

Bridge Medical Solutions Ltd

Bridge Medical Solutions

Inspection report

5 Ashberry Close
Thurnscoe
Rotherham
South Yorkshire
S63 0LX

Tel: 01709894419

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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

About the service:

Bridge Medical Solutions is a small family run domiciliary care service. Bridge Medical Solutions also provide care staff to other providers via their staffing agency. This inspection looked only at the regulated activity carried out by domiciliary care service which was personal care. At the time of the inspection the service was supporting five people with personal care.

People's experience of using this service:

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People we spoke with told us they felt safe and secure in their accommodation. They said staff were very good. Described as outstanding by one person. Relatives told us they thought staff were professional in their approach but remained friendly and caring.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Support workers we spoke with had a clear understanding of safeguarding people and would act appropriately to safeguard people from abuse.

There was a programme of training, supervision and appraisal for staff to support people using the service with their assessed needs.

The care plans we looked at included risk assessments, which identified any risks, associated with people's care and had been devised to help minimise and monitor the risks without placing undue restrictions on people.

Medications procedures were in place including protocols for the use of 'as and when required' (PRN) medications. Staff had received training in medication management and medication was audited in line with the provider's procedures.

We observed good interactions between support workers and people who used the service. People were encouraged to make decisions about their activities and meals.

Although there had been no complaints received, there was a clear complaints process in place and copies of this were available in people's homes.

The service was very well run. People spoke fondly of the registered manager. There were effective systems in place to monitor and improve the quality of the service provided.

Feedback received from healthcare professionals was extremely positive.

Rating at last inspection:

Good (published 16 September 2016)

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection. The service remains good.

Follow up:

We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well led
Details are in our Well led findings below.

Good ●

Bridge Medical Solutions

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, 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 completed by one adult social care inspector.

Service and service type: The service provides personal care to people living in the community.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications submitted to us by the service. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted two social care commissioners who help arrange and monitor the care of people living in their own homes. We used the feedback from these organisations to plan our inspection.

During this inspection we visited and spoke with two people who used the service in their homes and telephoned and spoke with three of their relatives and friends. We spoke with four members of staff and the registered manager.

We looked at three people's care records, including the medication administration records and three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits and accidents and incidents records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met. Everyone we spoke with told us they felt safe. People's relatives and friends were confident their loved ones were safe, commenting, "The staff are marvellous, I could not continue to care for my [family member] without [name of staff member]." People who we visited told us that staff helped them stay in their home. One person said, "[Staff member] know how I want my care, they are very patient with me. They understand my frustration about being so dependent on them. They [staff] move me safely using the hoist."

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow.

Assessing risk, safety monitoring and management

- The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person we spoke with said, "I can only sit out for a few hours each day which is frustrating but I understand the risk if I am sat in the chair too long. It protects me from being sore."

Staffing and recruitment

- We looked at the recruitment process which was robust. We found there was an application which detailed the full work history of the applicant. There had been a check made with the Disclosure and Barring Service (DBS), which helps employers make safer recruitment decisions
- There had been references requested and received from previous employers. This showed the provider was making sure the people they employed were of good character and suitable to work with vulnerable adults in their own homes.
- Because the service was small, only a few staff worked closely with the five people who used the service. Staff had blocks of hours to support individuals to meet their personal needs and leisure activities.

Using medicines safely

- People we spoke with told us their support workers made sure they got their medication that they needed. Staff told us they had attended training in the safe management of medicines. We were shown two people's medication and staff told us how they recorded on the medication administration record (MAR) to confirm people had taken them as prescribed. We saw staff recorded on the MAR when they had supported people with their medication.

Preventing and controlling infection

- Support workers were aware of the importance of infection prevention and control and had the relevant protective equipment such as gloves which were used when delivering personal care to people. We saw staff

had attended training in this subject.

Learning lessons when things go wrong

- The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The provider was keen to learn from these events. They shared any learnings with staff to improve safety in each person's home. The registered manager analysed accident and incident records to identify any trends and common causes. Risk assessments helped to reduce further risk of harm.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

People we spoke with told us they had been involved in planning their care. One person told us that the registered manager had visited their home to discuss their care needs. A relative said, "Bridge Medical Solutions are excellent providers. They helped me to continue to care for my [family member]. They are marvellous and I regard [staff name] as a family friend they have helped to improve [family member] to access so much more in the community than any other providers."

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

- People were very positive about the care they received from their support worker. Relatives told us they were involved in the planning of their family members care. One relative told us how they had negotiated the hours their family member received so that they had assistance when meals were being prepared. This was a difficult time for the relative as their family member required constant supervision.
- Care records were up to date and reflected people's assessed needs. The registered manager told us they were constantly under review as people's needs changed. The registered manager also delivered care so was proactive when changes in the person's health and wellbeing occurred.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. We found policies and procedures were in place regarding the MCA so staff had access to important information. We found the service was working within the principles of the MCA.

Staff support: induction, training, skills and experience

- Records we looked at confirmed support workers were trained to a good standard. They had completed an induction, which covered all the required training for them to be able to carry out their jobs effectively and safely.
- Staff told us they had worked alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for each member of staff. Staff we spoke with told us they felt supported by the registered manager and could approach them at any time if they had any questions or concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- Support plans told us people's nutrition and hydration needs had been assessed and support was given where needed. One person said, "Staff now how important it is for me to have lots to drink throughout the day. They always leave me with bottles of water."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us the service was small and family run, the focus of which was to offer consistent, high quality care to people. As the service was so small they could offer a very person centred, high quality package of care. Staff worked with individuals for up to six hours each day. This ensured the support was consistent and met the persons assessed needs.
- The registered manager showed us examples of team meeting which were held with the group of staff who supported each individual. This was used to pass on important information so that the support people received, was consistent and effective.
- The staff worked with other care agencies to ensure the person received their care as required. For example, staff assisted district nurses and followed their instructions about pressure area care.

Adapting service, design, decoration to meet people's needs

- People's homes and furnishings were suitable to ensure their safety. Technology and equipment was used effectively to meet people's care and support needs. For example, one person had ceiling tracking fitted to ensure staff could move them around their home safely. Another person had a chair which had been designed specifically to meet their needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP and district nurses. This supported staff to achieve good outcomes for people and to help people maintain their health. For example, staff followed guidance given to them by a district nurse to help prevent a person from developing pressure areas.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

It was obvious from our visits that people were happy and led a fulfilled life. Support workers also shared the fondness. One support worker said, "I have known the people I support for a couple of years, I know everything about the person I know when they are happy and times when they are sad." Another support worker asked people's permission before disclosing some information in relation to their care. This shows people were treated with respect. Relatives feedback was extremely positive comments included. "They are first class." "They go the extra mile to make sure my [family member] is happy." "We have an excellent relationship with the staff they are like family."

Ensuring people are well treated and supported; equality and diversity

- The registered manager told us how important it was to ensure people's rights and wishes were maintained. She said, "The person is at the centre of everything we do." This was reflected in the comments we received from relatives and health professionals. A relative said, "My [family member] is treated with compassion, dignity and respect. They were involved in their care and decisions about their needs."
- We looked at the daily care records which were kept in people's homes. These records were detailed and written in a respectful manner.

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

- People could give their views about the service Questionnaires were used to seek formal views. The registered manager was keen to develop the service using the views of people and their relatives. One relative told us how the service had helped them when no other service could help. They said, "I would recommend the service to anyone especially when their needs are quite complex."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Support workers spoke with people respectfully. A support worker said, "We would not dream of entering (person's name) home without their permission. We ensure people's dignity is upheld by closing curtains when assisting with personal care. We make sure they are covered when moving them to the bathroom for a shower."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

People we spoke with told us the service was very responsive. One person said, "My [staff name] is excellent, they are very reliable which is so important to me. They are far superior to the other care agency that also supports me." A relative we spoke with told us how quickly their [family member] had settled with their support worker. The explained that their family member was visually and hearing impaired and the relative had told staff the importance of not changing their appearance, for example, wearing the same jewellery, same deodorant or perfume and keeping the same hair style. She explained that this helped her family member to know who is supporting them. She said, "The staff have taken everything on board and it is working fantastic."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's communication needs were recorded in their assessment. The support plans included how they expressed their wishes. Support workers had identified some people they supported used Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking.
- People could access activities of their choice. A relative we spoke with told us their family member had a variety of interests that the support worker helped them to attend. This included ice skating, leisure centres, cinema, and visiting shopping centres. A support worker told us that the allocated hours for people meant they were able to support people in community activities at the person's own pace.
- We found the care records included people's preferences, likes and dislikes so staff could build up a plan of activities specifically for them. One relative said, "We sit down each month and plan the next month's activities which is important to my [family member]. Routines and structure, means they know what activity is taking place on the next visit."

Improving care quality in response to complaints or concerns

- There was a comprehensive policy and process in place should any concerns or complaints be received to ensure they were investigated and responded to in an appropriate and timely manner.
- People and relatives did not raise any concerns with us when we spoke with them.

End of life care and support

- People were given the opportunity to express how they would like to be cared for at the end of their life. We saw end of life wishes were completed in the support plan. One person described that they wanted to remain in their home if that was possible. Another person's file stated that they did not want to discuss their end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

We received very positive comments from the healthcare professionals we contacted comments included, "I am hugely impressed by Bridge Medical Solutions. They are very easy to deal with, they have never let me or my clients down and always go the extra mile. The registered providers are very close to the clients and consider the needs and preferences of each individual." "I found them great, professional at all times, worked well with both myself, carers and the client, very person centred and accommodating in terms of flexible care packages they provide to meet individual needs."

People and relatives we spoke with told us that the registered manager was excellent which valued people as individuals. One person said, "They visit us to make sure everything is working fine. If not, they bend over backwards to make things better."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff; continuous learning and improving support to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff team was very small, we found there was a sense of commitment and responsibility which came through from the staff we spoke with. The registered manager was clear the function of the service was to provide high quality, person centred care to enable people to remain in their own homes.
- We saw that clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication, infection control and spot checks which looked at how staff were presenting and performing while with people who used the service. The audit documents in place clearly recorded the actions required to meet any identified shortfalls together with timescales. We saw examples where issues had been identified from audits and actions put into place. Our review of these records evidenced that there was an effective quality monitoring system to analyse, identify and reduce risk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were regularly asked their views about the service. They told us the service was very well led. The care files had examples of quality assurance surveys which had been

completed by people who used the service. The registered manager told us how she had responded to areas identified by a person that needed improvement.

Continuous learning and improving care

- The registered manager continues to develop the service provided and they continue to look at ways to improve the support provided. They told us they did not want the service to expand as they wanted to deliver good person-centred care. They feel they are achieving this and comments from people using the service and their relatives confirm this is the case.

Working in partnership with others

- The registered manager works closely with healthcare professional to ensure they are able to provide the best possible care and support to people. We received very positive comments from some of the people who have engaged with the service. For example, the registered manager organised for a person to have a new wheelchair, which was more suitable this improved their safety when using the equipment.