Roses Socialcare Ltd

Bridge Centre

Inspection report

Bridge Street
Thorne
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 28 July 2016 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was registered with the Commission in February 2016, so this was the first inspection of the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was not present at the office on the day we inspected the service. We were told they planned to step down from this role, but an acting manager had been recruited and their application to become the registered manager was being considered by the Commission.

Bridge Centre provides personal care to people living in their own homes in the Doncaster area. At the time of our inspection the service was mainly supporting older people and people with a learning disability. The manager told us they planned to expand the agency to cover other areas of care in the future. Care and support was co-ordinated from the services office which is based near the centre of Thorne.

On the day of the inspection there were 13 people receiving support with their personal care. We spoke with six relatives to obtain their views on how the service operated, as people using the service were unable to talk to us on the telephone. All the people we spoke with told us they were happy with the service provided and praised the staff who delivered care.

The provider had a policy in place to protect people from abuse. The policy included types of abuse, and how to recognise and report potential abuse. Staff we spoke with confirmed they had received training about protecting people from abuse. However training records did not demonstrate that all staff had received this training.

People's needs had been assessed and the relatives we spoke with told us they had been involved in formulating and updating care plans. Care records sampled identified people's needs, as well as any risks associated with their care. However, the management team told us not all care files reflected people's needs and preferences in sufficient detail. We saw the management team had begun to review and update people's care plans in order to improve them. Relatives confirmed staff were meeting their family member's individual needs, while this process was completed. We found staff were knowledgeable about the needs and preferences of the people they were supporting.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. However, this had not been consistently followed. For example, one staff member's file did not include a reference from their last employer and there was no rationale for this recorded in their file. The manager took immediate action to rectify this.

We saw new staff had received an induction at the beginning of their employment, but documentation was not always up to date. Staff said they felt they had received enough training and support to enable them to carry out their job. However, training records did not demonstrate that all essential training had been provided in a timely manner. Staff had however received regular supervision sessions and spot checks to provide support, and to assess their capabilities.

Where people needed assistance taking their medication appropriate support was provided. However, medication records sampled contained occasional gaps and there was no evidence to show that the management team had checked to make sure these records had been completed in line with company policy. We also noted that protocols were not in place with regards to medication to be administrated 'as required' [PRN]. The manager told us they would address this as soon as possible.

People's capacity to make decisions was recorded in their care files and people had signed to acknowledge their agreement in the planned care.

The company had a complaints policy which was provided to each person at the start of their care package. We saw a system was in place to record the details and outcomes of concerns raised. People we spoke with raised no concerns or complaints.

People had been consulted about their satisfaction in the service they received. The provider also had a system in place to check if staff had followed company polices. However, some aspects of the system had not been fully utilised and embedded, which meant areas for improvement could be missed. The manager told us they would introduce appropriate monitoring tools to capture this information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes were in place, but these had not always been consistently followed.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training.

Is the service effective?

Requires Improvement

The service was not always effective.

Records demonstrated people's capacity to make decisions had been taken into account. Staff had completed training in this subject and understood their role in supporting people in their best interest.

Staff had completed a structured induction when they joined the agency and had access to a varied training programme that helped them meet the needs of the people they supported. However, records did not demonstrate that all staff had completed essential training in a timely manner.

Where people required assistance preparing food, most staff had received food hygiene training to help make sure food was prepared safely. People's nutritional needs had been assessed and taken into consideration.

Is the service caring?

Good

The service was caring.

People received a good quality of care from staff who understood the level of support they needed and delivered care and support accordingly.

People told us staff respected their opinion and delivered care in

an inclusive, caring manner.

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People using the service had been involved in planning their care. Not all care plans fully identified people's needs and were individualised to reflect their abilities and preferences.

There was a system in place to tell people how to make a complaint and how it would be managed.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had used surveys, telephone calls and review meetings to make sure people who used the agency were satisfied with the service provided. They also used meetings to consult with staff.

There were systems in place to assess if the agency was operating correctly and make sure staff were working to company policies. However, audits had not been fully utilised and embedded.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Bridge Centre

Detailed findings

Background to this inspection

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

The inspection included a visit to the agency's office on 28 July 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection. A local authority contract monitoring officer was also carrying out a review of the service that day. They shared their findings with us, including the outcome of questionnaires that had been sent to people using the service, staff and social care professionals.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also obtained the views of professionals such as service commissioners, and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion we had not requested the provider to complete a provider information return [PIR]. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were 13 people using the service. We spoke with six relatives to obtain their views on how the service operated, as people using the service were unable to talk to us on the telephone. We spoke with the acting manager and two care co-ordinators who were based at the office, as well as three of the five care workers employed by the agency.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing people's care records, medication records, staff recruitment, training and support files, as well as quality audits, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

The relatives we spoke with said they felt staff supported people in a safe way. One relative told us they felt staff ensured their family member was safe adding, "They use a key safe to gain entry. They always leave the house perfectly safe and secure." Another relative commented, "They bring him [person using the service] out of bed and down the stairs safely."

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They described the arrangements in place for them to access people's homes while maintaining a good level of security. The manager told us staff were issued with an ID badge, which they were expected to wear while on duty so people could verify who they were, and this was confirmed by the people we spoke with. We also saw people's personal information, including key codes, was well protected.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. The manager gave an example of a recent safeguarding referral they had made to the council and the action they had taken to safeguard people.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing who to report concerns to. The training matrix indicated that the majority of staff had completed either initial e-learning and/or face to face training in this subject during their induction period. However, this was not always evidenced in staff files, and the matrix indicated that four staff had not completed either course. The manager told us they had enrolled staff on the council safeguarding course in the near future.

We saw there was a whistleblowing policy which told staff how they could raise concerns about any unsafe practice. The staff we spoke with said they would be comfortable using this policy if they needed to.

We looked at four people's care records and found assessments were in place to monitor any specific areas where people were more at risk, such as how to move them safely and minimise the risk of falls. These explained what action staff needed to take to protect people. The councils commissioning office told us they had checked a further two files which contained satisfactory information about potential risks to people.

We also found environmental risk assessments had been completed to make sure any potential risks were taken into consideration. This helped to ensure people's homes were as safe as possible for the person living there, as well as being safe for staff to work in.

There was recruitment and selection process was in place, but this had not always been consistently followed. We checked three staff files and the council looked at a further two files. Each staff file we sampled included an application form and evidence of a face to face interview taking place. However, one file did not

contain at least two written references, one being from the person's last employer. We saw this shortfall had been identified when files were audited, but had not yet been addressed. The manager said they would follow up on the missing document as a matter of urgency.

We found staff had undertaken a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff told us they felt there was enough staff employed to meet the needs of the people currently being supported, but acknowledged that more staff was required to cover for absences and allow the service to expand. One of the care co-ordinators described how work was allocated over three identified areas, to provided consistency for people using the service, as well as the staff. The manager told us two new care workers were to commence in the next few weeks and they were actively recruiting more staff as needed. The relatives we spoke with confirmed that overall their family member received care from the same team of staff. They told us care workers were usually on time and stayed the required length of time at each visit.

The service had a medication policy which outlined the safe handling of medicines. We saw this was included in the care files brought into the office from people's homes for us to assess. Where people needed assistance to take their medication we saw records outlined the medicines the person was taking and staffs role in supporting them to take them safely. Care files also contained information leaflets about each medicine.

Medication administration records [MAR] were used to record the medicines staff had either assisted or prompted people to take. We sampled MAR from April and May, as the June forms had not been returned to the office. We found occasional gaps on two of the MAR we checked, where staff had not signed to say the person had taken their medicine. The manager told us that prior to May 2016 there was no evidence that MAR had been checked when they were returned to the office, in order that any shortfalls could be addressed. They described the action they would be taking in future to address shortfalls. This included completing a formal audit tool, which would highlight areas needing improving and detail what action was taken, as well as the timescales for addressing areas of concern. The need for staff to bring MAR into the office monthly so they could be audited had been identified in an audit undertaken by the operations manager in early June 2016, but no records had been returned since the audit had been completed.

We asked the senior staff team how medicines that were only taken 'as and when required' [PRN] were recorded and administered. Although information about each medicine was available in the files we sampled, we noted there were no PRN protocols in place to tell staff exactly what these medicines were for, when they should be given, and how the effects should be monitored. We discussed the reasoning behind this additional recording with the manager who said they would consider further best practice guidance on the administration and recording of PRN medication.

The manager told us that care staff had undertaken e-learning medication training as part of their initial induction to the agency, and in most cases this had been followed up by face to face training. The staff training matrix confirmed this, but staff files did not always contain certificates to evidence the training had taken place. However, staff comments evidenced that this training had taken place. The manager told us that spot checks were carried out which included observing how staff managed medication. However, we saw no evidence that appropriate competency checks had been carried out, to ensure staff were putting the training into practice. The manager told us they would improve this process as soon as possible.

The relatives we spoke with said they managed their family member's medication or in some cases staff

assisted or prompted them to take them safely. Relatives said where people received support from staff to take their medicines this was carried out correctly and in a timely manner. One person told us, "They [person using the service] was getting mixed up [with their medication] so the carers do it now." They added that this had been a great improvement. Another relative said "They [staff] just check that they [medicines] have been taken."

Requires Improvement

Is the service effective?

Our findings

Relative's comments demonstrated that people were supported by staff who understood their care needs and provided good care and support. They told us staff seemed competent in their work, providing care and support as needed. One relative said, "The carers are very, very nice." Another relative told us they were very happy with the way staff delivered care adding, "The staff are very good. They never cut time short." Another relative described how Bridge Centre care staff worked very well with another care company who visited their family member. They told us, "The two care teams work well together and pass things on" which they felt was very helpful at providing a smooth service."

New staff had undertaken an induction when they started to work for the agency. We saw completed induction forms on staff files. However, one induction record had not been fully completed. We discussed this with the manager, who said they had covered the unsigned sections with the staff member and they would ensure it was signed off. We also saw staff had signed to say they had received a copy of the staff handbook and other key information. The manager was aware of the new care certificate introduced by Skills for Care. They said they intended to move towards using it in the near future. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We found the majority of staff had received basic training to meet the needs of the people they supported. However, the training matrix showed that other staff had not completed the expected training. For example, one staff member had not completed safe food handling and four people had not undertaken safeguarding people from abuse training. The manager told us further training was being arranged and some topics were to be undertaken as part of the nationally recognised care award staff had been enrolled on.

There was a system in place to provide staff with regular support sessions and an annual appraisal of their work. Staff files, and comments, showed regular one to one support sessions had been provided since the new manager had come into post, as well as group meetings. For example, we saw staff had received an initial support session which recorded how they had shadowed an experienced care worker for a length of time. This had been followed by monthly support sessions and spot checks to make sure they were competent and confident in their role.

All the staff we spoke with felt they had received adequate training and support to enable them to carry out their job roles. One care worker told us, "I have done a lot of online training. As well as the main topics I have done challenging behaviour and about the Mental Capacity Act."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS do not apply to people living in their own homes, but we checked whether people had

given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We found policies and procedures on these subjects were in place and care records demonstrated that people's capacity to make decisions had been considered and recorded within the assessment and care planning process. We saw care plans were signed to confirm the person receiving care agreed to the planned care. Consent forms for topics such as first aid and medical assistance were also seen in the care files we checked.

Some people told us care workers were involved with food preparation, while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We saw the majority of staff had completed basic food hygiene online training as part of their induction to the agency.

Good

Is the service caring?

Our findings

People we consulted said the care provided by staff was good and they understood the level of support people needed. Relatives told us they, and their family members, found staff to be friendly and good at their job. They described how staff offered people choice and respected their dignity and independence. One relative said, "The girls [care workers] are very good now. They keep trying to encourage him [person using the service] to do things himself, while keeping an eye on him, such as moving around and washing himself. He washes his face and whatever he can reach and they [the staff] do his legs etcetera." Another relative told us, "They encourage her [person being supported] to do what she can and they involve her in everything."

Relatives told that people could readily express their views and were involved in making decisions about their care and treatment. They confirmed that they, and their family member, had been involved in developing their care plans. Care files sampled contained information about people's needs and preferences, so staff had clear guidance about what was important to them and how to support them.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. When we asked them how they knew what was important to the people they supported they said they read the care plans, which they felt overall provided good information, and talked to people about their preferences. However, it was noted that not all the people being supported had such a comprehensive plan of care in place. One care worker told us, "I shadowed another carer to get to know the people I would be visiting. I read their care plans and talked to other staff about the support they needed. I think the plans tell me what I need to know"

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. For example, they told us how they covered people up while washing them and closed curtains. One care worker said, "I do all the usual things like closing curtains, but I know it is important to do other things. Like encouraging people to do the things they can do themselves, if they can do it they should do it. It's important to maintain their dignity."

The manager and the care co-ordinators told us their aim was for every person using the service to be supported by a small team of care staff who knew them well. This meant that staff and people who used the service could build up relationships.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they were happy with the care provided and complimented the staff for the way they delivered care. We found people using the service, and their relatives if applicable, had been involved in planning the care provided. One person told us how someone from the office had visited them to assess their family member's needs and to discuss the plan of care. They also told us, "Mum is very happy [with the care].They [staff] are good at motivating her." Another relative said, "The staff are very good. They spend all the time allocated with them [the person using the service] and always involve them in what is happening."

Each person's needs had been assessed before their care package was commenced, and this along with the local authority's care assessment, where available, had been used to draw up a care plan. The manager told us a senior member of staff visited new people in their home to discuss their needs and how they would like their care and support delivering. A typed care plan was then produced, this along with risk assessments and other information was then placed in the person's home so the information was available to staff.

The manager acknowledged that some care plans required further information and said all care records were being updated. The care coordinators told us they were currently visiting each person to discuss their care needs and formulate a new care plan. We saw the care files that had been rewritten contained good information about people's care needs, their preferences and any risks associated with their care. However, the manager told us eight people's plans were still to be audited and updated. The action plan we saw said this would be completed by August, but did not give a specific date. The importance of completing this work as soon as possible, to ensure staff had comprehensive information about every person they visited, was discussed with the manager.

All the relatives we spoke with confirmed a full assessment of their family members needs had been carried out prior to them receiving care. They said they and their family members were happy with the care delivery. We were told people received consistent care because on the whole the same staff team visited them, so they knew them well.

We saw care workers completed a note about the care and support they had delivered after each visit, and the people we spoke with confirmed this. The ones we sampled provided detailed information about the care given at each visit and any changes in the person's general wellbeing. However, there was no evidence to show visit notes returned to the office had been checked to ensure they had been completed correctly.

The company had a complaints procedure which was included in the information given to people at the start of their care package. We saw that no complaints had been logged, but a system was in place to record any complaints or concerns received.

People told us they had no complaints, but would feel comfortable raising concerns with their care worker or the management team. They confirmed they had been provided with information about how to make raise a concern, should this be required. One person said, "No complaints so far. I don't think they could do

anything to make things better. The carers even arranged to be there when the council man visited as they knew she [person using the service] was nervous about being on her own." They added, "I have never had to phone the social worker as we are so happy. They [agency staff] are there if we need them."

The service also logged compliments received from people either verbally, by text or by letter. The four we sampled indicated people were happy with the care provision. One message from a social worker thanked the service for all their hard work supporting someone. A comment from a relative thanked staff for the way they had communicated with them about their family member's care plan, and another said they were "Impressed with the care plan." A third relative complimented staff for the way they had supported their family member following a fall.

Requires Improvement

Is the service well-led?

Our findings

The service was registered with the Commission in February 2016, so this was the first inspection of the service. At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. However, the registered manager had decided to step down from the post, so an acting manager had been appointed who had taken day to day responsibility for the running of the agency. The acting manager had submitted an application to become registered with the Commission.

People we spoke with were complimentary about Bridge Centre. They told us they were very happy with the service provided and the way staff delivered care. One person said, "They [Bridge Centre] are 100% better than the last company we used. We received information from them telling us about the new management structure," which they felt was useful.

When we asked people if there was anything the agency could do better most people could not think of anything they would like to change. A relative commented, "No nothing, they [the agency] are good at telling me what is happening and giving me updates, communication is very good." Two other relatives told us, "No, everything is working fine" and "Things are going smoothly."

Although the service had not been registered very long the provider had used questionnaires, phone calls and spot checks to gain people's views about how the service was operating. One relative told us, "They phone me regularly to check if we are happy, about every two weeks or so."
The manager told us information gathered was used to monitor how the agency was operating and to evaluate staffs performance. We saw questionnaires had been sent out to people in May, June and July 2016, and six had been returned over this period. These contained positive answers to the set questions. However, we noted the outcome of the surveys had not been shared with people using the service.

The manager had gained staff feedback through staff meetings and one to one support meetings. Staff told us they could raise any concerns with the management team and felt they would be listened to. They were complimentary about the new manager and the co-ordinators, who they said were approachable and supportive. They said this had generated a positive atmosphere at the agency. One care worker told us the service was, "Generally well organised. We have team meetings regularly where we talk about a different policy each time." Another staff member commented, "It is good team work here." A third member of staff said, "It is a lot better than the last job I had. Communication is better, and carers and management are more helpful." Other staff told us working for the agency had improved recently, which they felt was beneficial to staff, as well as people who used the service.

When we asked staff if there was anything they felt the service could change to improve the service provided, most staff said there was nothing they would change. They told us they enjoyed working for the agency and were happy with how it operated. However, one staff member they would like to have electronic rotas and timesheets so they did not have to go into the office as often. Another member of staff said having rotas a little further in advance would be beneficial to them.

There was a clear staff structure so each member of staff knew their roles and responsibilities. The agency's office was staffed by the manager and two care co-ordinators, who were responsible for areas such as recruitment, organising rotas, care planning and the day to day running of the agency. They were supported by two administrators. During our visits we saw the management team handling calls in a professional, friendly manner.

The company had appointed an operations manager, on a part-time basis, to oversee how the service was operating. Their role included undertaking audits to make sure the service operated to expected standards and to provide support for the manager.

We saw the operations manager had completed an audit on 3 June 2016 which highlighted the areas that needed improving. It also provided information about who was responsible for completing the work and by when. The audit identified many of the shortfalls we found during our inspection. Although we found a lot of work had been completed, not all timescales had been met. For example, the audit stated that Medication Administration Records [MAR] were to be brought into the office monthly where they would be audited to ensure they had been completed correctly. However, we found the MAR for June had not been brought into the office to be audited. A further example was that care plans would be reviewed with people using the service and their families by 22 June 2016, yet we found eight files were still to be reviewed and updated. We also found that not all shortfalls identified in recruitment files had been addressed, although most had been.

The manager showed us an audit they had completed shortly before our visit. This gave further dates for the outstanding work to be completed. For example, care plans and recruitment shortfalls were to be addressed by August 2016. However, there was no specific date so it was unclear if this work was the beginning or end of August.

We saw evidence that the current management team had made good progress since they came in to post in May 2016. For example, spot checks had been used to evaluate staff's performance while providing care and support to people. We also saw an analysis of missed and late calls had been completed on a regular basis to help ensure people received timely visits. Where concerns were identified the management team had investigated the reasons why and taken action to address the issue. This was reflected in the positive comments we received from the relatives we spoke with.

We also saw that a communication log detailing calls to and from people using the service, as well as key people involved in their care, had been maintained. This demonstrated how the service was responding to changes in people's condition and how staff had reacted to information received.

The local authority told us they had sent out questionnaires as part of their audit and received responses from two people who used the service, five members of staff and one social care professional. They said answers to the set questions were mainly positive with one person telling the professional that they felt the service was, 'Very good and reliable', and that the quality of care was good.