

Bridgecare Solutions Ltd

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Inspection report

Caxton Point Business Centre
Caxton Way
Stevenage
SG1 2XU

Date of inspection visit:
08 February 2023
10 February 2023
13 February 2023

Date of publication:
09 March 2023

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

Bridgcare Solutions Ltd a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection they were providing support and personal care for 2 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People received a safe service from a small staff team who knew people well. Risk assessments were in place and appropriate care plans had been developed to meet people's needs. Staff were recruited safely and there were enough staff to meet the needs of people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received an induction when they started work. Ongoing training was provided to the staff team to ensure their skills and knowledge remained up to date.

People told us they were treated with respect and staff promoted their independence during care visits. Care plans were personalised to reflect people's personal preferences.

The registered manager had processes in place to monitor and review the quality of the service. Feedback was sought from people using the service and relatives and was used to identify improvements and learn lessons.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 02 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Bridgecare Solutions Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 08 February 2023 and ended on 13 February 2023. We visited the location's office on 08 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 03 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager and 2 staff members. We reviewed a range of records relating to the management of the service. We also looked at the recruitment records for 2 staff and the care plans for 2 people. We spoke with 1 person who used the service and their relative.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. A staff member said, "I would go to the manager of Bridgecare as first port of call. However, if it was something immediate or very serious, I would call the police or the safeguarding team."
- One person told us, "I do feel very safe when they are here."

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate risks. Risk assessments included mobility, skin integrity, falls and the environment.
- The registered manager had a business contingency plan in place to support the service through any untoward events, to ensure the service could continue to run. People had priority categories in place which alerted staff where people's care needs must be prioritised as part of the contingency planning.
- Staff told us the registered manager went with them to all first calls to people. A staff member told us, "I would go through the whole care plan with [registered manager] but they always do the first call with us and they show us everything we need to know."

Staffing and recruitment

- People and relatives said there were enough staff to meet their needs. They said staff arrived on time and calls were not rushed. One person said, "They have never missed a call."
- The registered manager told us recruitment had been a challenge which is why they had remained a small service. Where staff were recruited from overseas the registered manager attended calls with staff to build confidence and ensure staff fully understood their job role.
- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining references, checking work history and obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- At present staff did not administer medicines to the people they supported however the registered manager had systems in place to ensure the proper and safe use of medicines for when it might be required.
- Staff had completed training in the administration of medicines.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.

Learning lessons when things go wrong

- The service had a system in place for managing accidents and incidents, however there had been none reported at the time of this inspection.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed in line with guidance.
- Care plans included information about how people wanted their care to be provided.

Staff support: induction, training, skills and experience

- The registered manager made sure staff received a thorough induction and new staff told us they shadowed the registered manager until they felt confident. A staff member told us, "I did have an induction and I had all the online training; we work with [registered manager] when we first start."
- The service was small, and some staff also worked for other providers. However, staff had not received practical manual handling training working for this service. Following the inspection, the registered manager confirmed this had now been booked and completed by staff.
- A relative told us staff appeared skilled and knowledgeable. They said, "I do think they are very well trained; they really know their job."
- The registered manager supported staff well. Staff had regular supervisions and could contact the registered manager for support as and when they needed to.

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

- Information was included in people's care plans about their nutritional needs, and their preferences.
- One person was being supported with the preparation of food. Their care plan clearly recorded they were able to choose day to day what they wanted to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us if needed they would work closely with external professionals.
- Staff were aware of what to do when there were concerns about people's health. One staff member told us, "It depends on what was wrong if they looked really poorly, I would call 111 or 999 straight away but if it was not too serious, I would contact the registered manager and let them know."

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 MCA 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People using the service had capacity to consent to their care and treatment.
- Staff explained how they supported people to make choices and give consent taking into consideration their abilities. A staff member told us, "I always respect people's choices and we always ask; I assume everybody has the right to make their own choices."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the caring attitude of staff and the registered manager. One person said, "The staff who come are brilliant, very friendly and professional."
- Staff received training in equality and diversity. People's diverse needs were respected, and care plans identified people's religious, cultural and spiritual needs. The registered manager told us, "We operate so that everybody is treated as an equal, we respect people's religion and culture. I encourage people to respect people's beliefs. We do not discriminate."
- Staff spoke positively about the people they supported. One staff member told us, "This is a nice service, when I have worked for previous care companies everything seems very rushed and we do not get enough time with people, but this company we have plenty of time to talk with people. The care is very person centred and we get time to build relationships with people."

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

- People were supported to express their views and made decisions about their care.
- People and relatives were given the opportunity to provide feedback about the service, for example through customer satisfaction questionnaires and review meetings. A relative told us, "They do ask our opinion as I have just filled in a questionnaire."

Respecting and promoting people's privacy, dignity and independence

- Staff recognised the importance of respecting people's privacy and dignity. A staff member told us, "I ask for consent before starting and explain everything I am doing step by step. I would make sure the body is covered during personal care."
- A relative told us, "They are very respectful in my home."
- People's independence was promoted, and staff encouraged people to be as independent as they were able to. A staff member said, "I make sure people have control and they choose to do whatever they want. I would encourage people."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which included information on their life history and what was important to them. Information was also documented on what people wanted staff members to do at each care call. For example, one care plan recorded, "I like to be as independent as possible and will guide you as to how much assistance and support I require from you with personal care."
- Staff knew people really well as the service and staff group was small. A staff member said, "We are a very small team which is good. We always have enough time with people, and we have time to sit with them and engage and chat."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans identified people's communication needs
- The registered manager understood the importance of making information accessible to people if needed and said, "Accessible information standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. At the initial assessment we ask our clients if they have any Information or communication needs and find out how to meet these needs."

Improving care quality in response to complaints or concerns

- A complaints policy was in place which was provided to people and their relatives as part of the service user guide.
- No complaints had been received by the service. One relative told us, "We would be happy to recommend this company as we have had no complaints."

End of life care and support

- The registered manager informed us no one was receiving end of life support at the time of our inspection. They told us staff would work closely with other professionals to ensure people had a dignified and pain free death.
- Staff had received training in relation to end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- As the service was small the registered manager was still actively providing care for people so knew people and relatives very well. One relative said, "We see [registered manager] every day she is lovely."
- Staff enjoyed working at the service and thought it was well led by the registered manager. One staff member said, "I see [registered manager] really often as it is a small and very personal service. I know everyone really well and we speak about people in depth. The registered manager will call after a visit to find out how people are and if they are okay."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service.
- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- People and staff were confident they could share any concerns with the registered manager, and they would be included in feedback to help improve the service.

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

- The registered manager was clear about their responsibilities and the standards expected, which they discussed during staff supervision, observation and regular communication.
- Regular spot checks of staff practice were carried out to ensure staff were working to the standards expected.
- People's quality of care, experiences, and records were audited regularly. A monthly overview of all areas audited was kept ensuring nothing was missed. This helped ensure people received consistent high-quality care.

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

- The registered manager communicated important information to staff using different systems, such as face to face discussions and telephone calls.
- People told us they had been consulted with and their views sought. Records we reviewed evidenced

regular consultations with people who used the service and their relatives.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other healthcare and external professionals. This included district nurses and GPs. Where support and guidance were given, this was followed.