

Actively Promoting Change Ltd

The Bridgewater Complex

Inspection report

36 Canal Street
Bootle
Merseyside
L20 8AH

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05 June 2023

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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

The Bridgewater Complex is a domiciliary care agency providing personal care to people in their own homes. It provides a service to people who have a learning disability and/or autism.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the service was providing personal care to 3 people.

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

People using the services of The Bridgewater Complex benefited from a service that provided safe, high-quality care, which focused on empowering people to live an independent life of their choosing.

We have made recommendations about the development of risk assessments and the strengthening of quality assurance and notification processes, to help further capture any shortfalls in the safety and quality of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

This provider was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

People using the service were central to their own care and support. There was a strong person-centred culture and ethos that valued the individual and involved people in making choices and decisions about every aspect of their lives.

People were protected from the risk of abuse and harm. A positive and person-centred approach was taken to the management of risks to people.

Staff were recruited safely and trained and competent for their role. Staff rotas and numbers were adapted as and when necessary to meet the specific needs of people.

External professionals involved were positive about the support provided. One commented, "The service is so adaptable and meet people's needs, they move heaven and earth to cater for people."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received care and support from staff from the same staff team. Consequently, people were supported by staff who knew them well, understood their needs and considered their wishes, goals and preferences. People were treated with the utmost dignity.

People were fully supported to live a life of their choosing and to increase their independence.

Staff worked in partnership with health and social care professionals to ensure people had access to the right care and support. One professional commented, "Nothing for the service is an obstacle, they always work to find a way to achieve the best solution for the person."

Right Culture:

The registered manager had developed a culture which put the person at the heart of the service. This culture was widely understood and practiced by staff.

Staff worked collaboratively in ensuring a sense of equality and inclusion across the service. The service was a strong ambassador and champion for the right that people should be able to live a life of their choosing.

The service acted as a proactive advocate for people and worked well in conjunction with external health and social care professionals to provide the best care possible.

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

Rating at last inspection

This service was registered on 2 February 2022. This is the first inspection of this newly registered service.

Why we inspected

We inspected the service to provide it with a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Bridgewater Complex

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 5 June 2023 and ended on 12 June 2023. We visited the location's office on 5 June 2023.

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 and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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 attended the office and spoke with the registered manager and the nominated individual. (The nominated individual is responsible for supervising the management of the service on behalf of the provider.)

We spoke with 2 people who used the service. We looked at records in relation to people who used the service including 3 care plans and systems for monitoring the quality of the service provided. We looked at staff training and quality assurance records. We also looked at medicines administration charts.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a relative on the telephone to help us understand their experience of the care and support their loved one received. We also spoke with 2 external professionals who visited the service on a regular basis.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service adopted a positive and proactive approach to risk taking so that people's right to choose was balanced with the person's right to be free from harm. People were not simply told they could not do something because it was too risky.
- The service was an ambassador for positive risk taking. Staff supported people to make informed choices and understood where people required support to reduce the risk of avoidable harm.
- Although we were assured staff knew about and how to effectively manage and mitigate risks to people, care plans did not always contain enough information about how to manage risks, this is important as it provides staff with guidance.

We recommend the provider ensures risk management plans are recorded in sufficient detail.

- Risks were regularly reviewed to help ensure the service had a current and accurate picture of safety. The service discussed risks and shared information about risks through meetings with staff and external professionals.
- People told us they felt safe using the service, comments included, "Yes, I feel safe in this house" and "I do feel safe, yes, staff help, they will remind me to take my phone if I am going out."
- The service did not utilise restraint, seclusion or segregation to manage risks of any confrontations and/or behaviours that others find challenging. Instead, staff used positive behaviour support planning and adopted proactive approaches such as preventative strategies in response to early signs of distress, helping people to regain control.
- The service embraced a practice of learning from any incidents, accidents and other relevant events. Records were reviewed to monitor any safety related themes. Findings were discussed with staff to ensure the correct action was taken to help prevent any future recurrence.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities. Systems and processes were in place to enable transparent investigations to take place in the event of any safeguarding concerns.
- The service took a preventative approach to safeguarding and were aware of relevant risk factors and triggers. Staff were trained in safeguarding matters and knew what action to take to keep people protected. One told us, "I know how to report safeguarding and we have had the training on this." An external professional confirmed, "The management team are excellent and follow appropriate safeguarding procedures when needed."

Staffing and recruitment

- Recruitment systems ensured staff were recruited safely. People were provided with the opportunity to take a role in the recruitment of staff to ensure they aligned with the core needs and values of the person.
- People received a reliable and consistent service as the service ensured there were enough staff to meet people's needs, and that staff were competent and had the right skills.
- Both staff numbers and rotas were adaptable to help meet the needs of the people being supported and to enable them to pursue activities and interests of their choosing. One staff member told us, "If someone needs extra support – then another staff member will be there, we are adaptable."

Using medicines safely

- The service adopted and practiced the standards for stopping over medication of people with a learning disability, autism or both with psychotropic medicines, (STOMP). STOMP is aimed at people living with a learning disability, its principles help to help stop the overuse of these medicines and helping people to stay well and have a good quality of life, without the need for excess medicines.
- The service worked effectively with other agencies to ensure people received their medicines as prescribed. The service took an active role in medicines reviews and risk assessments. Where people wished to manage their own medicines, they were empowered to do so safely, and in a way which respected their independence.

Preventing and controlling infection

- The provider had infection prevention and control procedures in place and ensured these were regularly reviewed and updated in line with best practice guidance.
- Staff were trained and understood their role and responsibility for maintaining high standards of hygiene in peoples' homes. This included managing risks of COVID-19 by the use of effective infection prevention techniques and the use of appropriate PPE.

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

- The service completed a comprehensive assessment of people's needs before their introduction to the service. People's needs were regularly reviewed to ensure staff were meeting people's care and support requirements. Care and support was delivered in line with evidence-based guidance and any relevant legislation, which was monitored to ensure consistency of good practice.
- People were involved in setting out expected outcomes and goals wherever possible. Outcomes were monitored regularly to measure progress and ensure they were achievable. One person told us, "Staff help me achieve things I want to, I am involved."
- The service ensured that people's needs were met in the best possible way and made appropriate referrals to external services and professionals to ensure that support led to positive outcomes for people and promoted a good quality of life.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles. Wherever possible, staff were matched up to people to ensure people received the right support by staff who had the most experience to meet their individual needs.
- Where people had more specific needs, appropriate training was arranged for staff to ensure they had the skills and expertise to meet the needs of the person. One staff member explained, "I was given additional training to help meet the needs of [person's name]."

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

- The service helped protect people from the risk of poor nutrition, dehydration, swallowing risks and other conditions that affected people's diet and fluid needs.
- People were supported to take an active role in their nutrition and fluid requirements. For example, one person had expressed a desire to eat more healthily and to lose weight, staff supported the person to make healthier food choices and helped them cook nutritious and healthy meals. People were encouraged to food shop, devise menus and cook meals in order to help with the development of life skills. One person told us, "I wanted to lose weight, I have done, and staff have helped and educated me in making healthier choices."

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

- Staff worked in collaboration with appropriate external services to meet people's needs in the best possible way. The service directly supported people to agencies who were best placed to deliver support in

line with people's care needs and wishes.

- The service helped people to experience positive outcomes regarding their care and support. People were provided with both their options and information about their likely outcomes so that people made choices which were right for them. Where necessary, staff acted as advocates for people when liaising with other health professionals, enabling people to make genuine and informed choices.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were directly involved in decisions about every aspect of their care and support wherever possible, so their human and legal rights were upheld. Assumptions were not made about people's capacity, staff regularly assessed whether people had capacity to make particular decisions and involved relevant others when required such as health professionals and relatives.
- We saw evidence that people were involved and had consented to their care and support plans. One person confirmed, "Staff always explain before giving support and tell me what they are doing."

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

- The service ensured people were treated with the utmost respect and with kindness and compassion. People were consistently positive about the caring attitude of staff. Comments included, "Staff are kind and caring, they guide and help me with independence and developing new skills" and "I love the staff to bits. They are so kind and care for me, it's like a big family here. It's the best support I've ever had. I love the place, it really hits the spot."
- The service did not view people's individual and unique characteristics as a barrier but placed a positive value on those differences. Staff enabled people to take up opportunities on offer so that people were able to fulfil their potential.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was adhered to. The service utilised technology to minimise any risks to people's confidentiality.
- Staff were afforded the time to build trusting relationships with people. This helped ensure people received a consistent level of dignified care and support from staff who were familiar to them and knew their needs well.
- People were treated with dignity, respect and without discrimination and were afforded as much choice and control as possible in their lives. The service encouraged and respected people's independence at every opportunity. One person confirmed, "Staff help me keep my independence. I couldn't use a washing machine, iron or make a cup of tea, now I can."

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

- People were supported to express their views in all aspects on their care. Staff took the time to get to know people and understand their needs, wishes and choices around their support. Where appropriate, staff worked with people's relatives and advocates to help people to make their own decisions and to shape their own care and support. One person told us, "Staff always ask for my input."
- Although formal meetings and questionnaires were available for people to provide feedback, people were able to feedback at any time.

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.

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 service took care to involve those who were important to the person involved in their support to help maintain good relationships.
- The service facilitated links with local communities, including not only the provision of health care needs, but also activities, to help people feel a sense of belonging and avoid any feelings of social isolation. A relative told us, "They have opened doors I couldn't even get to knock on – they create opportunities for [Name], they are always doing something different, always out and about. [Name] is going on holiday next week."
- Staff supported people to maintain their hobbies and interests and facilitated new opportunities where appropriate. For example, we saw how staff had supported people to access further education courses. One person confirmed, "Staff have helped me enrol on a college course that I was interested in." Another person commented, "Because of staff, I am able to do the things I am interested in, such as being outdoors and sports."
- Staff had also supported a person with their spiritual needs, the person had expressed an interest in belonging to a religion but wasn't sure to which faith they belonged. Staff supported the person to explore all the available options, allowing the person to make an informed choice for themselves.

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

- People had genuine choice and preference on how their needs were met. The service put people at the heart of their own care and support plan. People's relevant others, including family and external professionals, were also consulted to ensure that people's needs were identified. One professional commented, "I found them [Staff] to be really proactive to work with, staff are very person centred and work with me to help shape and strengthen the care plan."
- People's care and support plans were holistic and focused on peoples' abilities, preferences, and goals for managing their own support needs. People were consistently empowered and supported to make their own choices.
- People's changing needs were met and the service adopted a proactive approach to help improve their quality of life. One member of staff told us, "It's so proactive here, for one person, we explored with the GP about changing medicines, this led to a huge improvement, we try different things to get the best result." A relative confirmed, "[Name] had some issues with their health, but staff were on this, and had already consulted the GP."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service presented information in a way that people understood, to help ensure people were able to make appropriate choices based on options which had been presented to them in an accessible way. Personalised communication care plans helped care staff provide effective and individualised support to people.
- Adjustments were made to reduce any barriers in communication. For example, for one person, information was provided in 'bite size chunks' to allow the person to process any information and respond accordingly.
- The service ensured people's voices were heard. The use of independent advocates was facilitated for those people who wished to use them. An advocate can help people to express their views and wishes.

Improving care quality in response to complaints or concerns

- Although the service had not received any complaints, an accessible complaints policy was in place to ensure people knew how to give feedback on their support and that any feedback would be acted on. A relative shared, "I can speak up at anytime when needed."

End of life care and support

- At the time of our inspection, there was no one receiving end of life care. Although this was a topic that people were reluctant to discuss, staff were able to support in the development of appropriate treatment plans sensitive to the needs and wishes of the person, including any religious and cultural needs, if so required.

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.

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

- The registered manager understood the importance of their role and understood their legal requirements. The service demonstrated clear effective governance and accountability processes and practices. Staff were committed and motivated to support people in the best possible way. The registered manager explained how staff were recruited on the basis of their compatibility with the ethos, values and culture of the service, and was not averse to challenging any practices which fell short of this.
- Governance systems were well embedded and effective at identifying risks to the safety and quality of the service provided to people. Audits were used to drive improvement within the service. Although audits were effective at identifying shortfalls, some needed further development and detail, for example, care plan audits and staff recruitment file audits.
- The registered manager demonstrated an understanding of their regulatory requirements; we saw how any safeguarding incidents had been referred to the appropriate external agencies. However, the service had not notified CQC of these incidents. We spoke to the registered manager about this who confirmed they did believe them to be sufficiently serious enough to warrant a CQC notification, but advised they would notify us of any reportable incidents moving forward.

We recommend the provider continues to strengthen their quality assurance processes and further develops audit and notification processes to help further capture any shortfalls in the safety and quality of the service.

- We were assured the registered manager was open and honest in their approach and we saw this translated to the support provided to people.
- Staff were supported using performance feedback and provided with opportunities for further learning and development to help further enhance the delivery of good care and support. One member of staff confirmed, "We have supervisions, I can speak up and feel listened to, I can make suggestions, I am not dismissed. I feel valued."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was instrumental in the development of a culture dedicated to person centred care and support underpinned by honesty, compassion, dignity and respect. This ethos was understood, shared and practised amongst staff, so that people using the service received a service that was inclusive

and empowered people to live an independent life.

- Comments from staff included, "We are actively teaching life skills towards independence, it's a real family environment and their [people's] needs are put before anyone else's, it's the most person-centred place I have ever worked" and "The culture here is that we empower people, the ball is in their court."
- This positive ethos, openness to feedback and direct involvement of people and their significant others in their support, led to positive outcomes for people. The service supported people to ensure the most appropriate stakeholders were utilised to provide people with care and support that met their needs and goals.
- The service promoted equality, diversity and inclusion to remove any barriers to people's access to the best possible care and opportunities. Staff promoted these values to help deliver a strategy of delivering high quality care and support, which was tailor made to the person. An external professional confirmed, "I can't praise this service highly enough, the manager and staff, they are outstanding, they move heaven and earth to accommodate and meet the needs of the person."

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

- The service encouraged and facilitated people and their significant others to be heard. Various methods were used to obtain feedback from people about all aspects of their care and support. This also enabled the service to make changes to people's support plans as their needs changed. One person told us, "I can talk to staff anytime, about anything."
- The registered manager engaged with staff via formal meetings and informal check ins to enable staff to have a platform to voice their feedback and views. The manager used this feedback to help shape the service further and foster a culture where staff felt valued and confident to speak up.
- Both people's and staff's equality characteristics were taken into account. The registered manager also explained how the service organised assistance for staff with counselling, relaxation and de-stress therapies such as massage. The service was keen to support staff in a holistic way so staff felt happy, valued and engaged in their work, leading to better outcomes for people using the service.

Working in partnership with others

- The service worked in partnership with external organisations to support holistic care provision to ensure people received a seamless experience based on best practice outcomes and people's choice and preference.
- The service was held in high regard by some of the external professionals it worked with. Comments included, "It's a pity all services couldn't be as good as this. I can't fault it" and "I would commission services with them again."

Continuous learning and improving care

- The service had robust quality assurance processes in place to capture the views and experience of people using the service. Both the registered manager and nominated individual visited the people being supported on a regular basis, to not only check on their welfare, but to spend quality time with them.
- The service placed great emphasis on the perspective of people to help understand quality issues and challenges. A member of staff told us, "People have a voice at all times."
- The service demonstrated a commitment to sustained and improved care at all levels. The service fostered a best practice learning culture which helped drive up the quality of the service. Best practice guidance and refresher training was shared amongst staff to help further in the deliverance of good care.

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

- The service actively sought and welcomed any feedback. A transparent and open approach was adopted. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.