, food hygiene, medications and safeguarding vulnerable adults. Staff had completed training on the Mental Capacity Act (MCA). They could demonstrate an understanding of the importance of gaining consent before providing care to someone. Induction protocol and check list were in place which identified the essential knowledge and skills needed for new employees.

People supported by the service offered positive comments about the knowledge and abilities of the staff supporting them, sharing comments such as, "I feel that the staff are well trained", "My carers have strengths and weaknesses in terms of understanding my condition. They seem to be quite well educated though and they know a lot about health needs", "They are also flexible about my illness and listen to me when it's impossible for me to manage certain aspects of personal care", "Staff know what they're doing. They always do what I want them to do" and "They would refer health needs to my GP if needed. For example, one carer phoned the GP on my behalf about my medication to ask if they could write down exactly what it was for."

We looked at a sample of care files of people provided with support from the service. This information helped to show how people's needs were assessed and how they were included in planning their care. Staff were aware of people's dietary needs and how they needed to support people to eat and drink sufficient amounts. Some people needed support from the staff with preparing meals. We saw there were appropriate risk assessments and plans of care to address this care need. The support files had lots of information about the care needs of people they supported. They also had documents called, 'What's important to me,' which included personal information about each person's choices in topics such as their living arrangements, religion, family and hobbies. Care records showed how people's nutritional needs were met and being supported by staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. We checked whether the registered provider was working within the principles of the MCA. We saw evidence that people had been involved in decisions about their care and they had signed to consent to their care plan. Consent was obtained and recorded to show how each person's views and rights were protected.

The service shared a copy of their Quality statement policy for Bridge services to all staff and people they supported. The policy covered 'Equality and diversity' which advised every one of the providers duty and responsibility under the requirements of The Equality Act 2010 to ensure that all staff worked within a service that embraces and encourages equality and diversity. The policy advised they aimed to have a workforce that truly represented all sections of society and for each employee to feel respected and able to give of their best. The policy sets out that people using the service must not feel discriminated against in any way and they will always consider the protected characteristics set out in the Equality Act 2010 which consider age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.

Is the service caring?

Our findings

People receiving care told us they were happy and felt well cared for. People told us, "We always have a good conversation and they bring a smile to the day. I've been happy with the service from the start", "My carers are respectful", "My regular carer knows what she's doing and she goes the extra mile for me", "I consider (my carer) more as a friend and we have a lot of cheerful banter", "My carers are kind, considerate, friendly and, best of all, they are interested in us", "My carers always ask how my family are and make their visits pleasurable for me", "They are very kind, always polite and very helpful", "The carers are kind and compassionate and they have shown dignity and respect. For example, they always say good morning and good afternoon to me", "They somehow manage to smile, even when they're under duress", and "The carers are compassionate, kind, understanding and patient. The carers are all respectful in their manner."

Relatives who we spoke with all told us they thought the service was good. We were unable to observe care being carried out directly to people, but relatives we spoke with commented in a positive way about the care provided to their family members.

Staff described to us how they respected people's privacy and dignity whilst they provided support. For example, staff protected people's privacy by closing doors when providing support and closing their curtains. Relatives and people provided with support confirmed that staff had very good values and always respected their privacy and dignity when in their home. The registered manager described the process of carrying out regular spot checks undertaken for staff. The checks helped them to assess the competencies of staff and the qualities and standards provided, ensuring that staff respected each person's privacy and dignity. Staff spoken with and evidence seen of the documented spot checks and staff personnel files confirmed this was a regular process carried out by senior staff.

Discussions with staff showed they had a good understanding of the individual needs of each person, especially people with dementia. The registered provider had an equality and diversity policy and a privacy, dignity and human rights policy that were shared with staff. Staff told us they usually supported the same clients so they got to know them very well and how they liked things to be done. Relatives confirmed they usually saw the same staff which helped the consistency and approach to their family members care package.

Information was present in people's care files about their individual likes and dislikes, interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual. Support plans contained information in relation to supporting effective communication with individuals. This included information on any communication aids such as glasses or hearing aids that the person might require and how to recognise and communicate with some people who had non-verbal signs for communicating their needs.

We saw that staff had access to policies and procedures for example, confidentiality, privacy, maintaining people's dignity and rights. The records encompassed a lot of information regarding standards expected.

Records and documents were kept securely and no personal information was on display in the main office. This ensured that confidentiality of the people they supported was maintained and safely stored and managed.

Is the service responsive?

Our findings

Feedback from people receiving support was mostly positive regarding their individual package of care and the standard of carers supplied to them. Comments included, "They help to support independence and have definitely helped me to keep my own flat", "I really appreciate this service, which we've had for about 2 years. It's first class", "The staff seemed to know what they're doing. They seem very good and will accommodate any request", "I would be really lost without my carers. They would always call for help if needed", "They're more than just carers. It really is an excellent individualised care package" and "My carers helped me to arrange for a shower chair to be delivered, which has helped a lot."

One relative was very happy and told us, "This care package is very much geared to individual needs. For example, this company will accommodate and adjust their times to suit my (relatives) needs."

The general feedback about the complaints process was that people were aware of the policy and were positive in their responses, comments included, "What I like about my carers is that they will not take offence if I remind them about something that's been overlooked", "I feel able to raise any concerns with this company", "I would feel comfortable about making complaints. These carers are great though. They are bags of fun and more like friends", "I have no complaints with my main carer, who would respond to my needs in any context. She always has a smile, which helps to brighten the day. Sometimes it's the little things that make the biggest differences", "I feel that my care is individualised. I have never needed to complain, but would get on the phone to the company, if necessary.", "I haven't had any need to complain, but I have actually phoned the company to complement the standard of care given to me by their staff", "I would feel comfortable about raising any concerns, but to date, there have been no concerns. That's saying quite a lot! They always let me know if they're running late too, which really helps" and "One carer turned up late and so I rang the company to complain and reaffirm the terms of reference. I am completely satisfied with the outcome. I feel that this care is focused on my individual needs. The conversations that I have with these carers lift my spirits."

We reviewed the policy in relation to complaints, which was included in the information file stored at each person's own home. The last recorded complaint was documented for 2016. The staff told us they did record verbal and informal complaints in a person's care file rather than the main complaint recording book. Following our inspection, the registered provider had advised they had reviewed this process to capture all verbal concerns raised to show overall management of these responses within their complaints process. Staff told us that any concerns or complaints raised would be taken directly to their seniors and the registered manager. Most people we spoke with told us they knew how to raise a complaint and would have no problem raising their concerns if needed. Both relatives and people being supported by the service told us they did not have any complaints and were wholly positive about the service provided. The service had also captured positive comments and complements about the service.

The support plans we looked at were person centred, describing the needs of each person in a detailed and individual way. For example, there was a section offering detailed personal information and a personal

profile. This helped the staff supporting each person to learn all about the person's life, their history and family and what was important to them. We saw that the support plans were reviewed on a regular basis throughout the year.

Staff knew the needs of the people they supported very well. Each person had been assessed before they decided to choose the service. Support plans included relevant information to identify the person's care, support, identify risks and equipment to meet people's needs safely. For example, identifying when specialist equipment such as hoists were needed. This helped to make sure people's health and wellbeing was appropriately responded to and maintained. Assessments showed people and their relatives had been included and involved in the assessment process wherever possible.

We found that staff were able to clearly describe people's individual care needs and how they met those needs. They told us that if a person asked for their care plan to change in any way they would report this to senior staff. The registered manager told us that they would then review the care with the person so any updates needed for the care records would be updated to reflect any changes. Care plans had been regularly reviewed and audited by senior staff. Care reviews helped to monitor whether support plans were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.

The support plans had been signed by either the person being supported or signed on their behalf by their representative/next of kin. This showed a transparent inclusive process where they were fully involved in the development of their care package and had consented to their plan of care and support.

Is the service well-led?

Our findings

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Most of the people who we spoke with were very positive about the management of the service and shared comments such as,

"Anything that I ask of them, they'll do. I would feel comfortable about raising any issues with this company. I feel that I really landed on my feet when I found this company to provide care for me", "We get questionnaires from the company, which monitor the standard of care. I have made a suggestion about the rotas", "I have filled in a questionnaire about my care provision", "I would definitely recommend this service, if an individual's needs were similar to mine. From what I've heard, most of my carers like working with this agency", "I would recommend this service. It's a good measure of the company when their staff stay for a long time. There doesn't seem to be a high turnover of staff", "The company must be well led, as everything seems to go to plan. I would and in fact have recommended this company before. Most seem to enjoy working for this company and are keen to do the job, much to my amazement."

During the last inspection, we found the service in breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. During this inspection we found improvements had been made in the way the registered provider assessed and monitored the quality of service that people received.

The registered manager was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out each year and the service had lots of ways for people to discuss their views. The latest returned surveys/feedback for April 2018 were very positive. The registered manager showed that the results demonstrated year on year improvements in the feedback they had collated. Questions were asked about a variety of subjects to make sure each person was given an opportunity to feedback their opinions about the service they received and an opportunity to make suggestions.

There was a clear management structure in place. The registered manager was supported by their care coordinators. The registered provider continued to develop their auditing systems. The registered manager fully engaged with anything necessary during the inspection to make the service safer and well managed. We found there were formal systems for auditing all areas of the service including, people's support records, staff training and recruitment, supervision and appraisal, health and safety, safeguarding and medications.

The staff told us there was a friendly atmosphere amongst the team. They told us they could always go to their registered manager and raise anything; they felt valued and well supported. They had regular communications, meetings and information booklets shared with them. Senior staff sent out weekly memos to all their staff. This information helped to keep them up to date with any plans, developments and

changes to the people they were supporting.

We saw the CQC quality rating certificate was displayed in the office where people visiting the service could easily see it and was accessible via their own website. This meant that relevant information about the service was available for people to access and helpful for people to make informed choices.