

Bridges Healthcare Limited

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Inspection report

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Date of inspection visit:
03 August 2016

Date of publication:
01 September 2016

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

This announced inspection took place on 3, 4, 8 and 9 August 2016. At our last inspection of the service on 22 July 2014 we found a breach in legal requirements; as it was not clear that the service sought the views of people it supported to identify any learning to improve the quality of the service.

Bridges Healthcare provides personal care and support to people in their own homes in the boroughs of Bromley, Bexley, Lewisham and Greenwich. At the time of this inspection approximately 64 people were using the service. There was no registered manager in post but the scheme manager had applied to become a registered manager with the Care Quality Commission and their application was being considered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that people's views were taken into account at the service through a number of means. However we found two breaches of regulations as although an assessment of people's needs was completed before they started with the service and individual support plans were completed and reviewed regularly, people's care records were not always sufficiently detailed to provide an up to date and accurate picture of their care and support needs for new or unfamiliar care workers. While recruitment checks were carried out for new employees people's full employment history had not been requested as required under the regulations. The provider took immediate action to remedy the issues we found, however we were not able to verify these actions were fully completed at the time of our inspection. You can see the action we told the provider to take at the back of the full version of this report.

The service had recently introduced an improved system to record medicines administration but this required some improvement to ensure good practice was consistent. While there were effective quality assurance mechanisms to monitor and improve the quality of the service such as spot checks, telephone monitoring and a daily meeting to ensure effective communication about people's needs, there was some room for improvement. The service had not identified the issues we found with recruitment or people's care plans.

People told us they felt safe and well looked after. They said they had the same group of regular care workers who knew them well. There were enough care workers to meet people's needs. Staff received regular training and supervision. Care workers understood their responsibilities under the Mental Capacity Act 2005. People told us they were asked for their consent before care was provided. They were involved in making decisions about their care wherever possible and were supported to be as independent as they could be. They said care workers were caring and kind and that their dignity and individuality were respected. Where people were supported to eat and drink they were asked about their food and drink choices. People were supported to have access to a range of health professionals if needed. People knew

how to make a complaint if they needed to and these were investigated in line with the provider's policy.

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 consistently safe.

Recruitment checks were carried out but recruitment processes had not identified the need to request an applicant's full employment history as required under the regulations.

A new system to record medicines administration had been introduced but needed improvement to ensure care workers and care managers followed it consistently.

People told us they felt safe using the service and had the same group of care workers. Risks to people were assessed and monitored. There were enough staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received training to ensure that all staff had the necessary skills to safely met people's needs.

People told us staff asked their consent before they provided care. Staff understood their responsibilities under the Mental Capacity Act 2005

People were supported to have enough to eat and drink. People were supported to access health professionals where this was appropriate.

Good ●

Is the service caring?

The service was caring.

People and their relatives spoke positively about the care and support provided. People said they were treated with dignity and respect.

People told us they were involved in making decisions about their care and support. They said they were asked for their views about any changes to the care provided.

Good ●

Is the service responsive?

The service was not always responsive.

People's needs were assessed and they had individual support plans. People told us that care workers understood their needs and preferences and provided support to meet these needs.

However the care plans did not always provide clear detail of their needs and preferences.

People told us they knew how to make a complaint if needed and the complaints policy and procedure was available to them.

Requires Improvement ●

Is the service well-led?

The service was not consistently well- led.

Action had been taken to address the issue found at the last inspection. People's views about the service were regularly sought and action taken to make any improvements needed. People told us they thought the service was well run. However, the issues we identified at this inspection had not been picked up by the service although the provider took immediate action to address them following the inspection.

There were other systems to monitor the quality of the service such as spot checks, telephone monitoring and regular reviews. Staff employed by the service were positive about the manager and the support from office staff.

Requires Improvement ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3, 4, 8 and 9 August 2016 and was announced. We gave the provider 48 hours' notice of the inspection. We did this because we needed to be sure that the manager would be in when we inspected.

The inspection team consisted of one inspector. Before our inspection we reviewed the information we held about the service which included the previous inspection report and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted one of the local authorities who commissions some services for their views.

We visited the offices on 3 August 2016 and we spoke with the manager, two care managers, a representative of the provider, four office staff, including the training coordinator and three care workers. On the 4 and 8 August 2016 we visited three people and their relatives in their homes. On 9 August 2016 we spoke with six people who used the service by phone or their relatives. During the inspection we also spoke with five more care workers by phone. We looked at six care plans, five staff files and a range of other records about how the service was managed.

Is the service safe?

Our findings

We did not ask people for their views about the recruitment at the service because they had no direct knowledge about this area. A range of appropriate checks were made before staff commenced work at the service. Identity, criminal records checks and character checks were completed to ensure that staff were suitable to be employed. Detailed records were kept of the recruitment process. However, applicants were not required to provide their full employment history on the application form and there was no written record to show that any gaps in employment had been explored with applicants in three of the staff files we looked at; as required under the regulations

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the manager who amended the application form and other recruitment documentation for future employees and sent us a copy of these documents following the inspection to evidence the changes being made. However we were unable to evidence this was completed at this inspection and will follow this up at the next inspection. They told us they had started to address any gaps with their current employees' full employment history. However we were unable to verify this at our inspection and will check on this at our next inspection of the service.

There were sufficient numbers of staff to meet people's needs. Staff told us there were enough of them to cover the needs of people who used the service. They said they were able to cover their work without rushing between calls. The manager told us holidays and sickness could be covered and at short notice care managers would deliver care to ensure people's needs were met. The service worked across a number of local authorities and separate staff teams covered different groups of people within each local authority to help consistency and reduce travel times.

People, who were supported with their medicines, and their relatives, told us there were no problems and they received their medicines as prescribed. One relative told us "They always do the medicines. There are no problems there." Where care workers supported people with their medicines the service had recently introduced a new system to record their administration, in line with good practice; through the use of Medicines Administration Records (MAR). We found some improvement was needed to ensure that good practice in relation to record keeping was firmly embedded.

We found two medicines entries on one MAR were unsigned and not verified by another staff member to ensure they were accurately completed, in line with best practice. Two risk assessments in relation to people's medicines were not fully completed to ensure all possible risks had been considered. There was no information about possible risks should the person refuse their medicines. One medicines risk assessment stated that the medicines were administered by a relative when they were administered by care workers. No medicines errors had been identified but the medicines policy had no guidance for care workers or office staff to advise them about action to take regarding possible medicines errors. Care workers told us they would report any issues if they arose to the office but the process to follow was not clearly outlined for staff

as a reference guide. This required improvement. However, an amended medicines policy was sent to us following the inspection which included guidance for care workers on errors and near misses.

Care workers told us they had received medicines administration training which we confirmed from training records. Competency assessments were underway to ensure care workers were competent to administer medicines. The manager told us that care workers were receiving additional support and training in relation to completing the new MAR and this was confirmed from care workers we spoke with and from training information we were given. MAR charts were being checked by care managers during spot checks. We saw that guidance had been prepared for care workers about the different types of medicines and possible side effects to assist them.

People told us they felt safe when care workers visited and that care workers treated their homes and possessions with respect. One person said, "I feel quite safe." A second person commented, "The carers are all very nice and I have no concerns at all." A relative said, "It is a safe and reliable service." Staff received regular safeguarding adults training and were aware of signs of possible abuse and neglect and what to do if they had any concerns. They were aware of whistleblowing procedures and where to report concerns outside the organisation. There had been no safeguarding alerts raised in the last year. The manager was aware of how to raise a safeguarding alert with the local authority when needed.

Risks to people were assessed and action taken to reduce the likelihood of these occurring. Before someone started to use the service any risks associated with their health needs were assessed and guidance provided to manage the risks; for example where people were unable to mobilise risk assessments were completed about the use of suitable equipment to assist them and detailed guidance was provided to care workers on how to manage this safely. Risks associated with the environment were also assessed for example risk of fire. Care managers completed three monthly reviews of people's care or when people returned from hospital. These included a review of any changes to possible risks. There was a daily meeting held by care managers and the scheme manager to discuss any changes to people's needs including any new risks such as people's nutritional needs or skin care and we saw from the minutes of these meetings action was taken to reduce risks through appropriate contact with the GP, dementia nurse or other health professionals. Care workers were sent any new information by text and or email on a daily basis.

People told us they usually received their care on time and care workers usually stayed the full length of the call. One person said, "The carers always come on time, they are only a few minutes late when the traffic is bad." People told us that the office always contacted them if the care workers were going to be late. However, one person told us they had experienced some difficulties with late calls and raised this with the care manager at a review. The manager told us they had experienced difficulties with their call monitoring system and were in the process of transferring over to a more reliable new system. The current and new system was checked on a daily basis to ensure that people received their care as planned. Any issues were brought to the attention of the care managers who said they would respond where needed, for example, if a care worker was held up at one call due to an emergency, they would respond and make alternate arrangements. Care workers wore a uniform and ID badge so that people and their relatives would know they were from the service.

There were arrangements to deal with emergencies. People told us there was always someone available to contact if they had any queries. One person said, "The office staff are very good on the phone and always respond when needed." The provider had a business contingency plan to deal with a variety of emergencies. Staff received regular first aid and fire safety training and told us what they would do in an emergency. We saw a thank you card from relatives where a care worker had responded promptly to an emergency. There was an out of hours service managed by senior staff employed by the service. Care workers confirmed that

there was always someone they could speak with for support and advice about any issues at all times including in the evenings and at weekends. Care workers told us they received regular training on first aid and fire safety and knew what to do in a range of emergencies but we saw that there was no written reference guide in the staff handbook to prompt or reassure care workers that they had followed the correct procedure. We pointed this out to the manager who said they would address this. Following the inspection the provider sent us an Emergency Procedures policy and procedure and told us care workers received this during their induction. We will verify this at the next inspection.

Is the service effective?

Our findings

Most people told us they were supported by staff that had the skills to meet their needs. One person said, "They seem well trained." A relative commented, "I know they get lots of training." However one relative told us they thought some care workers would benefit from further training on dementia. We raised this with the manager who confirmed they had recently introduced more dementia training. New care workers received an induction when they first started working for the service, based on the Care Certificate. This is a recognised programme of training for staff new to health and social care. There was a period of shadowing for new care workers before they worked on their own and a service specific induction to work at Bridges Healthcare. The manager told us the induction was tailored to care workers skills and abilities. One care worker told us they had requested a further period of shadowing as part of the induction and this had been agreed. There was a competency assessment completed to check care workers were competent in the skills required before they worked alone.

Care workers told us they received regular refresher training across a range of areas the provider considered essential. These included first aid, safeguarding adults, food hygiene, manual handling and fire safety. Staff said they felt they received a wide range of training opportunities to help them meet people's different needs such as epilepsy and dementia training. Records we looked at confirmed this. One care worker told us, "I am comfortable with the company. If I need training I ask and I get it." Some care workers had completed additional training such as the Health and Social Care Diploma which they said helped them in their roles. The service worked with occupational therapists to ensure care workers were familiar with any new equipment needed. Care workers told us they had regular supervision and annual appraisals which we confirmed from records. Care workers told us that the care managers and manager of the service were very approachable and supportive and they could go to them with any issues.

People's rights in relation to any decision making were respected. People told us that care workers asked their permission before they supported them. Care workers were aware of the importance of gaining consent to the support they offered to people and gave examples to demonstrate how they did this when we spoke with them; such as through signs or body language if someone was unable to express their views.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had been made to the Court of Protection as required and were being met.

Staff had received training on the Mental Capacity Act 2005 (MCA) which protects people who may be unable to make specific decisions about their care. Care workers told us how they supported people to make their own choices and decisions, for example around food choices. They understood that people's capacity to

make some decisions could vary depending on how they felt. They told us that if the person could not make a particular decision then they might wait a while and ask again or they could consider what was in the person's 'best interests'. This meant they asked relatives or representatives close to the person as well as other professionals for their views. There were appropriate documents in place to record any mental capacity assessments and best interests meetings should this need arise.

People were supported to eat and drink appropriately where this was part of their planned support. One person said, "They always ask and I choose what I want and they prepare it." Care workers told us they had received training in food safety and were aware of safe food handling practices. They said they offered people a choice of food where possible and had a good knowledge of people's needs and preferences. Care workers were reminded by the office to provide more drinks in warmer weather. People's food and fluid intake could be monitored where this was requested by health professionals.

People's health needs were monitored and contact made with health professionals where needed. Care records contained details of healthcare professionals' involvement in people's care, for example, information from the GP or district nurse. Care Workers told us how they would notify the office if people's health needs changed. People's changing health needs were monitored through the daily care managers' meetings. Records confirmed actions taken by office staff to address any identified health needs, in consultation with relatives where needed. This included for example contact with the GP or district nurse about any changes in people's health needs or to request further information. They also made requests for additional support from healthcare professionals appropriately for people to help them maintain good health; such as from the occupational therapist.

Is the service caring?

Our findings

People and their relatives told us, they usually had the same group of regular care workers who knew them and their needs well. They told us that if a new care worker came they would always attend with an experienced worker who was familiar with their needs. One person told us, "It is usually the same group of people each time. If someone new does occasionally come they are always with someone I know." Another person said, "I have a good team. They are a good bunch."

People told us the care workers were caring and considerate. One person told us, "They always chat to me when they are here. We have a bit of a joke." A relative told us, "They are caring and friendly." The service had also received compliments about the care provided. One recent compliment from relatives stated, "Thank you for all the dedication, care and patience and support you gave to the family." Another compliment said, "I have total confidence in you and have always known [family member] was very well cared for."

People and their relatives told us their care workers treated them with dignity and respect. They commented that care workers ensured curtains were drawn and doors were closed during personal care and that their possessions were treated with respect. Some care plans also provided a reminder to care workers about using towels to cover people up during personal care to protect their dignity. People told us they were supported at their own pace. One person said, "They are not in a rush I can go at my own pace." Another person said, "The carers are always very polite and kind." Care workers explained they tried to ensure people's dignity was considered at all times and gave examples of how they might do this. They showed awareness of the need for and importance of confidentiality about the people they supported. A compliment sent in stated the care workers were, "Very professional and sensitive...helping [my family member] keep their privacy and dignity at all times. [Family member] looked forward to the visits from their regular carers as they used to talk to him and have banter ensuring they always made him smile."

People and their relatives, where appropriate, confirmed they were involved in decisions about their care and support. People were provided with advice about the service when they joined and this explained what people could expect from the service. People and their relatives told us that care plans were regularly reviewed by the care managers with them and their views were sought. One person told us, "The office staff visit me often to make sure the care I get is ok and is meeting my needs."

People told us their independence was encouraged and their individual needs were met, for example, a relative described how care workers encouraged their family member to remain as mobile as possible. One person told us, "I am encouraged to do as much as I can."

Is the service responsive?

Our findings

People told us they received care and support in accordance with their needs. They told us there was an assessed plan of care to meet their needs that they or their relatives were involved in drawing up. We saw that the service assessed people's needs when they started to use the service to ensure they could be met.

People told us the care workers knew them well and we found the system of daily care managers meetings to check on people's needs was used to address any changes in their care. There was daily communication via text, text reminders and email to ensure that care workers were up to date with people's needs and kept advised of any changes. Care workers also regularly reported any changes to the office.

However, we found that while people received the care they needed, records were not accurate and up to date and did not provide a complete picture of people's care. Care plans did not always provide clear guidance for new care workers or those unfamiliar with people using the service to follow for them to be fully advised of people's characteristics, their needs and how they like to be supported. For example three care plans had insufficient details to guide care workers about how to provide people's personal care. One person had no detailed eating support plan although care workers were providing care and support in this area and we confirmed with relatives the care met this person's needs.

Information held elsewhere in the service, such as the office, was not always added to with information from the care plans in people's homes. The care plans at the office and at the home did not always mirror each other. This meant that if a care worker called the office for advice, office staff would not have an accurate record of the person's care needs to refer to. In two care plans, reviews had been held that updated the care plan but the office care plan copy had not been updated to match the care plan at the home. The care plans were did not always contain information that was personalised with details about people's preferences or dislikes and therefore the record was not complete.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the provider who took immediate action to start to address the areas we highlighted and told us they were reviewing all their care plans. However we were unable to verify that care plans were now accurate up to date records of people's care and support needs.

Care workers recorded daily notes of the care they had provided. These were returned to the office to be checked for any issues. We saw care plans related to people's mobility and manual handling were detailed and informative. These plans contained detail about what people could manage independently and where they might need assistance. Care plans had been signed by people who used the service, or a relative, to show that they agreed and had been involved in the plan. They told us their care plans were reviewed on a three monthly basis.

People and their relatives told us they knew how to make a complaint and this was explained in the

information they had received from the service. One person said, "I have no need to complain about anything". Two relatives told us that they had no recent concerns or complaints. One relative commented they had raised a problem more than a year ago and it had been promptly and efficiently dealt with. The provider had a policy which outlined the process and timescales for dealing with complaints. The manager told us they tried to address any issues as soon as they arose and there had been no complaints in the last year.

Is the service well-led?

Our findings

At the last inspection on 22 July 2014 we found systems to monitor the quality of the service and reduce risks were not always operated effectively as there was no clear evidence to suggest that people's views about the service were routinely sought. At this inspection most people told us they thought the service was well managed. One person said, "The service is very good and I have no grumbles". Another person said, "The service is very good and I have no qualms." People and their relatives told us their views were regularly sought during three monthly reviews and where they had raised issues, they felt these had been addressed such as a change of care worker or adjustments to their visits. One person told us, "They always ask for my views and if I am happy with what they are doing." We saw records to confirm that the service had acted in response to people's feedback.

We found the provider had taken action to address the issue we had identified at the last inspection, however, the issues with the application forms and care plan records had not been identified by the service and some improvement was required. Care managers wrote the care plans and checked them at regular intervals but had not identified the issues we found. There was no further monitoring of their quality, to ensure they were accurate and up to date. We saw from a local authority monitoring report that the gaps in applicants' employment history had been identified as an issue at a visit in February 2016. However no action had been taken to address this.

There were other processes to monitor the quality of the service. Checks were carried out on the call monitoring system to alert the care managers to late or short calls. There were checks made on care workers through a regular system of spot checks. People confirmed that these checks took place regularly and we saw these were recorded to highlight any learning. The care managers were also involved in the direct care of people during holidays or sickness and told us they felt this meant they could directly check the quality of the service by observing staff, checking the new medicines administration records and obtaining feedback from people who used the service. In addition telephone monitoring and review visits to people using the service were also carried out to ensure people received their care as planned. We were told that any issues identified would be dealt with through the supervision and training process. Accident and Incident forms were reviewed and we saw action to refer to a relevant health professional following incident reports.

There was no registered manager in post at the time of the inspection. The previous registered manager worked for the provider and supported the new manager for the scheme. The new scheme manager was applying to become registered manager. They were aware of the responsibilities of a registered manager and which incidents were reportable to the Care Quality Commission.

Care workers told us they were happy working for the agency and that the office staff and manager were approachable and supportive. One care worker told us, "This is the nicest place I have worked; the office staff are very helpful and supportive. You can always go to them with any questions." Another care worker told us, "The service is very well organised there is lots of communication and anything you tell the office about the people you look after they address." They said that the communication between the office and themselves was very good and helped to ensure people received their care as planned. Another care worker

said, "The office is good about telling us about any changes and we do speak with each other." Staff meetings were held to communicate and discuss any changes; although we saw that attendance at staff meetings varied. The manager told us care workers who were unable to attend were sent the minutes of the meetings so they were kept updated. Most care workers confirmed this was the case. The service was accredited under the Investors in People scheme in 2015 a recognised scheme to acknowledge standards in staff management.

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	Regulation 17 HSCA RA Regulations 2014 Good governance An accurate and up to date record of people's care and treatment was not always available. Regulation 17(2)(c)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The information required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was not always available. Regulation 19 (1)(3) (a)