

Bridges Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bridges Homecare is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes or people in supported living arrangements.

At the time of our inspection 98 people received personal care as the regulated activity. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

It is a requirement of the Health and Social Care Act 2008 that providers register locations appropriately. We visited Bridges Homecare on 24 September 2019 and found that the service was not operating from their registered address. Although the provider took action to correct this they had failed to ensure they had carried out the conditions of their registration.

The medicines management was not based on current best practice. The systems in place to monitor the quality of service were not always effective in that they had not identified the concerns found in relation to their registration and medicines management.

People and their relatives were positive about the service and the care provided.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm.

People were encouraged to maintain a good diet and to access health services when required. People were supported to avoid social isolation. Incidents and accidents were investigated, and actions were taken to prevent recurrence

Enough staff were available to meet people's needs. People told us staff followed infection control and prevention procedures.

Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance.

People's dignity, confidentiality and privacy were respected, and their independence was promoted.

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

Rating at last inspection

Bridges Homes Care is not a new service, the provider had changed location, therefore this was their first inspection. The previous location was rated Good in March 2017.

Why we inspected

This was a planned, routine inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Bridges Home 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.

Inspection team

The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. This information helps support our inspections. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four relatives and eight people about their experience of the care provided. We spoke with five members of staff including the office manager, two care coordinators and the registered manager.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at 10 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

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

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The medicines management was not based on current best practice. For example, we saw nine examples of handwritten entries on Medicine Administration Records (MAR), these entries had not been checked to ensure they were accurate and correct. During our inspection we asked the registered manager to demonstrate the system used to ensure these records relating to medicines were accurate and correct. The registered manager recognised this shortfall. This meant that there was not a robust process to ensure that medicines administration records were accurate and up to date. During the inspection the registered manager developed a form to capture and evidence that the correct checks had taken place. However this was not in place prior to our inspection.
- Staff received spot checks from the provider, however these checks did not outline or record staff competencies, in relation to the administration of medicines being assessed. This meant that medicines were not always managed safely and in line with The National Institute for Health and Care Excellence (NICE) guidance Managing medicines for adults receiving social care in the community.
- Staff had received training in medicines.

The provider responded immediately during and after the inspection and took steps to address the concerns relating to medicines management.

Learning lessons when things go wrong

- There was a system in place to record and report accidents and incidents.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents, at supervision and on an individual basis.
- The provider ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experience for people.

Staffing and recruitment

- People told us staff were punctual. The service had enough staff to support people in a consistent way.
- The Staffing rotas confirmed there were sufficient staff to meet people's needs.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments

covered areas such as falls, moving and handling and environmental risks.

- One person had complex moving and handling needs which had been risk assessed. There was a detailed plan in place for two staff to support the person with equipment. Staff had received training in moving and handling as well as receiving guidance from the person's occupational therapist about the equipment they used.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "I have got no complaints at all, absolutely wonderful with me. I feel safe."
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member described the different types of abuse they may come across and what action they would take as a result.
- The provider had safeguarding policies in place and the operations manager worked with the local authorities' safeguarding teams and reported any concerns promptly. Staff knew how to report concerns externally. One staff member said, "I would go to social service, call a G.P or even raise it with an occupational therapist if it was appropriate".
- People were protected against the spread of infection.
- People told us staff washed their hands and used personal protective equipment (PPE) such as gloves, when providing care. One staff member said, "We get everything we need".
- The registered manager ensured staff had enough stocks of PPE. Staff had been trained in infection control and demonstrated a good understanding of how to support people safely.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 were supported by staff who knew the principles of The Mental Capacity Act 2005. One staff member said, "An unwise decision doesn't mean someone lacks capacity and any decisions must be made in the persons best interests".
- Where people had a legal representative to make decisions on their behalf this was detailed in their care plans.

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

- The provider ensured people's needs were assessed before they started with the service to ensure their individual needs could be met. People and relatives told us they were involved in the assessment process.
- Assessments took account of current guidance. This included information relating to data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified and care and support was regularly reviewed and updated. Where necessary referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

People were supported by well trained staff. All staff completed an induction programme when they first started work. Staff told us, and records confirmed that they had the necessary training to support people effectively.

- Staff told us, and records confirmed, that they received regular supervision and appraisals.
- Staff told us "In supervision we discuss our training, health and safety, infection control and what's going on with our clients. The support is excellent" □

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

- People received food they liked where staff supported with meals.
- People's feedback about staff food preparation was positive. One person said, "I do my lunch myself. They call me to check. They do supper for me".
- Where people had specific dietary needs, care was planned around these. For example, one person had difficulty swallowing and there was a care plan in place detailing the types of foods they could eat safely and their preferences.

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP's, occupational therapists and district nurses. One person told us, "They manage [my health condition] well".
- Where appropriate, reviews of people's care involved relevant healthcare professionals. Guidance and advice from healthcare professionals was incorporated into people's care plans.
- Staff worked closely with other agencies to provide effective care to people. We saw how staff had recently worked with an occupational therapist to ensure that a person's mobility needs were managed effectively.

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's outcomes were consistently good, and people's feedback confirmed this.

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

- The diverse needs of people using the service were met. This included individual needs relating to disability, gender and ethnicity.
- People were positive about the care they received and told us staff were very caring. One person said, "They are marvellous with me". A relative said "Yes they are lovely with her and ask how she is. They are very pleasant".
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in the support they provided. One staff member said, "We must ensure people are treated in a dignified way and it's important that we make people feel as comfortable as possible when delivering care."

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

- Care plans were completed with people to ensure they reflected people's wishes. One person told us "Yes they did [involve me] earlier this year".
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- Staff described how they assisted people to make decisions. Examples included listening carefully and speaking slowly to people when appropriate and always asking them and involving them in decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. One relative described how staff encouraged a person to do as much for themselves as possible.
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection. Language used in care plans was respectful. Staff told us people's privacy was respected.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons.

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's individual care needs had been identified and care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate. One relative said, "Yes [my care is reviewed] once a year, or informally if anything needs to be changed in the care plan".
- Not everyone's care plans contained information about people's likes and dislikes. However, staff we spoke with were knowledgeable about people and their individual preferences, likes and dislikes.
- People's care plans were updated when things changed. One person's needs had changed in relation to their mobility. Their needs were reviewed, and the care plan was updated to include additional tasks for staff to support them with.

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 initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. People and their relatives told us any concerns were dealt with immediately. A relative described how they had recently complained and that this was dealt with appropriately.
- People told us their care records which were kept at their homes contained information on the company's complaint procedure. One person told us, "It's there but I've never had to complain".

End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- At the time of our inspection no one was receiving end of life care. However, records confirmed that staff had received appropriate training in end of life care.

- Staff told us when needed, they would involve professionals to ensure people had a dignified and a pain free death.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Some regulations may or may not have been met.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements; continuous learning and improving care:

- The systems in place to monitor the quality of the service were not always effective. For example, the concerns that we found in relation to medicines management and care records had not been identified by the registered manager or provider. This meant that systems were not operated effectively to ensure compliance with the regulations.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- It is a requirement by law that providers register locations appropriately. We visited Bridges Homecare on 24 September 2019 and found that the service was not operating from their registered address. Although the provider took action to correct this they had failed to ensure they had carried out the conditions of their registration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, and shows the provider understands and acts on duty of candour responsibility

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.

- From speaking with staff and the manager and provider it was clear there was a positive culture at the service and staff worked with the values of person-centred care. One staff member said, "We work to the same standards, it's a great culture and a great company to work for".

- The provider and all the staff we spoke with, demonstrated a commitment to provide person centred, high-quality care. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.

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

- The provider involved people in various ways. People had opportunities to complete surveys or raise any comments via an open-door policy at any time.

- Staff, the manager and provider demonstrated a commitment to giving consideration to people's

protected characteristics.

- The staff told us they felt listened to, valued, and praised the team work. One staff member said, "They are supportive and they always listen to you."

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.
- The provider worked with other agencies to ensure people received holistic care.
- Care records showed regular contact with local authorities, GPs and healthcare professionals involved in people's care.

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 The systems in place to monitor the quality of service were not always effective.