

Bridewell Care Ltd

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Inspection report

5 Glasshouse Walk
Vauxhall
London
SE11 5ES

Tel: 02039004123

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bridewell Care Ltd is a domiciliary care agency providing personal care to people in the community. At the time of the inspection, six people were using the service.

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

People were protected from the risk of abuse. Risks to people's health and well-being were identified and managed. Staff were trained to identify and report abuse and understood their responsibility to keep people safe. Medicines were safely managed. People received care from a sufficient number of staff. Recruitment processes were safe which ensured only staff suitable to provide care were deployed at the service. People were protected from the risk of infection.

People's care was effectively delivered because staff were supported in their roles. Staff received regular training and supervision to carry out their roles. People were supported to maintain good health

People were happy with the care they received. People told us staff treated them with kindness, dignity and respect. Staff gained people's consent before providing care to them. People told us they got on well with staff. Staff respected people's privacy and promoted their independence.

People's care needs and support plans were reviewed and updated to reflect changes any changes. People and their relatives knew how to raise concerns about their care and felt their views were considered.

People, their relatives and staff were happy with the management and leadership of the service. The registered manager was said to be honest, open and approachable. Quality assurances were undertaken on the care provided and improvement made when needed. Staff had opportunities to learn when things went wrong. The provider took action to prevent incidents from happening again.

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.

We were assured the provider was following national guidance on good infection prevention and control protocols in relation to the COVID-19 pandemic. Staff followed the measures in place to mitigate risks in relation to COVID-19 pandemic and protect people from the risk of acquiring infections.

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

This service was registered with us on 27/09/2018 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19

and other infection outbreaks effectively.

Why we inspected

This was a planned inspection of a newly registered service.

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bridewell Care Ltd

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

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

This inspection was announced.

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.

What we did before the 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. We took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included three people's care records. We looked at staff files in relation to training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We also spoke with four members of staff including three care assistants and a field supervisor. 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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. Staff knew how to identify and report abuse. Staff understood how to escalate any concerns by whistleblowing to internal and external agencies. Staff received safeguarding training and were able to give examples of types of abuse and what they would report.
- There were systems to safeguard people from abuse and staff understood their roles to keep people safe. The registered manager worked closely with the local authority if they had safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. People who used the service and their relatives told us they felt safe with the care provided. Comments included, "I feel safe with my carer. I have no concerns at all" and "[Carers] know exactly what to do."
- Risk assessments and management plans were in place and took into account what people could safely do for themselves and what they needed support for. For example, one person's care plan contained a risk assessment on how they needed support from one member of staff to transfer from bed to their wheelchair. Another person's care plan showed they needed support to manage their medicines. Staff told us and records confirmed they followed the guidance in place to support people in a safe manner.

Staffing and recruitment

- People's needs were met by a sufficient number of staff. People's comments included, "[Carers always punctual" and "[Carers] go the extra mile". People and their relatives told us staff were punctual and turned up for their shifts. In addition, there was consistency about who provided their care. One relative commented, "We have been with [carer] for a long time and we are happy with this arrangement." Staff told us they received their rota in advance and felt staffing levels were adequate. Rotas confirmed this and were covered by permanent staff.
- People received care from staff who were suitable for their roles. Recruitment processes were safe. The provider undertook checks to ensure staff were appropriate to work in social care.

Using medicines safely

- People were supported to take their medicines when needed. Staff completed medicine administration records. The registered manager carried out regular audits to ensure people received their medicines as prescribed.
- Staff were trained to manage people's medicines and had their competency tested.
- Medicines policy and procedures were in place and reviewed when needed.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider ensured lessons were learnt and made improvements to prevent a reoccurrence of mistakes. Staff understood their responsibility to report and respond to accidents or incidents. Incidents and accidents were recorded and analysed to monitor patterns or trends.

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 newly registered service. This key question has been rated 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 assessed and met. One relative commented, "[Care staff] is the most reliable and dependable staff. They provide care as asked for".
- Care plans contained details of people's needs and the support they required. Support plans included information the service sought from other providers who worked with people and knew them well. Staff followed guidance in providing care which ensured the care they provided was in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care because staff had appropriate support through induction, training and supervision. One member of staff told us, "[Registered manager] arranges all training and any relevant courses one may feel is important for one's role." Staff told us and records confirmed they attended refresher courses and specific training where people had a significant physical health condition such as dementia or diabetes to help them provide appropriate care to people.
- Training that staff received included safeguarding people from abuse, first aid, Mental Capacity Act, infection control and manual handling. Records confirmed staff received regular supervision.

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

- People received the support they required to eat and drink sufficiently in a way which met their needs. Staff supported people with food shopping and to prepare meals when needed. For example, staff prepared food for a person and kept it in the fridge so they could serve themselves.
- Some people required prompting to eat and drink. Records showed staff supported as appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services when needed. The registered manager told us, and records showed they sought and used advice and guidance from healthcare providers and other agencies to plan people's care.
- Support plans contained guidance to help staff support people as recommended by healthcare professionals. For example, staff followed guidance to support a person to transfer safely by using the recommended ways of a standing hoist.
- The registered manager had meetings with commissioners to review people's needs and ensured they were still able to provide appropriate care and meet agreed outcomes.

Supporting people to live healthier lives, access healthcare services and support

- People received support to stay healthy and support plans were in place to promote this. One person told

us, "My carer helps to arrange appointments with my GP". One relative told us staff contacted emergency services when appropriate.

- Records showed people were supported to attend hospital appointments such as dental check-ups and health reviews with their doctor when 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care delivery protected their human rights. People told us staff sought their consent before supporting them. People signed agreements and care plans to show they consented to their care being delivered as planned and understood they had the right to change their mind. Staff were trained and knew their responsibilities in relation to the MCA. Staff had access to the MCA policy to inform the way they provided care.
- The registered manager carried out mental capacity assessments and best interests' meetings when needed. Support plans were clear about what decisions people could make for themselves and where they may require more support, for example to manage or make decisions about their finances or medicines.

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 newly registered service. This key question has been rated 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 were supported with kindness, respect and compassion. Comments included, "They're [carers] are very kind and helpful", "They [carers] listen and we get on very well", "My carers are very supportive and compassionate. I look forward to seeing them all the time." Relatives comments included "[Person] is very happy with the care. [Carers] treat [relative] with respect" and "[Person] always seems to be happy with the carers. [Carers] are polite and caring".
- People received care and support from a small team of staff, which meant staff were able to get to know people well. This also helped promote positive caring relationships between people and staff.
- People's care was delivered in a manner that respected people's equality and diversity. Staff respected people's diverse cultural, spiritual needs and wishes. Care records also contained people's history and cultural heritage. Staff understood their responsibility to provide care without any discriminatory practices. Staff were trained to uphold values that promoted equality and diversity.

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

- People were supported to express their views about their care and express choices about their daily routines and the care they required. Relatives told us where possible they were involved in planning people's care.
- The registered manager held meetings and conversations with people who used the service and their relatives where appropriate where they were encouraged to express their views and make decisions about their care. This enabled staff to understand how each person wanted their care delivered, and how they felt about their current support plan. People told us staff respected their choices about how they wanted their care provided. Care records confirmed people received care as planned.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff. People and their relatives told us staff were discreet when providing personal care. Staff told us they knocked before entering people's bedrooms and closed bathroom doors and curtains when supporting people. Staff understood the importance of confidentiality and told us they would never discuss a person's care with anyone who was not authorized to know.
- Care plans contained details about what people were able to do independently. This ensured staff supported people in ways that promoted developing or maintain their existing skills. For example, washing their face or combing their hair when able to do so.

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 newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care that met their needs. One person told us, "Staff know my needs and the help I require." Another person said, "I get all the support I need and more." Care plans contained information about people's needs, preferences and how they wished their care be provided.
- Care plans were reviewed regularly and people's views were recorded to include any changes they wanted to the way their care was delivered. This ensured staff had up to date information about people's care needs and preferences.
- Staff told us the registered manager communicated with them regularly about people's changing needs and the support they required.

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 met. People told us they communicated well with staff and they understood how they wished their care to be provided. Staff told us they knew how to support people to make decisions about the care and support provided. Care records contained details about people's communication needs and preferences.
- The provider and registered manager understood their responsibility to ensure people were able to access information in a format suitable for them. People told us their care plans and other information about the service was provided in a format they understood.

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 to access the local community by staff or their relatives to undertake activities of their choice where appropriate. This included going for walks and outings. Records showed people were supported to maintain contact with those that mattered to them to ensure their social contact and wellbeing needs were met.
- Care records contained information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People's concerns were resolved to their satisfaction. Their comments included; "I am happy my carer listens to what I have to say. I know the [registered manager] would look into any issues I raise"; "It was one

minor niggle and that was sorted in no time" and "The registered manager is quite engaging and very proactive. I have never had a reason to make a complaint."

- People and their relatives were provided with the complaints policy and procedure to ensure they understood how to raise concerns about the care provided.
- The registered manager told us they worked closely with people who used the service and their relatives to address any concerns in a timely manner.
- There had been no complaints received in the last twelve months. Compliments about the service included "[Person and family] are happy with the service and with the carers", "I find staff very supportive and helpful" and "[Carers] are always well turned out, have excellent time keeping and are a pleasure to work with".

End of life care and support

- People made known their views about the care they wished to receive at the end of their lives. The provider ensured people were given opportunities to discuss their end of life care and their wishes recorded.
- The registered manager undertook assessments of people's needs when a person required end of life care. Staff were trained to provide end of life care and worked closely with other health and social care professionals such as district nurses and the palliative care team that visited people in their homes. No one was receiving end of life care at the time of our inspection. The provider had an end of life policy in place.

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 newly registered service.

This key question has been rated good. 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

- People using the service and their relatives benefitted from an inclusive and empowering culture which was promoted by the registered manager and provider. Comments included, "[Registered manager] is keen on providing excellent care," "[Registered manager] contacts me every week to find out how things are" and "It's a very well managed agency."
- People were encouraged to speak up about any aspects of their care which did not improve their well-being. People and their relatives told us the registered manager was honest, approachable and open to ideas to improve the quality of care provided and to develop the service.
- Staff were engaged and involved with the service in many ways and told us they enjoyed their roles. They felt well supported in their work. They made positive comments about the management and leadership. Comments included, "[Registered manager] is very good and understands our work is demanding", "We all have the support to do the job".
- Care records were maintained and showed aspects of care and service delivery. People's care records were stored safely and securely.

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

- People's care delivery was improved because the registered manager was open and honest with them when things went wrong. They told us the registered manager discussed incidents and concerns and kept them aware of what the provider was doing in response.
- The registered manager encouraged staff to be open and honest when things went wrong. Staff told us this enabled them to be transparent and get support they required to improve their practice.
- Incidents were reported and recorded and shared with staff to ensure continuous learning took place.
- The registered manager reported accidents, incidents and concerns to the Care Quality Commission and the local authority as required.

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

- People's care was delivered in line with our regulatory requirements. The provider had a clear vision and values, and ensured staff understood the importance of providing safe care.
- The provider informed their assurance processes and systems on the regulations they were required to

comply with and undertook audits of the quality of care provided. This included audits of care planning and records keeping, staff training and policies reviews. The latest audits in August showed there were no concerns about the aspects of the service reviewed.

- The registered manager undertook team meetings to ensure staff understood their roles in relation to meeting people's needs, managing risks, policies and procedures, medicines management, record keeping, supervisions and training.
- Records showed risk assessments and policies were reviewed and updated when required.
- The registered manager submitted notifications on significant events in a timely manner as required.

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

- People who used the service and their relatives were happy they were involved in how the service was run. Comments included, "Invaluable service"; "We are very happy with the management"; "Very happy with carers and Bridewell Care Ltd"; "Very professional and caring" and "Thank you Bridewell Care for producing professional carers." They told us issues were communicated effectively between them, staff and the registered manager through regular telephone, emails and face-to-face contact. People were given opportunities to give feedback about their experiences of using the service.
- Staff, relatives and people who used the service took part in satisfaction surveys. The provider made improvements based on people's feedback, for example maintaining a consistent staff team to provide care to people. The 2021 people and relatives survey showed positive comments about the management and leadership of the service.

Continuous learning and improving care

- The provider checked and monitored the quality of the service and made improvements when needed.
- Staff attended meetings with the registered manager and had regular weekly catch up calls to share updates about changes to people's needs and the support they required. Staff told us they used the meetings as learning opportunities to prevent problems before they arose.
- Staff told us the provider and registered manager sought their views on how to improve the service. They told us their views were valued and were encouraged to propose improved ways of working.

Working in partnership with others

- The registered manager worked in partnership with the local authority, various other agencies and health professionals to ensure people received the support they required.
- The provider had links with other agencies around the local community which they used to discuss referrals. This helped them work well together to support people moving between services.