

Bridgewater Home Care Ltd

Bridgewater Home Care

Inspection report

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22 August 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 service based in Wigan and provides personal care and support to people in their own homes. The services are operated by Bridgewater Home Care Ltd. At the time of the inspection approximately 50 people were using the service.

People's experience of using this service:

The feedback we received about the standard of care provided was extremely positive. We saw many examples of where staff had gone 'above and beyond' what was expected from their roles.

Community links and partnership working with other organisations was excellent. The registered manager and staff team were committed to achieving positive outcome for people. Staff morale and a positive culture was also very important.

The career development of staff was encouraged and several different opportunities were created to enable staff to progress into different roles. The service had won a number of awards both nationally and in the local area, where their contribution to the care sector had been recognised.

People said they felt safe using the service, with staff demonstrating a good understanding about how to protect people from the risk of harm.

People received their medicines safely. Staff were recruited safely, with appropriate checks carried out to ensure risks were minimised. There were enough staff to care for people safely. People told us staff were prompt when arriving to deliver their care. Accidents and incidents were monitored, and any actions taken to prevent future re-occurrence were recorded.

People received the support they needed to eat and drink. 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.

People said they felt treated with dignity and respect and staff promoted their independence as required. Complaints were handled appropriately. Compliments were also recorded about the quality of service provided. Audits and quality assurance systems were in place to monitor the quality of service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with us on 14 August 2018 and this was the first inspection we had undertaken.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales for newly registered services.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Good rated services, however if any information of concern is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Bridgewater Home Care is a 'domiciliary care service' It provides personal care to people living in their own homes and flats.

The service had a manager registered with the CQC. 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 carried out this inspection on 19 and 22 August 2019. At the time of the inspection there were approximately 54 people using the service.

The inspection was announced on 16 August 2019 to ensure the inspection could be facilitated by the registered manager at the location office. We informed the registered manager we would be returning for a second day to complete the inspection.

What we did:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We also viewed the provider information return (PIR). 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. This information helps support our inspections.

We contacted Wigan local authority for feedback and other stakeholders who had involvement with the service.

The first of day of the inspection was spent at the main office, reviewing documentation and speaking with staff. The second day was also spent at the main office. We also carried out several home visits to speak with people who used the service and their relatives about the care provided by Bridgewater Home Care.

During the inspection we spoke with the registered manager, eight care staff, six people who used the service and 10 relatives. This was to seek their feedback about what it was like to receive care from and work for Bridgewater Home Care.

Documentation reviewed included five care plans, five staff personnel files, five medicine administration records (MARs) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People are protected from avoidable harm and abuse. Legal requirements are met. The service will always support people to keep themselves and their belongings safe and secure.

Assessing risk, safety monitoring and management; preventing and controlling infection; using medicines safely:

- Each person using the service had risk assessments in place covering areas such as moving and handling, the home environment, smoking and fire safety. Where risks were identified, there were details about how they needed to be mitigated.
- People received their medication safely and we saw medication administration records (MARs) were completed accurately by staff. These were audited regularly by management to ensure there were no errors. Cream charts were also completed by staff and were up to date.
- Staff had received medication training and had their competency assessed to ensure this was done safely.
- People were protected from the risks of the spread of infections. The feedback we received from people was that staff always wore personal protective equipment (PPE) when supporting them with their care such as gloves and aprons.
- An out of hours system was used so people and their families could contact someone in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse:

- People receiving this service and their relatives told us they felt the service was safe. One person said, "It is a safe service to use and I trust the staff. They are competent with the hoist and staff are checked to ensure they are doing it right." A relative also said, "All the staff are very safe and trustworthy."
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- A log of safeguarding incidents was maintained, along with any alerts that had been made to the local authority.

Staffing and recruitment:

- There were enough staff working for the service to care for people safely. People who used the service and their relatives described staff as being punctual when arriving to deliver care.
- The feedback we received from staff was their rotas were well managed. We looked at a sample of staff rotas which showed staff generally stayed for the correct length of time.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.

Learning lessons when things go wrong:

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.

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.

People's outcomes and feedback about the effectiveness of the service describes it as consistently good.

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

We checked whether the service was working within the principles of the MCA.

- Staff received training in MCA and had an understanding about the legislation. For instance, working with families in people's best interests if they lacked capacity.
- Signed consent forms were available within people's care plans where people had given their permission to received services from Bridgewater Home Care.
- People had signed contracts where they agreed to the service being provided.

Staff support: induction, training, skills and experience:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. Staff also completed the care certificate which enables staff who have not worked in a care job previously to gain a thorough understanding about the role.
- A training matrix was used which showed the different courses staff had completed and when they were next due by.
- Staff spoke positively of the training provided and said enough was available to support them in their roles. Mandatory training courses had been completed by staff in areas such as health and safety, moving and handling, infection control, safeguarding first aid and dementia.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work.
- Annual appraisals had also been undertaken for staff who had worked at the service for over 12 months.

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

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within care plans.
- When a package of care commenced, staff visited people at home to carry out an assessment to ensure they were able to meet their needs.

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

- People and relatives we spoke with were complimentary about the support provided by staff to help people eat and drink.
- People said staff always offered to make them a meal, or snack for later in the day if they were not hungry at the time of the care visit. Drinks were always made for people and were accessible throughout the day.
- People had specific eating and drinking care plans in place and this provided staff with an overview of the support people needed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- Appropriate referrals were made to other healthcare professionals as required. For example, we saw a person was referred for a further moving and handling assessment following concerns regarding their mobility.
- People who used the service told us staff had assisted them to healthcare appointments in the past, if they were unable to attend on their own.

Is the service caring?

Our findings

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

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 and equality and diversity:

- People who used the service spoke very highly about the standard of care provided and said staff treated them well. Staff were described as extremely kind, caring and considerate. One person said, "I have been very happy with them. They consistently send staff with a great attitude." Another person said, "They have been brilliant. They are very good carers, absolutely excellent. They are so kind and caring."
- The relatives we spoke with also spoke highly about the care provided. One relative said, "The care team are consistent and they are like friends. We can't praise them enough and they are always willing to help." Another relative said, "I think they are fantastic and can't praise them enough. They are so understanding. Very, very caring and responsive to things." Another relative said, "I can't fault them. Always happy to help and will go out of their way for you. The quality of care has always been excellent." A fourth relative added, "They have been brilliant. They are all good at their job and never let me down."
- Staff went beyond people's expectations to provide a service which treated people with true kindness, promoted well-being and happiness.
- One person had returned home following a period of time in a care home, where they had been refusing to get up from bed and get washed. The person was given a main carer who slowly worked with them to take more pride in their clothing and appearance which had a positive effect on their mental health.
- This person's relative said, "They have been absolutely amazing. In the past 10 years (the person), never bothered to get up from bed and get dressed, but in only two months with Bridgewater, the impact has been massive and we have noticed such a big difference."
- Staff had supported and encouraged a person to attend a 'Meet and match date' following a period of low confidence whilst they were exploring their sexuality. Staff had supported the person to attend Wigan Gay pride where the person had enjoyed being able to dress in clothing of their choice that made them feel comfortable. Following this increase in confidence, the person had now gone on to set up a local Lesbian, Gay, Bisexual, Transgender (LGBT) group at a local companionship service. They were also able to enjoy nights out in Canal Street in Manchester with staff support.
- The staff were extremely flexible to ensure people had their care needs met, even at short notice. A family had arranged to go on holiday, however, were struggling to arrange care whilst they were away. Bridgewater Home Care stepped in and provided 24-hour support which meant the person did not have to go into respite care and gave the family peace of mind. This person's relative told us, "Without them it wouldn't have been possible. It was brilliant and enabled us to enjoy the trip like we always have."
- Staff had also supported the family to attend an annual reunion with the armed forces. This had enabled them to meet up with old friends from their army days and wear uniforms worn in world war two. This person's relative told us, "It was great for everybody to see [person]. [Person's] face lit up and there was lots of laughing and giggling."

- A family christening had also taken place and this person was struggling to attend due to their health. Staff provided the support for this person to attend and enjoy the day alongside members of their family. This person's relative said, "It meant we could go to the social event afterwards. I would not have been able to manage without them."

- Another person had also spent a period of time in hospital for surgery, however was subject to a medication error resulting in their operation being cancelled, causing them anxiety. When the appointment was re-arranged, staff from Bridgewater arranged to stay with them until they went into theatre and provided emotional support to the family. This person's relative said, "This was just normal for the staff to do this really. The member of staff was adamant she was going to stay to make sure he was okay."

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

- Both people using the service and their relatives said they felt involved in their care package and were invited to any meetings that took place to discuss progress. People who used the service and relatives were able to meet the staff who would be providing their care in advance of the care package commencing. This gave them the opportunity to choose if the member of staff was right for them.

- The service had made use of technology to ensure people were fully involved in the care they received. The rollout of a new app allowed clients to have their own log in (if they were able to) to access their care plan and staffing rota. This allowed people who used the service to request for changes which could then be processed by the office team.

- People who used the service were involved with the recruitment of new staff and were able express their wishes and views about if they felt they were right to meet any specific care needs. This enabled people and their families to have a live copy of a weekly rota and meant plans can be made around their family life and events at short notice.

- Questionnaires were sent, seeking people's views and opinions about the service they received. Reviews of people's care had also been undertaken with involvement from people living at the home and families.

Respecting and promoting people's privacy, dignity and independence

- Both people who used the service and relatives told us staff always treated them well and were never made to feel uncomfortable or embarrassed. People said staff always assisted them with their personal care in private.

- People said they were encouraged to do things for themselves, such as eating independently and mobilising without support from staff whilst using safety equipment such as zimmer frames.

Is the service responsive?

Our findings

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

People's needs are met through the way services are organised and delivered.

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

- 'All about me' documents were created for both staff and people who used the service. This enabled people to receive care from staff who shared similar interests to them.
- Each person who used the service had their own care plan in place. They provided information for staff about the care and support people needed.
- Daily routine documents were also created and contained specific details about each care visit that staff needed to follow.
- People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.

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.

- People who used the service had access to assistive technology such as voice activated email devices, when they struggled to use standard keyboards.
- Care plans contained information about people's communication and if they required the use of any sensory equipment.

Improving care quality in response to complaints or concerns

- A central log of complaints was maintained, along with details about how each one had been responded to. A range of compliments had also been received, where people had expressed their satisfaction about their experiences of using the service.
- People knew how to provide feedback about the care they received and information about how to make a complaint was available in the service user handbook when their care package first commenced.

Supporting people to follow interests, maintain relationships and take part in activities to avoid social isolation:

- People were supported to access the local community by staff as part of their care package as needed.
- The service also provided support with companionship visits, where personal care was not involved, and this allowed people to have social contact with staff and access the community if they needed to.

End of life care and support

- Due to Bridgewater Home Care being a domiciliary care service, end of life care and support was not provided directly. However, staff worked closely alongside other relevant healthcare professionals such as

district nurses and palliative care teams to provide the personal care element of the support.

- Nobody was in receipt of end of life care at the time of the inspection.

Is the service well-led?

Our findings

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

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

- The general ethos of the service was to provide a high quality service that was 'Above and beyond', a slogan that was used as part of the company logo at the Wigan office. When speaking with the registered manager, it became apparent that they were extremely committed to achieving excellent outcomes for people.
- Another area of importance was to create a staff team that were happy, content in their roles and promoted a positive culture. Monthly team events took place where staff went out for tea together to the local pub to socialise. Staff were always welcome to call into the office at any time and the registered manager said ice creams and lollies were kept in the freezer so staff could help themselves to when they came in. A weekly jogging group had also been started amongst staff, who said this was a good opportunity to switch off from work after hours and keep fit.
- The service participated in a 'Carers appreciation day' where staff were 'surprised' when out in the community and given drinks, cakes and thank you cards to recognise their hard work.
- Awards were also presented to staff at team meetings for 'carer of the month', as a thank you for their efforts from management. An annual event also took place, with a Christmas party incorporated.
- The career development of staff was a high priority within the service and a number of different opportunities were created to enable staff to progress into different roles. Several staff had also completed a course in lean management techniques. This qualification boosts staff career prospects by giving them the skills, knowledge and understanding that employers look for. One member of staff had also gone onto become a nurse, after starting their career as a carer and often picked up some additional weekend shifts when they had time.
- National Vocational Qualifications (NVQs) were provided for all staff, ranging from level two up to five. One member of staff said, "I was able to progress in my role from a carer. They are always looking to develop our career opportunities."
- The service had won and been nominated for a number of awards both in the local area and nationally. This included winning awards at the 2018 Wigan Business Awards where they were the winner of the small to medium enterprise awards. At the 2019 Great British care awards, the service had been nominated for care team of year and also the newcomer of the year award.
- Staff told us they were extremely happy in their roles and thoroughly enjoyed working for Bridgewater Home Care. One member of staff said, "It is genuinely brilliant working here. It was the best decision I made I am learning something new every day." Another member of staff said, "Really good to work for, one of the best. They are good with personal circumstances, are organised and really do care."

- The feedback from staff was that management and leadership within the service was of high quality. One member of staff said, "I have never had any problems. They are very supportive and approachable." Another member of staff added, "I really can't fault them at all." A third member of staff added, "Absolutely outstanding. They are always there for you and make you feel comfortable. If there is ever a time you are not yourself, they will check and make sure you are okay. I have met people here that will be friends for life."
- People who used the service spoke highly of the management team, describing it as efficient, flexible and well organised. One person said, "It all seems to be very well organised. Changes can be made to the package no problems." Another person added, "It is well managed, organised and you can get hold of somebody 24/7."

Working in partnership with others and community links

- There was a strong focus of working in partnership to provide high quality care and share learning and best practice. Staff had participated in an event where they baked cakes to raise money for the Alzheimer's Society. Staff had recognised that Dementia and Alzheimer's affected many of the people who used the service who were also able to go to the event, socialise and meet other people.
- Funds had also been raised for 'The Brick', a homeless charity in Wigan where staff had slept outside in sleeping bags overnight in the cold. This demonstrated the caring nature of staff who showed concern for people's welfare in all situations. Many of the staff team often worked alone and this presented a good opportunity for team building and to socialise.
- Staff also contributed to a food bank collection, where food was gathered for homeless people over Christmas 2018. Photographs of these events had been documented by the service.
- The service had been involved with 'React to red', an NHS initiative and prevention campaign committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be taken to avoid them. This had enabled staff to work along side district nurses and learn valuable skills and knowledge about how to recognise symptoms of potential skin break down.

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

- All of the management and senior care team at the service held 'Train the trainer' certificates in areas such as moving and handling, medication and first aid. The staff team were also 'Champions' for specific areas such as dementia and dignity.
- Training and Development Questionnaires were completed at the end of each training session. This allowed the training manager to evaluate sessions and identify weak points and areas that staff need more support in to continually improved.
- Audit systems were in place to monitor the quality of service provided and ensure any shortfalls could be acted upon. This included regular checks of communication books, care plans and medication. Spot checks and observations of staff were undertaken so that management could observe staff in their roles and provide feedback as necessary. Competency assessments were also completed for areas such as medication and moving and handling.
- Staff were required to achieve a certain level of competency before working alone and therefore completed between three and five days of 'Shadow shifts' with experienced members of staff to understand the role more effectively.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which were only accessible to authorised staff. Events which the provider is legally required to report to us were submitted as required when any incidents had occurred within the service.

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

characteristics

- Staff meetings took place in the service which gave an opportunity to discuss work and improve the service people received. Staff said these took place regularly and minutes were available after the meeting, detailing what had been discussed.
- A 'Policy of the month' scheme was used where staff were encouraged to come into the office and spend time reading the specific policy and discuss any areas that they may not understand or have questions about certain areas.
- Weekly reflective practice meetings were also held and presented the management team with the opportunity to discuss any challenges faced, or ways to improve. Quarterly meetings were held across the three Home Instead branches in the area with the director of the service. Feedback from these meetings was shared with the staff team and the director themselves also met with care staff every three months to speak with the team directly.
- Newsletters were sent to staff, relatives and people using the service, informing them about what was happening within the service. The staff team used chat groups to communicate any issues to each other. This also enabled management to share any wider messaging about the service in a timely way. Staff were aware of confidentiality regarding this and said people's personal information was never shared.