Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bridges Healthcare Limited

Wells House, 15-17 Elmfield Road, Bromley, BR1 1LT

Tel: 02084687888

Date of Inspection: 22 July 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Bridges Healthcare Limited
Registered Manager	Mrs Sarah Clements
Overview of the service	Bridges Healthcare Limited provides personal care and domestic support to people living in their own home, and have been contracted to provide nursing and rehabilitation care in a NHS hospital. The agency is located in the borough of Bromley, Kent.
Type of services	Domiciliary care service Rehabilitation services Supported living service
Regulated activities	Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 July 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Our inspection team was made up of a single inspector. As part of this inspection we spoke with ten people who used the service and two relatives. We spoke with the registered manager and five members of staff. We reviewed care records for people who used the service and records relating to the management of the home, which included five staff files.

Below is a summary of what we found. The summary describes what people who used the service and the staff told us and the records we looked at.

Is the service safe?

The staff employed were suitably trained and experienced. All staff had been trained in first aid and had attended safeguarding vulnerable adults training in the past year. Staff were observed by care managers whilst caring for people who used the service every three months in order to assess their attention to safety and care delivery.

Is the service effective?

There were up to date care plans in place for each person; however, four care plans did not contain any evidence that potential or actual risks had been assessed and plans put in place to manage such risks. Care plans included details of health professionals involved in the delivery of each person's care and they had been audited. Written and verbal consent was obtained from people who used the service before care and support was delivered.

Is the service caring?

People who used the service were involved in decisions about their care and support. Staff supported people and advised them, but allowed the person who used the service to make the final decision. A member of staff told us, "We always ask [people who used the service] what they would like." They went on to say they never forced people to do anything.

Is the service responsive?

People's individual needs had been assessed by suitably experienced staff. The staff we spoke with were aware of the needs of people who used the service. The people we spoke with and their relatives told us they were aware of how to make a complaint and a system was in place to investigate any complaints that arose.

Is the service well-led?

Staff told us they were able to raise concerns during spot checks held every three months and they felt able to speak to care managers over the phone if they had a concern. People who used the service had not been consulted recently for their feedback.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 16 September 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with ten people who used the service and two relatives. Responses to our questions were positive in regards to obtaining verbal consent from people in relation to the care they receive. One person said, "We've got in to a pattern but they still ask what I need at the time." A relative said "We are happy so far and care staff always ask what [my relative] wants." This indicated to us people were given choice and consent was obtained before a service was provided.

During our inspection we reviewed five care plans, which documented care and support to be delivered. The registered manager told us the care plan was signed as a form of consent. There was a singed consent form in each care plan we looked at which indicated agreement to the level of care to be provided.

We spoke with five members of staff. We asked how they obtained consent from people before providing care or support. We were told by one staff member, "I always try and give people choices and ask them what they would you like today." Another member of staff said, "We ask [the person who used the service] what they want. If they say "No" we don't force them." This meant staff provided care as far as possible, in accordance with people's wishes.

Staff had access to a consent policy and we were able to review the consent policy which contained information about ways of obtaining consent. We saw evidence staff had been observed in the practice of obtaining consent from people who used the service during spot checks with senior care workers.

The registered manager told us all staff had induction training which covered consent in topics such as rights and choices. We saw certificates for the induction, which stated the topic had been covered in the staff files we looked at. This meant the provider had taken steps to ensure staff had knowledge about obtaining consent.

We asked the registered manager how consent would be obtained from people with limited

capacity. We were informed, "We would hold a best interest meeting with family members and social services to help make a specific decision." This was documented in consent policy and meant there was a procedure for obtaining consent on a behalf of people who used the service.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with ten people who used the service and two relatives. A person who used the service told us, "They are very polite." Another person told us, "They are very good." We were told by a relative, "They are good." They all went on to confirm they had seen the care plan and were happy with the support from staff.

During our inspection we were able to look at five care plans which contained information about each person's individual needs. All care plans reviewed by us contained information about the care required, expected outcome of the care, next of kin and information related to the doctor. The needs of each person had been assessed by a senior member of staff. This meant people's needs were being assessed and the most relevant people contributed to the assessment.

One care plan we looked at included risk assessments for the environment and control of substances hazardous to health. The provider may find it useful to note there were no risk assessments in four of the care plans reviewed. This meant there may not have been clear guidance for staff in relation to measures required to manage the risks to ensure people's safety and welfare.

Three of the care plans we looked at had been reviewed the past two months. The care plans contained details of choices people had made such personal care required. They also contained information about how the person who used the service would like to be supported and support required for moving and handling such as, "You will need to use my hoist to transfer me from my bed to my chair." The daily records we looked at indicated that hoists were being used. Staff told us people who used the service were offered a choice of foods at mealtimes.

We asked the registered manager how they promoted equality and diversity. We were told an interpreter was used for people who were deaf or who did not speak English and we saw evidence of this in the care plans we looked at.

The registered manager told us staff had received training to manage emergencies such as, first aid. We saw certificates of attendance for this training session in the staff files we reviewed. The registered manager explained there was on on-call system to deal with

emergencies out of hours as well as adverse event such as adverse weather. This meant people who used the service could be confident accidents and adverse incidents and events would be managed by staff.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at five employee files and saw evidence staff received appropriate professional development. Certificates were in place and there was a staff training matrix for a range of training such as fire awareness, medication management, safeguarding vulnerable adults and basic life support. Some staff had been supported to undertake vocational qualifications related to health care provision. This meant staff were supported to obtain further relevant qualifications.

We spoke with five members of staff. They all told us they had received induction training, which included formal class room teaching. We saw five completed post-training assessments as evidence of checks being undertaken to ensure staff had understood the training. These measures indicated to us new staff were supported to gain an understanding and awareness of the requirements of their role, so they could provide appropriate care and support to people.

The staff records we looked at indicated supervision sessions had taken place between the staff member and a care manager. This was confirmed by the staff we spoke with. All records reviewed had evidence staff had received supervision in the past two months and an appraisal in the past year. This demonstrated to us staff were supported to identify their training and development needs and also had feedback on their performance.

Staff we spoke with explained they had the opportunity to discuss concerns in relation to people who they had responsibility for during spot checks held every three months and they felt able to phone the care managers to discuss issues in the interim. We were told there were no formal meetings for care workers.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have a system to fully monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who used the service told us they knew how to make a complaint. The people we spoke with told us, "I'd contact the manager." The provider took account of complaints to improve the service. We saw people who used the service were given written information about raising a concern. We case tracked one complaint which occurred in the past year. It had been fully investigated.

We asked the registered manager how they monitored the quality of the services provided. We were told there was a monitoring system in place for staff starting and ending shifts within people's homes. We were shown evidence of this and we were told there had been some difficulties using this system due to IT issues, which were being investigated by an external agency. We asked whether people who used the service were given the opportunity to provide feedback on the service. The registered manager told us they were not able to provide us with evidence people had been consulted about their experiences of using the service. This meant that people's views may not have been fully considered.

We asked if there was any formal auditing to assess the service. We were told care plans and staff files were audited in the past year and we saw evidence of this. Care staff told us they had the opportunity to raise concerns during spot checks and we saw evidence of this in the staff files we looked at.

We asked if there was a system for reporting and learning from adverse events, near misses or incidents. The registered manager told us there had been no incidents in the last year. We were informed of the procedure for handling and investigating incidents and concluded there was a reasonable system in place to manage incidents, should one arise.

We asked what risk assessments were in place for the service. We were shown risk assessments for loss of IT. We asked to see a copy of the business continuity plan. We found this covered emergencies out of hours and coping with civil disorder.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records were accurate and fit for purpose. We reviewed five care plans for people who used the service. There was clear information as to the level of care and support provided to be provided. For example, we saw information was person centred. Care plans stated what personal care was to be carried out for people who used the service.

We saw records of progress were entered in daily record sheets. Overall we found people's personal records were recorded accurately and fit for purpose.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We looked at five employee files, which included photographic identification, certificates of training and evidence references had been obtained.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Personal care Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The registered manager did not fully assess and monitor the quality of the service provided and regularly seek the views of service users. Regulation 10 (1)(a) (2)(e).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 16 September 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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