

Bridging the Gap Ltd

Bridging the Gap Limited - Oldham

Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bridging the Gap Limited - Oldham is a domiciliary care agency that provides personal care and support to people in their own homes. The service supported approximately 70 people at the time of the inspection. During the inspection visit, the provider was receiving referrals for new clients which meant the number of clients being supported changed regularly.

Not everyone who used the service 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.

People's experience of using this service and what we found

The management team were dedicated to providing high-quality, flexible person-centred care to people, so they could remain living in their own homes for longer. People were supported to have control of the service they received and supported to communicate in their preferred language. One person commented, "The carers will do anything for me, nothing is too much trouble and it is like they are looking after their own family."

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us they felt safe when supported by staff. One person said, "My family are over the moon that I am in safe hands and I would recommend them [Bridging the Gap Oldham] to anybody." Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. People were safely supported to receive their medicines as prescribed.

People's needs were assessed, and care and support had been planned in partnership with them and their relatives. Staff had received regular training and supervision to support them to meet people's needs. 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 supported this practice.

People were positive about the service and said staff were kind and caring. One person said, "The girls [staff] talk to me which I appreciate, and I look forward to them coming around. I love them coming to the house." People were treated with dignity and respect and their right to privacy was upheld. The registered manager worked in partnership with people's advocates.

People and their relatives told us the service was exceptionally well- led and they would recommend the service to others. One person said, "They [staff] come in do the job properly and are always on time." The service worked in partnership with a variety of agencies to ensure people received all the support they needed. Staff felt well supported by the registered manager.

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

Rating at last inspection

The last rating for this service was good (published 26 April October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

Outstanding ☆

The service was exceptionally 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.

Bridging the Gap Limited - Oldham

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One Inspector and one Expert by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 November 2019 and ended on 20 November 2019. We visited the office location on the same date.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. 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.

During the inspection-

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including registered manager, care co-ordinator and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies. People told us they felt safe. One person said, "I feel safe because I know who is coming. It's usually the same three people and they are all lovely with me." A second person commented, "I most certainly feel safe with them. I have a regular team of two who do everything for me and they are like family."

Assessing risk, safety monitoring and management

- The provider managed all risks to people's environment, safety and wellbeing appropriately. They had structured monitoring checks to assess staff timekeeping and competence. Feedback from people and relatives was overwhelmingly positive. One person told us, "I feel safe, well looked after and I don't want anyone else looking after me."
- The provider completed assessments of people's risks, including mobility, medicines food and health and safety.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet people's needs. The rotas were planned in geographical areas, so staff had time to get from one visit to the next. People told us staff visited them on time and stayed for the full duration of the visit. No one we spoke with had experienced any missed visits. One person told us, "They are usually on time but if they are going to be a little bit late they ring me to let me know."
- The registered manager followed robust recruitment procedures. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way a provider can make safer recruitment decisions and prevent unsuitable people from working with people who may be vulnerable.

Using medicines safely

- People received medicines when they should. People were supported with the ordering, transporting, administration and safe storage of their medicines. People told us staff prompted them to take their medicine and this was recorded appropriately. One person said, "They [staff] make sure I take my medicine. I can take it myself, but they ask me if I have taken it."
- The provider assessed staff competency for the management of medicines by observing staff as they administered people's medicines. One person commented, "They [staff] have spot checks from time to time."

- The provider had introduced different classifications in relation to the support people required with their medicines. When complex care was required nurses provided staff with training around people's individual needs. The registered manager told us, "We are helping people take their medicines. All our level four training [complex care] is person specific and delivered by nurses."

Preventing and controlling infection

- The provider had effective infection control processes and procedures. Staff followed appropriate infection control practices which protected people from the risks of poor infection control. They told us they used personal protective equipment, such as disposable aprons and gloves, when they supported people.

Learning lessons when things go wrong

- The provider had systems to analyse accidents, incidents and safeguarding issues and make improvements when things went wrong. The registered manager had monitoring meetings to assess the service being delivered.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 assessed by Bridging the Gap – Oldham to ensure effective and timely support. Care plans contained risk assessments and alerted staff on any behaviours that required additional consideration.
- The provider worked closely with families and health care professionals to ensure staff provided care in line with current practices and followed people's wishes and desired outcomes. The provider was aware of good practice updates and discussed these with relevant professionals.

Staff support: induction, training, skills and experience

- Staff told us they were well trained, supervised and mentored. The registered manager told us, "Staff have a shadow period in a team to get to know people. Then they graduate to one to one care, but only when [care co-ordinator] says they can."
- Judgment statement? People told us staff members were knowledgeable and well-trained. One person told us, "Course I think they are trained. I am very happy what they do for me." One relative commented, "I think they are very well trained because anything me or [family member] asks them to do they can do."

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

- People's nutritional needs were well managed where required. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded. This included people's preferences and if people required their food and drinks prepared to meet their dietary and health needs.
- Relatives told us they were happy with the arrangements to support their family members with their dietary needs. One person commented, "They do my breakfast for me and prepare lunch with anything I want they [staff] are very good." A second person said, "They will cook me a meal with meat and two veg and me a fry up when I want one."

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

- The management team and staff worked effectively with health and social care professionals, when required, to ensure people received a good standard of care. We saw evidence in care records of health care needs and contact with health care services including GPs, pharmacists and therapists.
- People's physical and mental health needs were monitored and discussed with the person or family members as part of the care planning process. One person told us, "They called out a doctor and an ambulance once or twice when I had a chest infection and let my daughter know about it."

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.

- The provider took the required action to protect people's rights and ensure people received the care and support they needed. Records showed care planning was discussed and agreed with people and their representatives. One person said they seek permission before completing any tasks. They said, "They [staff] say can I do this or is it alright if I do that." Consent documentation was in place and signed by the person receiving care or their representative. People's legal representatives and their powers of attorney had been recorded as part of the initial assessment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider ensured staff worked in small teams to ensure people had the same staff who knew them well. New staff were introduced to people before working alone. One person said, "They sit and have a chat with me I know all about their family and they know about my family."
- The provider had decided not to offer 15-minute visits. The care co-ordinator told us, "You cannot complete what you need to in 15 minutes. We tell staff never to leave people without completing all the tasks." One person told us, "They [staff] absolutely treat me with respect."

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

- People and relatives continued to be consulted about care and make decisions for their wellbeing. Every effort was made to ensure people and relatives were supported to contribute to their care, so the management team and staff understood their preferences and wishes. This included staff talking with people in more than one language. This encouraged people to make decisions for their care and understand the support provided. One person told us, "They [staff] ask me what I want and cover me up when necessary."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People gave us positive feedback about the caring approach of staff and confirmed staff respected their privacy. One person told us, "When the workmen were there for a few days and the carers made sure I was covered up and they shut the door."
- Staff supported people to make choices and to do what they could for themselves. One person told us, "It's because of them [staff] that I am able to get ready for the day and then do what I want."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider delivered care and support that focused on their individual preferences and routines. There was a consistency of staff and people valued the relationships that had formed. One person told us, "I keep things close to my chest like if I don't feel well, but they know me now and they can spot if I'm tired or not feeling well and they will ask me what I want and if I am okay and how they can help." A second person said, "At first, I was uncomfortable with them giving me a bath, but I am now more confident because I have got to know them [staff] and they make me feel very comfortable."
- The provider only delivered gender specific care that responded to people's cultural preferences. Female staff supported female clients with their personal care and male staff provided personal care support to male clients.
- The service was flexible and responsive to people's needs and preferences. The support times for one person was flexible to match their prayer times changed to meet their spiritual needs. One person told us, "They help me get ready for my appointments at the hospital and the hospice. They come earlier in a morning, so I am on time and I am not rushing."
- Care plans mirrored people's needs and did not follow a set format. They offered staff an oversight of each person and step by step guidance on what people would like on each visit. For people with complex needs, there was additional comprehensive information that had been developed with or reviewed by healthcare specialists.

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 recorded in their care plans. These were shared appropriately with others, including professionals. In one care plan we saw one person's communication was based on 'factual and functional needs.' This identified they did not need to chat but benefitted from fact based conversation. However, one person told us, "They chat with me as they go along. When they are helping me have a wash they ask me what I want and chat about all sorts of things."
- We observed one person visit the office and they were excited to see the co-ordinator shouting a greeting to them. The co-ordinator met with the person and took part in a back and forth conversation that occurred every time they visited the office. The conversation occurred in three languages and the co-ordinator also copied the person's words and phrases. This promoted positive communication and enhanced the person's

wellbeing and they left happy and smiling.

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

- The provider worked with behaviour management specialists to support people to remain in their local community. One person who had been unhappy in other community-based support settings and had returned to be supported by Bridging the Gap Oldham and become a visible part of their local community. Staff were aware of their behaviours and triggers and these had lessened with their person-centred support. The registered manager told us, "We worked with a drama therapist. They brought them a long way." They also commented, "You cannot constrain [person], you have to let them be."
- People were encouraged to take part in events and develop relationships. The provider had a large room within their office base that was available for people to access. They had a large TV and sofa at one end and another large TV, sofa and pool table at the other end with a large table in the middle. They had two TV's as this promoted inclusion, valued diversity and offered support to groups who may prefer to congregate based on gender. The facilities allowed people from different backgrounds or genders to watch programs together that were culturally relevant such as watch the news in specific languages. For people who could display unique behaviours it offered a safe environment to socialise.
- The registered manager told us people were welcome to drop in to chat, have a drink, watch TV or play pool. It was available to people who received support and for people who did not receive support widening people's social circle. They stated, "It gives people somewhere to come especially in winter."
- The provider organised parties throughout the year for people and staff. The registered manager told us by email, 'The party started out as an opportunity to network across our staff and service users and to carry out focus group meeting about their care to supplement our survey. It quickly became clear that many of the service users have very little opportunities to socialise. We therefore decided to hold the party sessions regularly, particularly during the festivities when loneliness is particularly acute.' One person commented, "A few weeks ago it was Eid and I was invited to lunch at the office. It was lovely, and I was made very welcome."
- The registered provider had an accessible bathroom for people with limited mobility. They stated this had been used when facilities weren't available at home. It allowed people to maintain their personal care, maintain their self-esteem and promoted social inclusion.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Everyone said they would be very comfortable to make a complaint if they needed to. One person said, "I have nothing to complain about they are excellent." A second person told us, "I get what I need, and the manager rings me to see if I am okay."
- People and relatives were very confident any complaints made would be fully investigated and responded to. One person said, "I complained once. I rang the office and it was dealt with immediately." We saw records where complaints had been recorded and addressed.

End of life care and support

- At the time of the inspection there was no-one receiving end of life support. The registered manager told us they would ensure all relevant support was available to ensure people received the necessary support to remain in their own homes. In the past they had worked alongside hospice care. The registered manager told us, "With all end of life care, staff are referred to the hospice for training and all medicines are reviewed."
- The provider supported people who had been bereaved. One person told us, "The carers don't just do it for the money they really care. I am lucky to have them. Like last month one of my friends died and [staff member] took me to the funeral. I would say they go the extra mile I couldn't get any better."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 provider and care co-ordinator promoted a positive, listening culture that enhanced people's lives. People said staff were caring, supportive. One person told us, "[Care co-ordinator] she calls round from time to time and will ring me to see if all is well. She is very helpful and easy to speak to." A second person commented, "Their help sets me up for the day and I couldn't do without them. They are fantastic."
- Staff feedback on the management team was overwhelmingly positive. One staff member told us, "They are approachable. You can talk to them about anything." A second staff member said, "They [management], listen to us."
- The management team were committed to protecting people's rights about equality and diversity and fostered an inclusive environment. Feedback we read included, 'Thank you from my heart for the wonderful care you have given me. A true beacon of light for the goodness of your Muslim faith and have built for me a special bridge understanding of shared values of our two cultures.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider audited the service to gain oversight and promote a quality service. The registered manager received overwhelmingly positive feedback on the service delivered. Forms used to gather feedback were written and in pictorial form to help gain the views of people who may have struggled with the written format.
- People spoke positively about how the service was managed. They informed us the registered manager and management team were visible and had a good understanding of people's needs and backgrounds. One relative said, "I've rang the office and said how pleased we are with the people who come to the house and we don't want to lose them."
- The registered manager and management team understood their roles in terms regulatory requirements which included informing CQC when required to report incidents that had occurred.

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

characteristics

- There were good relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included risk management and managing people's ongoing health concerns with health professionals to keep people safe.
- The provider skill matched staff to people to ensure people had the opportunity to communicate in the language of their choice.
- The office base and its accessible facilities were available to people who received support and also to people from the wider community.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to ensuring continuous improvement. Accidents and incidents were reviewed, and actions recorded where improvements could be made.
- The registered manager and members of the management team attended forums organised by their local authorities to enhance their working practices. The registered manager commented, "I have learnt a lot from the police when attending safeguarding forums." They also attended provider forums. The registered manager said, "These are a treasure trove of information. They bring in specialists like infection prevention control. I have learnt a lot."