# 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: 02 August 2013

Date of Publication: September 2013

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

| | |
|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✗ Action needed |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Requirements relating to workers** | ✗ Action needed |
| **Assessing and monitoring the quality of service provision** | ✓ 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. At the time of our inspection the agency was providing care and support to 99 people. The agency is located in the borough of Bromley, Kent. |
| Type of services | Domiciliary care service<br>Rehabilitation services<br>Supported living service |
| Regulated activities | Personal care<br>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 announced 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 2 August 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider, talked with commissioners of services and talked with other authorities.

### What people told us and what we found

People we spoke with told us they were happy with the care provided and that staff ensured their privacy and dignity was maintained. One person told us "very pleasant and caring girls", and two other people said "we have a good laugh and it brightens up my day", and "staff are really good". People told us that they felt safe, and if they had concerns they would speak with a family member, or a care manager in the office. However some people were of the view that the time keeping of care workers and response to complaints could be improved.

We found that people were involved in making decisions about their care and they were supported by staff to maintain their independence. However, we saw that some care plans and risks assessments were not updated to reflect people's current care needs and to ensure their welfare and safety was maintained. Staff we spoke with showed a good understanding of safeguarding vulnerable adults from abuse, and had been supported with relevant training and guidance. However, we found that the provider had not carried out relevant checks to ensure staff were of good character, and physically and mentally fit before they began work. We found that the provider had appropriate systems in place to assess and monitor the quality of care provided to people.

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 21 September 2013, 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

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

People expressed their views and were involved in making decisions about their care. Most of the people we spoke with told us they were involved in making decisions about the way in which care was delivered to them and / or their relation. Examples given by people included discussion with a care manager prior to the start of a service regarding individual needs and to agree care plans to meet these. Care plans that we looked at included people's likes, dislikes and preferences with regard to when and how care was to be delivered. One person restricted to their bed told us that the delivery of care was "a social interaction", whereby they were able to express their views regarding the care delivered even though they were dependent on staff and their informal carer for support. We saw examples where records had been reviewed and updated to reflect people's wishes, and this confirmed what people had told us about being asked about their preferences. People using the service and their relatives told us they had information folders within their homes relating to the service delivery, and they had been able to speak with a care manager whenever they needed to. This showed that people were given appropriate information and support regarding their care.

People were supported in promoting their independence and community involvement. Staff we spoke with demonstrated an awareness of promoting people's independence by encouraging people to do things for themselves as much as possible, and this was confirmed by some people with spoke with. Examples given by staff included allowing a person to mobilise using their walking frame instead of using a wheelchair, cutting up an individual's food to enable them to eat independently and allowing people to wash areas they could manage during the delivery of their personal care. One relative told us that staff always asked his wife whether she wanted to be supported with walking to the toilet or to use a commode within her room depending on their mobility and general health on the day. This promoted the person to be in control of their care and ensured that care was delivered safely.

People's diversity, values and human rights were respected. People we spoke with told us that staff treated them with dignity and respect and people's comments included; "the girls address me by my preferred name", "by and large respectful" and "very friendly". Some of the care plans reviewed reflected people's diverse needs including racial origin, cultural and linguistic background and any disability they may have. The staff members that we spoke with told us that privacy, dignity and independence were topics covered as part of the induction and training, and the records that we looked at confirmed this. Staff gave examples of ensuring that people were covered during the delivery of their personal care, and that curtains and doors were closed to maintain privacy and this was confirmed by people we spoke with. Staff demonstrated an understanding of their responsibilities in respecting people's uniqueness and some staff confirmed being aware of the provider's policies and procedures related to promoting equal opportunity, diversity in care, and religious and cultural beliefs.

**Care and welfare of people who use services** ✖ Action needed

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

## Our judgement

The provider was not meeting this standard.

People did not experience care and support that met their needs and protected their rights.

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's needs were assessed, however care was not always planned and delivered in line with their individual care plan. People that we spoke with were all complimentary about the quality of care provided. Complimentary remarks included "very caring and feel better when the girls have been", "I am pleased with the care" and "we feel they are one of the family". Most of the six care plans that we looked at showed that a pre-assessment of people's needs had been undertaken, from which care plans had been developed to ensure that the provider was able to deliver the care required. People we spoke with told us that a copy of the care plan was placed in their home for review, and that staff documented the care delivered on a daily basis. Some people acknowledged that they had not reviewed the care plan due to care being delivered as planned, and two people on checking their relations care plan noted that some of the care plan documentation was not fully completed and one person commented "paperwork not always up to scratch". We found that in three care plans that we looked at, the management plans in place to mitigate identified risks were not fully recorded to reflect people's current care needs. For example one person identified at high risk of pressure sores in their care plan dated 03 July 2012, did not have a risk assessment in place addressing how this risk will be minimised and the pressure relieving equipment required to be in place. The care plan reviews of January and April 2013 evidenced changes to the skin integrity on the person's ankle and sacral area; however this had not been updated in the care plan and / or risk assessment to reflect the change in their health.

The registered manager acknowledged that the recording of robust care plans and risk assessments was an identified area for development, and an action plan was in place to address this. This included the provider updating people's care records using new documentation which prompted staff to review people's needs and risks in detail, of which we saw copies. In addition, to ensure consistency in the assessment of people's care needs using the new documentation, the registered manager and a senior care manager were undertaking the assessments. As this action plan had not been fully implemented we were unable to assess the impact of using the new documentation to ensure that people's needs are accurately reflected in their care plans, and that appropriate management plans are in place to address identified risks.

There were arrangements in place to deal with foreseeable emergencies. The provider had a business continuity policy and procedure in place setting out how it would deal with foreseeable emergencies that might otherwise disrupt the provision of care and support to people using the service. This included for example a no reply policy which guided staff on the actions to take when they could not gain access to a person's home. Staff we spoke with were able to give examples of emergencies they had encountered and how they had been resolved with support from management. Examples included contacting the ambulance service due to a person's ill-health and providing first aid. Staff and most people we spoke with knew how to contact management during and outside of office hours, and an on call system was operated to ensure care was coordinated at all times.

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had policies and procedures in place to ensure that staff and people using the service understood the signs of abuse and knew how to report any concerns to the management. These policies related to safeguarding adults and children, whistle blowing, gifts and legacies and complaints. People using the service and relatives that we spoke with told us that they had no safeguarding concerns, and if they had concerns they would speak with a family member, friend or a care manager in the office. People's comments included "I feel safe when the girls are around", "we have come to know and trust our carers" and "easy to discuss complaints and have them resolved".

All twelve staff members that we spoke with demonstrated an awareness of the different types of abuse as informed by "No Secrets 2000" national guidance, including their duty of care to identify and report suspected or actual abuse to their managers. For example one staff member told us they had identified two staff members using inappropriate manual handling techniques in a rough manner to transfer a person using this service. The staff member reported their concerns to management and action was taken to ensure that the abuse was stopped and the person using the service received safe care. Training records that we looked at showed that most staff had up to date safeguarding training, and booklets were provided to staff with information on: "signs of abuse and how to recognise this, factors leading to abuse and what to do if you suspect abuse". The training and information provided to staff equipped them with the knowledge and skills to ensure that people who use the service were protected from abuse. Furthermore, the staff files that we reviewed showed that safeguarding practice was discussed in supervision and this was confirmed by most staff we spoke with.

The provider responded appropriately to any allegation of abuse. A review of the information we hold about this provider showed that one safeguarding concern had been reported to the Care Quality Commission and the local authority since the provider's registration in August 2012. The outcome of the investigation of the allegation of abuse was yet to be determined by the local authority at the time of our inspection; however, we saw evidence of the provider having undertaken an internal investigation and

implementing learning from the findings. For example the provider had addressed with the staff member concerned the importance of record keeping in reflecting people's current needs and the action taken to ensure the safety of people using the service.

**Requirements relating to workers** ✖ Action needed

**People should be cared for by staff who are properly qualified and able to do their job**

## Our judgement

The provider was not meeting this standard.

People were not always cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a moderate 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

Appropriate checks were not always undertaken before staff began work. The provider had appropriate recruitment policies and procedures in place, and this included obtaining health and criminal record checks, two written references, photographic confirmation of staff identity, documentary evidence of relevant qualifications and eligibility to work in the United Kingdom. However, the staff files that we looked at showed that these checks had not been fully completed before staff commenced their employment. For example, we saw that some staff had been allowed to work before a satisfactory occupational health check had been completed. Three out of six staff files that we looked at showed that the provider had not undertaken an occupational health check for its staff members in line with the provider's occupational health policy, and to ensure that staff members were physically and mentally fit for work prior to commencing employment. In addition, we saw that a further nine current staff members had recently completed health questionnaires with regard to their medical fitness, and they were waiting for certification from the external occupational health provider commissioned by Bridges Healthcare. The registered manager told us that the provider had recently commissioned a new external occupational health provider to speed up the process.

The provider's recruitment and selection policy stated "when recruiting new staff, Bridges Health Care will refer to the Protection of Vulnerable Adults register and will perform a full police check on candidates". However, we noted that the recruitment policy did not state that the recruitment of staff was dependant on satisfactory criminal records checks, and how previous convictions would be dealt with as part of the decision making process. Two out of six staff files that we looked at showed that while the individuals were not included on the Independent Safeguarding Authority Children and Adults Barred List, they had received convictions and were currently working for the provider. The manager explained to us why they had decided to employ these individuals; however we saw no written evidence of a risk assessment and / or safeguards put in place in relation to the conviction disclosures. In addition, one of the two staff members had only provided one reference, and the provider had made four attempts to obtain a second reference with no response having been received from the previous employer. The provider had not reassessed the

risk of employing this person in light of this. Therefore the provider had not fully assessed that all staff were appropriate to work with vulnerable adults prior to commencing their employment. We noted that the staff members had received supervision post their employment and we were told that no complaints had been raised against the staff members with regard to their conduct.

The provider did not have effective recruitment processes in place to ensure that all relevant checks and documentary evidence had been obtained before staff were employed. We noted that the provider audited the completeness of staff information regularly, and we saw an audit trail of missing documentation being requested in some staff files, however it was unclear what action would be taken if this information was not provided within the deadline given.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

## Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and they were acted on. All the people we spoke with told us they were satisfied with the care they were receiving. Some people confirmed that a care manager from the head office had visited them to ask about their service and check if they had any concerns. The records that we looked at showed that the provider undertook sampled spot checks each month, and carried out reviews of some care packages in person or by telephone as part of their quality monitoring checks. The spot checks included assessing if the care provided was consistent with the care plan, and whether staff arrived on time and stayed the allocated time for the visit. Furthermore, the provider had introduced a telephone monitoring system whereby staff logged their arrival and departure time at a person's home. This system supported management in monitoring the punctuality of staff and to assess the risks associated with late or missed calls. Staff told us that they were listened to and supported by the provider; however some staff felt that regular group meetings of care workers should be facilitated.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The provider undertook regular quality audits in relation to areas such as care plans, risk assessments, staff training, supervision and appraisal. For example, one relative told us that a care manager had observed that their relation's mobility had deteriorated, and they now needed additional support and supervision with transfers during a spot check. As a result of the increased needs, the person using the service now received an additional visit during the day for support with personal care including the use of a hoist. This ensured that people received care that met their increased needs. Shortfalls with regard to care provision such as record keeping and punctuality of staff were addressed through supervision and staff meetings. In addition, staff training was monitored electronically and alert features were in place to highlight when training was due for expiry and / or had expired for a staff member. This triggered the provider to remind the concerned staff in writing and arrange further training.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw that arrangements were in place for seeking specialist advice, for example district nursing and GP input with regard to wound care management and health issues: and the local authority safeguarding, care management and occupational health teams where reassessment of needs were required including the use of specialist equipment.

The provider took account of complaints and comments to improve the service. We found that the provider maintained a central log of complaints received, and this included the nature of the complaint, details of the person's involved, action taken and the outcome. The records that we looked at showed that the complaints had been investigated and appropriate written responses had been given to people using the service, in line with the provider's complaints policy. For example, one relative had complained of care worker's not staying the allocated times as per care plan, visits not being evenly spaced during the day and laundry not always being done. In order to improve the quality of care for this person, a review of their care package was undertaken and unannounced spot checks were undertaken to ensure that appropriate care was delivered. Staff we spoke with were aware of the complaints procedure, and training records that we looked at showed that staff had received training in complaints managements.

Most of the people we spoke with felt that the provider addressed their complaints in a timely manner; however some people felt that the management was not responsive enough to complaints. This feedback was given to the management of the service for review. However, this could not be individually investigated as people had not given us their consent to share their individual comments and they told us that they would raise it further if there were concerns / risks to the delivery of safe care. Examples of complaints reported to us included some staff eating food in people's homes, staff being "too impatient", and not being advised in time of staff lateness. The registered manager told us that the provider strived to improve service delivery and people using the service and / or their relatives were always welcome to discuss their concerns.

**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<br><br>Treatment of disease, disorder or injury | **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Care and welfare of people who use services** |
| | **How the regulation was not being met:**<br><br>The provider had not always taken proper steps to assess and plan care to ensure that people using the service were protected against the risks of unsafe or inappropriate care - Regulation 9 (1)(b)(ii). |
| Regulated activities | Regulation |
| Personal care<br><br>Treatment of disease, disorder or injury | **Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Requirements relating to workers** |
| | **How the regulation was not being met:**<br><br>The provider had not implemented effective recruitment checks to ensure that all staff were of good character and were mentally and physically fit before commencing employment - Regulation 21(a)(i)(iii)(b). |

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 21 September 2013.

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.

**This section is primarily information for the provider**

## 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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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

| | |
|---|---|
| Phone: | 03000 616161 |
| Email: | enquiries@cqc.org.uk |
| Write to us at: | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |
| Website: | www.cqc.org.uk |