

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

Bridges Healthcare Limited

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

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

Requirements relating to workers ✓ Met this standard

Details about this location

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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Bridges Healthcare Limited had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Requirements relating to workers

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 18 November 2013, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At our inspection on 18 November 2013 we followed up compliance actions that we had required following our inspection on 02 August 2013. On this occasion we did not speak with people using the service as part of our inspection.

We found that people's needs had been assessed and appropriate risk management plans were implemented to guide staff in the delivery of care and protect people against the risks of unsafe care. The provider had effective recruitment processes in place to ensure that all employment checks had been completed before staff began work. This ensured that people using the service were safe and their social care needs were met by staff of good conduct, qualified and fit to do their job.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our inspection on 02 August 2013, we found that people's needs were assessed but management plans in place to mitigate identified risks were not fully recorded to reflect people's current care needs. The provider wrote to us in September 2013 and told us they had addressed most of these issues by reviewing and updating people's care plans. At our inspection on 18 November 2013, we found that improvements had been made to the way in which people's care was assessed, planned and recorded within their care plans.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Following our inspection, we found the provider had updated all the care plans we had looked at previously to evidence risk management plans were in place. This included areas such as skin integrity, swallowing, mobility, and moving and handling. For example, we saw that the guidance for staff to provide care for people with pressure sores was clearly detailed in the care plans and risk assessments. This included: frequency of repositioning, use of pressure relieving and transfer equipment, monitoring of the skin area during the delivery of the personal care and liaison with the management and / or district nurses if staff were concerned. In addition, other needs such as the person's physical health, medication, hydration and nutritional needs were also assessed and appropriate risk management plans implemented to ensure that holistic care was delivered. We saw that people's care plans had been reviewed with them, and changes to people's needs such as skin integrity had been updated in their care plans and risk assessments. This ensured that people's needs were accurately reflected and that appropriate management plans were in place to address identified risks.

We saw that a managed programme of updating care plans was in place to ensure that all care plans were updated using the new documentation. Both the manager and deputy manager acknowledged that the new care plans completed to date were providing detailed information they previously had not been able to record, therefore took more time to complete. This was reflected in the three additional care plans we reviewed which gave both a comprehensive and summarised knowledge of the person's needs and the care to

be provided to meet these needs. In addition, the deputy manager had developed training material to support staff with the recording and completion of care plans and this was planned to be provided as mandatory training for all staff by the provider. However at the time of our inspection this had not yet been delivered, therefore we were unable to assess the impact on staff knowledge and skills.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At our inspection on 02 August 2013, we found 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. For example, some staff had been allowed to work before a satisfactory occupational health check and risk assessment had been completed. The provider wrote to us in September 2013 and told us they had addressed these issues by auditing and updating all staff records. At our inspection on 18 November 2013, we found a system was in place that ensured pre-employment checks were completed and staff records were maintained.

Appropriate checks were undertaken before staff began work. We found the staff files that we reviewed at our previous inspection in August 2013, all contained occupational health certificates to confirm that staff were fit for work. We records to confirm that the provider had audited all staff files and replaced occupational health certificates that had been removed in error from some staff records. In addition, risk assessments had been documented in relation to conviction disclosures noted on two staff member's criminal record checks. The manager explained to us they had contacted the Disclosure Barring Service for advice at the time the staff were employed and found their convictions had been spent. In line with the provider's recruitment policy related to ex-offenders, the staff concerned had been cleared to work with vulnerable adults under supervision, and the manager had no concerns regarding the staff conduct during their employment.

Staff we spoke with were able to describe and provide records to demonstrate that effective recruitment and selection processes were in place. For example, we looked at six additional staff records which all contained proof of identity including a recent photograph, criminal record checks, two satisfactory references, health checks, documentary evidence of qualifications and of eligibility to work in the UK. We found the provider also checked that professionals such as nurses were registered with the Nursing Midwifery Council to ensure they were allowed to work by the professional body. All staff records had completed checklists in them as part of the audit trail to confirm when evidence of the checks had been received, and when staff were cleared to start work. In addition, the system in place also supported the human resources staff to identify and follow-up with care and nursing staff when documentation such as criminal record checks and professional registrations were due for renewal. The manager told us the use of auditing

systems and having dedicated recruitment staff was effective in assessing and monitoring that all staff records were kept up to date, before and after staff commenced their employment.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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