

Bridge Care & Support Services Ltd

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Inspection report

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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

What life is like for people using this service:

Bridge Care and Support uses an electronic care system to record all details regarding the care and support required for people using the service. Staff are provided with a hand held device that provides access to all relevant information including call times, identified risks and individualised care and support needs. This ensures that people receive the right care and support in a safe way.

People told us they felt they received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of avoidable harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely by trained staff who ensured that people received medicines at the right time.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. Staff had received a wide range training and support to enable them to carry out their role safely. People told us they received the right care and support from staff who were well trained and competent at what they did

Staff showed a genuine motivation to deliver care in a person centred way based on people's preferences and likes. Staff treated people with kindness, compassion and respect and staff ensured that people's dignity was maintained at all times. People spoke positively about the care and support they received.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

Records relating to consent for care were not always accurately completed, however people told us they were always offered choice and control over the care they received. We have made a recommendation regarding this.

Care was delivered in a personalised way which was in line with information recorded in people's care plans. People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted person centred care and a positive culture within the staff team. People, family members and staff all described the registered manager as supportive and approachable. The registered manager showed a continued desire to improve on the service and displayed a good knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed. Effective systems were in place to check on the quality and safety of

the service and improvements were made when required.

Rating at last inspection: This service had previously been registered at a different address and therefore this was the first inspection under their new registered location.

About the service: Bridge Care and Support is a small domiciliary care service that provides support and personal care to older people in their owns. At the time of our inspection the service was supporting five people with personal care.

Why we inspected: This was a planned comprehensive inspection for a newly registered service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Details are in our findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our findings below.

Good ●

Bridge Care and Support Services Limited

Detailed findings

Background to this inspection

The 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 checked whether the provider is 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.

Inspection team:

This inspection was conducted by one adult social care inspector on all days of the inspection.

Service and service type:

Bridge Care and Support is a domiciliary care service providing support and personal care to people in their own homes.

The service had a manager registered with the Care Quality commission. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours notice of the inspection visit because it is a small service and we needed to make sure that someone would be available.

The inspection site visit started on 13 September and ended on 17 September 2018. It included visits to people's homes and telephone calls to relatives. We visited the provider's office on 13 September 2018 to see the registered manager and to review care records and other records relevant to the quality monitoring of the service.

What we did:

Our planning took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people using the service and three family members to ask about their experience of care. We also spoke with the registered manager and three members of staff.

We looked at five people's care records and a selection and other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

Is the service safe?

Our findings

People were safe and protected from avoidable harm

Assessing risk and supporting people to stay safe from harm and abuse.

- People receiving support and family members told us they felt the service was safe. Comments included "Yes I feel safe, the [staff] are very good," "Of course I feel safe, I have no reason not to" and "I feel [name] is safe and I don't worry when [staff] are here looking after them."
- Individual risks to people and the environment had been assessed and were managed appropriately. Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- Medicines were managed safely by suitably trained staff.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- The service maintained a record of any safeguarding incidents that had occurred; information recorded showed that incidents were dealt with appropriately and any identified action was carried out.
- Safe recruitment processes were being used in line with the recruitment policy to ensure that staff employed were safe to work with vulnerable people.

Staffing levels

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. Staff were allocated calls that were within close walking distance to ensure that people were not left waiting. Staff told us they felt they had enough time to complete the calls in their rota.
- The amount of staff who attended people's homes was based on the person's individual needs.
- People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and access to relevant guidance and information. They used personal protective equipment (PPE) and good hand washing techniques to minimise the spread of infection.

Learning lessons when things go wrong

- The service kept a record of any incidents or accidents that occurred within people's homes. None had been recorded in the last ten months due to people's risks and needs being of a low level. However the registered manager was able to explain the processes they would follow should they identify any patterns or trends if incidents occurred; for example referring people to the falls team if they experienced a number of falls within a short time frame.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs. Assessments were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from social care professionals and used to help plan effective care for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs.

Staff skills, knowledge and experience

- People and family members told us they felt staff had the skills and knowledge to provide the right support. Comments included "[Staff] seem to know what they are doing," "[Staff] are very good, they always seem to know what I need" and "Yes, staff seem pretty good at their job, they always do what is needed for [name]."
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and shadowing period and continued to receive training throughout their employment in order to maintain up-to-date skills and knowledge. Training received was appropriate to people's needs and the requirement of the role.
- Staff felt supported in their role by the registered manager.

Eating, drinking, balanced diet

- Care records documented when people required support with preparing food and drinks.
- People and family members told us, and observations confirmed, that staff supported them to prepare food and would ensure that drinks were left within reach between calls. Comments included "[Staff] always help me with my meals they are really good" and "They give [name] a soft diet, they always get it right."
- People were protected from risks associated with poor nutrition and swallowing difficulties.

Healthcare support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.

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 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 so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. In the community any restrictions need to be referred to the Court of Protection for authorisations. At the time of our inspection there was no one who required a referral to the Court of Protection.

- People told us they were always offered choice and control over the care they received. Comments included "[Staff] always ask if they can help with anything" and "[Staff] don't do anything I don't want them to."

- Records to evidence consent for care were not always signed by the right person, however this did not impacted on the care received. We discussed this with the registered manager who assured us they would address this issue.

- We recommended the registered manager review all records relating to MCA and consent to ensure they were completed accurately.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness and compassion and ensuring people are well supported

- People told us, and family members confirmed, that they were treated with kindness and were positive about the caring attitudes of staff. Comments included "The [staff] are really good, they are very pleasant," "All the [staff] look after me, they are really good" and "[Staff] are really good, they are very chatty, we have a good laugh."
- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with.
- Staff understood and supported people's communication needs and choices. Staff maintained eye contact and listened patiently and carefully when speaking with people to ensure their needs were understood and met.
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect whilst providing care and support.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering people's homes, bedrooms and bathrooms. One person told us "I mostly wash and dress myself but when [staff] help me I feel comfortable with them".
- Staff ensured that people's confidentiality was maintained.
- People told us they were given choice and control over their day to day lives and supported to maintain their independence wherever possible. Comments included "I can do some things for myself and [staff] just let me get on with it but if I need help they help me" and "[Name] likes to do most things for themselves but if they need help staff will help [name]."

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

- People and family members were encouraged share their views about the care they received with regular reviews and surveys; reviews were completed over the phone and in person.
- People and family members told us they were confident in expressing their views about the care and support provided by staff. Family members confirmed they had been involved in the decisions made about a relative's care.

Is the service responsive?

Our findings

People received personalised care that responded to their needs

Personalised Care

- People's individual care needs had been identified. Care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate.
- Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences.
- Staff had access to information about people's care needs through an electronic device; this detailed all the tasks required for each visit and ensured that people received care that was person centred and appropriate to their needs.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example where people were identified as having hearing difficulties.
- The service utilised an electronic care system to log all visits to people's homes. This allowed for the registered manager to ensure that all calls were completed at the times agreed within people's care plans so that people received the right care and support at the right times.
- People and their family members told us staff were always on time and stayed the allocated amount of time as stated within their care plans. Comments included "Yes [staff] are usually on time I have no complaints," "[Staff] are always on time" and "Yes on the whole staff are on time, there have been occasions when they have let us down but they always ring and tell us if they are going to be late which is fine."

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care; the service provided a range of ways to do this through care review meetings and regular surveys.
- People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. One person told us "I have not had to make any complaints but I would know what to do if I had to."
- Complaints that were made had been dealt with appropriately by the registered manager and where required were used an opportunity to improve the service.

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture

Continuous learning and improving care

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager continuously worked to make and sustain improvements to the service.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of learning.
- The registered manager had links with external organisations to ensure they remained up to date with new procedures and information in order to ensure the care and support being provided was based on current evidence-based guidance, legislation, standards and best practice.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements and leadership and management

- The registered manager and staff understood their roles and responsibilities. People and family members were confident in the leadership of the service. One relative told us "[Manager] appears to be doing a good job managing the service, there have been some improvements since they started".
- The registered provider's systems for assessing and monitoring the quality and safety of the service were followed and improvements were made. Risks were identified through the quality assurance systems and mitigated in a timely way.

Promotion of person-centred, high-quality care and good outcomes for people

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided. Their comments included "[Manager] is always available if I need to discuss anything and we are always kept informed of any changes or issues" and "I can discuss anything I need to with [manager], they keep me updated if there are any problems."
- The service planned to further develop the electronic care record system to allow for people's identified risks to be graded and allow family members to access people's care records where consent is given; the registered manager told us this would allow for better quality of care and ensure relatives were informed of people's care needs.
- Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service.
- Staff were encouraged to share their views about the service through regular meetings; staff told us they felt well supported, valued and trusted by the registered manager.
- People being supported by the service did not require involvement from many partner agencies, however

the registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people.