

Bridge Cross Care 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bridge Cross Care Ltd is a domiciliary care agency in the London Borough of Greenwich. It provides personal care and support to people living within their own homes. Not everyone using Bridge Cross Care Ltd received personal care, CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing care and support to three people receiving the regulated activity.

People's experience of using this service

Risks to people's health and well-being were not always safely assessed, documented and monitored to ensure their safety. Medicines were not always safely managed. PRN (when required medicines) protocols and risk assessments were not in place to guide staff when medicines needed to be administered, what doses were required and the symptoms for staff to look for to ensure medicines were safely managed and people's well-being was maintained. Assessments of people's needs were mostly carried out before they started using the service, but this required improvement to ensure their needs could promptly and safely be met. Audits and checks to help support management oversight in ensuring good service delivery were not robust or effective in identifying the concerns we found during this inspection.

People and their relatives spoke positively about staff and told us they were happy with the service they received. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Safe recruitment checks took place before staff started work and there were enough staff to meet people's needs. There were procedures in place to reduce the risk of infections and staff had enough personal protective equipment (PPE).

People received support to maintain good health and were supported to have a balanced diet where this was part of their plan of care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were treated in a kind, caring and respectful manner and were consulted about their care and support needs. People knew how to make a complaint if they were unhappy with the service. The provider took people's views into account and feedback was used to help improve the 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 was the first inspection of the service since the provider registered with the CQC in October 2019.

Why we inspected

We received some concerns in relation to staff and management oversight. As a result, we undertook a comprehensive inspection of the service.

Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bridge Cross Care Ltd

Detailed findings

Background to this 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

Bridge Cross Care Ltd is a domiciliary care agency. It provides personal care and support to people with varying needs living within their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager would be present and available to speak with at the location.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met and spoke with the registered manager who is also the owner. Following the office visit we spoke with three care staff by telephone. We also spoke with three people using the service and or their relatives

by telephone to seek their feedback on the service they receive. We reviewed a range of records including three people's care plans and care records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection for this service. At this inspection this key question is rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Despite people and their relative's positive comments of staff support with medicines, we found medicines were not always managed safely and effectively.
- Medicines care plans and risk assessments were not always in place to identify, document and manage people's medicines safely where this was required. This meant that staff may not be aware of individuals medicines, the possible risks, allergies or side effects.
- Where people were supported by staff with their medicines, we found care records were not clear and did not provide staff with guidance on individuals' prescribed medicines, PRN (as required) medicine protocol, side effects, risks, storage and administration and management details. For example, one care plan detailed that relatives of the person managed their medicines but also documented that staff administered their medicines. It was not clear who supported the person to manage their medicines safely and this required improvement.

We found no evidence that people had been harmed however, systems were not always in place and robust to ensure medicines were safely and effectively managed. This placed people at potential risk of harm. This is in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed medicines administration records (MARs) which we saw were completed accurately.
- Training records confirmed that staff had received training and competency assessments in medicines management to ensure they understood how to administer medicines safely.

Assessing risk, safety monitoring and management

- Risks to people were not always fully identified, assessed and documented to ensure their safety and needs were appropriately met.
- Care plans contained some assessments of risk to people's health and well-being however, failed to provide staff with detailed information on how individual identified risks should be met and managed ensuring safety.
- For example, moving and handling risk assessments were not sufficiently detailed to guide staff on how to safely support people to mobilise and or transfer. One risk assessment detailed that a hoist was required for all transfers but failed to provide guidance on the use of equipment including the hoist and body sling. Another risk assessment documented that the person was at high risk of falls but failed to provide guidance on how to minimise the risk of falls and how best to support the person to mobilise safely using equipment in situ.

We found no evidence that people had been harmed however, risk assessments were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This is in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk assessments were completed ensuring people's home environments were safe. For example, staff checked to ensure smoke alarms in place were working correctly.
- Staff told us they wore a uniform with the services logo on it, so they were easily recognisable to people that they visited. People and their relatives confirmed this.
- Staff told us they had access to support from the office and registered manager out of office hours should they need it in the event of an emergency. People and their relatives told us communication with the office and registered manager when they needed it was very good. One person commented, "I cannot fault the service, the care is fantastic. Communication is really good, and the manager is always available."

Learning lessons when things go wrong

- There were systems in place to manage and support learning from accidents, incidents and safeguarding. Staff we spoke with understood the importance of reporting and recording accidents and incidents and were aware of the provider's whistleblowing policy and procedure.
- There had been no accidents and incidents since the provider registered with the CQC. However, systems were in place to monitor accident and incidents and to identify themes and trends as a way of preventing recurrence.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or harm. People and their relatives told us they felt safe from abuse, neglect or discrimination. One person commented, "It's all good, I have regular carers and I feel very safe." A relative said, "The care they [staff] give is fantastic. I feel [relative] is very safe."
- Policies and procedures to help keep people safe were up to date and robust. Staff we spoke with knew how to identify safeguarding concerns and how to act on them appropriately.
- There had been no safeguarding concerns since the provider registered with the CQC. However, the registered manager was knowledgeable and knew how to report concerns of abuse to the local authority and the CQC when required.

Staffing and recruitment

- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment history, employment references, Disclosure and Barring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.
- There were enough staff to meet people's needs. People and their relatives told us they had regular staff who visited them and arrived on time. Comments included, "We have regular carers who always come on time and stay their time", "The care is really consistent as we have a bunch of regular carers", and, "My carers always come on time, it's never a problem."
- There were systems in place to help identify if staff were running late and or if calls were missed. These included, staff communication, staff spot checks, care observations and home and telephone monitoring and reviews.

Preventing and controlling infection

- The provider had an infection control policy and systems in place to minimise the risk of infections.

- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff and staff confirmed this. Training records confirmed that staff had completed training on infection control, COVID-19 and food hygiene.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, supporting people with laundry and domestic tasks where required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were mostly assessed before they started using the service. The registered manager told us that the initial assessment tool was being improved and would be implemented soon. Where people were referred from or had intervention from health and social care professionals, initial assessments and essential information about individual's health and social care needs were recorded and kept within care plans. This ensured people's needs and choices would be met and respected.
- People, their relatives and health and social care professionals where appropriate contributed to the assessment process to ensure all individual needs were considered and planned for. One relative told us, "We are fully involved in and aware of [relatives] care plan. The manager frequently contacts us to review [relatives] needs and to update everything if needed."
- People's needs were reviewed on a regular basis to ensure the care they received met their needs and desired outcomes.

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was part of their plan of care.
- Care plans documented people's nutritional needs, support required with meal preparation, support with eating and drinking and any known allergies or dietary requirements.
- Staff received training on food hygiene and diet and nutrition and were aware of people's dietary needs, risks and preferences.

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

- People received support to access services when required to maintain good health and well-being.
- The registered manager told us the service worked in partnership with health and social care professionals to ensure people's physical and mental well-being. For example, GP's, occupational therapists and hospitals.
- Staff documented the support provided to people at each visit to ensure others involved in people's care received up to date information about their wellbeing. One relative commented, "They [staff] really do care about [relative]. The manager is very good at arranging [relatives] care when they come out of hospital and in getting the equipment [relative] needs."

Staff support: induction, training, skills and experience

- People and their relatives told us staff had appropriate knowledge and skills to meet people's needs. One

relative commented, "I feel very reassured [relative] is safe and well as the carers are very skilled and experienced."

- The provider supported staff through an induction programme, supervision and an on-going training programme. Where required staff completed an induction programme in line with the Care Certificate, this is a nationally recognised programme for health and social care workers.
- Staff we spoke with were knowledgeable about the people they supported and told us they received appropriate training to meet their needs. For example, training in areas such as health and safety, catheter care, dementia and mental health, managing behaviour and person-centred care amongst others.
- Staff told us, and records confirmed staff received supervision and support on a regular basis. One member of staff commented, "I had a good induction when I started which included, training and shadowing other staff. The manager is very supportive and is always available to speak with if needed."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's consent had been sought in line with relevant legislation.
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. For example, when choosing food's, they would like to eat or the clothes they wanted to wear.
- Care plans documented people's capacity to make decisions. Where people were unable to consent or their capacity fluctuated, relevant individuals and professionals were involved to ensure any action taken was in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. At this inspection this key question is rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the care and support they received and how they valued having consistent care from regular staff. Comments included, "Regular staff that are always on time", "The care they [staff] give is just fantastic", "Carers are very good, they are always on time", and, "I have very good regular carers."
- Staff had built respectful relationships with people and their relatives and were aware of people's diverse and cultural needs. These were documented as part of individual's plan of care to ensure staff were provided with important information about people's likes, dislikes, interests and life stories. This enabled and supported staff to engage effectively with people they supported. One relative commented, "I cannot fault them [staff], the care they give is very personalised. [Relative] is very precious to us and I feel very confident with them [staff]." Another relative told us, "They [staff] really do care. They [staff] interact so well with [relative]."
- Staff received person centred care and equality and diversity training to help them protect people from discriminatory behaviours and practices in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and their relatives spoke positively about the respectful way staff treated and supported them. One relative commented, "They [staff] interact with [relative] in such a caring and respectful manner and have been of such support to me." Another person told us, "They [staff] are caring and supportive but also support me to do things for myself. I try to stay independent."
- Staff we spoke with were aware of how to ensure and promote people's privacy and dignity. For example, by knocking on door's before entering and covering people when supporting them with personal care.

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

- People and their relatives told us staff sought their views and involved them in decisions about their care, for example, what they chose to eat. One person said, "They [staff] contact me on a regular basis to make sure everything is how I want it." A relative commented, "The carers are great, they [staff] support me to support my [relative]."
- People's views and choices were sought and documented within their plans of care. These were reviewed on a regular basis through spot checks, monitoring calls and surveys.
- People were provided with information about the service in the form of a service user guide in a format that met their need. This provided people with information on the provider's aims and objectives and the service people can expect. The registered manager told us they regularly communicated with people and

their relatives and provided them with updates about the service when required. One relative commented, "It doesn't matter what time of the day it is the manager is always there to speak with."

Is the service responsive?

Our findings

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

This is the first inspection for this service. At this inspection this key question is rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- Despite positive comments from people and their relatives receiving personalised care and support that met their needs and choices, care records were not always detailed and accurate to ensure people received safe personalised responsive care.
- Initial assessments of people's needs were not always completed and or conducted in a timely manner to ensure staff provided safe personalised care and support and risks to people were not always fully identified, assessed and documented to ensure their safety and well-being and this required improvement.

Detailed accurate records of individuals care, and support were not always in place and available to staff posing a potential risk of people receiving inappropriate care and support. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives confirmed they had a regular group of staff who knew them well and their preferences. Staff we spoke with were aware of individual's diverse needs and understood people's differing needs, views and beliefs.
- At the time of our inspection no one using the service required end of life care and support. However, care plans documented people's end of life care wishes where they had chosen to share this for staff reference. The registered manager told us that they would work actively with health professionals to ensure people received appropriate person-centred end-of-life care when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported where requested to meet their social interests and needs and staff supported individuals to protect them from the risk of social isolation and loneliness.
- Care plans documented people's social needs and interests and any support required from staff to meet those needs.

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's communication needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.

- Staff understood the importance of effective communication when supporting people and the service could produce information in different formats that met people's needs when required.

Improving care quality in response to complaints or concerns.

- People and their relatives told us they were aware of the complaints procedure and how to make a complaint. One relative told us, "I have no complaints at all, the care is great. The manager is always available should I need to make contact."
- There were arrangements in place to deal with people's complaints if they were unhappy with the service provided. There had been no complaints made since the service registered with CQC.
- People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. At this inspection this key question is rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although there were various audits and checks in place to support management oversight in ensuring good and safe service delivery, these had not been robust or effective enough in identifying the concerns we found during this inspection and in ensuring safety within the service was monitored and managed.
- Medicines audits and checks were ineffective because they failed to identify that medicines care plans and risk assessments were not always in place to manage people's medicines safely. Staff guidance on individuals prescribed medicines was not always recorded, PRN (as required) medicine protocols were not in place, details of medicines side effects and risks were not documented, and medicines storage and administration management details were not always recorded. The provider's systems to manage risks to people failed to identify that risks to people were not fully identified, assessed and documented to ensure their safety and needs were appropriately met. Risks to people's health and well-being that were documented failed to provide staff with detailed information on how to manage individual identified risks to ensure their safety. Care records were not always personalised, detailed and accurate to ensure people received safe responsive care and initial assessments were not always completed and or conducted in a timely manner to ensure staff provided safe personalised care and support.

We found no evidence that people had been harmed however, systems that were in place were not robust enough to demonstrate safety within the service was safely and effectively managed. This placed people at potential risk of harm. This was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The registered manager understood the importance of quality monitoring and continuous learning and improvement within the service that was required.

Planning and promoting person-centred, high-quality care and support with openness; how the provider understands and acts on the duty of candour responsibility

- People confirmed staff worked in a person-centred way. They told us staff had the knowledge and skills to support them and to carry out their roles.
- People and their relatives spoke positively about the service and told us they received regular contact and support from the manager and were able to express their views about the service. One person told us, "The manager is very good, she is always in contact with me." A relative commented, "We are always in contact

with the manager, they always seek our feedback to make sure everything is going well. I'm very happy with the service."

- The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff told us they had access to support and advice from the manager when they needed it, including out of office hours and emergency support. One member of staff commented, "The manager is really very supportive and is always just at the end of the phone if needed."

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

- There were systems in place to ensure the service sought the views of people through reviews of their care, spot checks, telephone monitoring and surveys.
- People and their relatives told us they had frequent contact from the service and were asked for their views about the service they received.
- Staff told us they had regular opportunities to share ideas and to discuss the service at team meetings, online video calls and during supervisions.

Working in partnership with others

- The service worked effectively with other organisations and professionals to ensure people received a good standard of care. Staff told us they had contact with health and social care professionals including district nurses and GPs amongst others.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely and effectively.</p> <p>Risks to people's health and well-being were not always fully identified, assessed and documented to ensure their safety and needs were appropriately met.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always detailed and accurate to ensure people received safe personalised responsive care.</p> <p>Audits and checks in place to support management oversight were not robust or effective enough in ensuring safety within the service was monitored and managed.</p>