

Bridgewater Care Ltd

# Bridgewater Care

## Inspection report

Unit C1, Arena Enterprise Centre  
9 Nimrod Way, East Dorset Trade Park  
Wimborne  
Dorset  
BH21 7WH

Tel: 01202028029

Website: [www.bridgewatercare.org.uk](http://www.bridgewatercare.org.uk)

Date of inspection visit:

18 May 2018

21 May 2018

23 May 2018

Date of publication:

04 July 2018

## 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

This inspection took place on 18 and 21 and 23 May 2018 and was announced. The inspection was undertaken by one inspector.

Bridgewater Care provides personal care services to people living in their own houses and flats. It provides a service to adults, people living with dementia, mental health needs and adults with a physical disability and sensory impairment. Not everyone using Bridgewater Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection the service provided personal care to 23 people, the majority of whom required help to maintain their independence at home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of this service since it was registered.

People received care from staff that were kind and who had a caring approach. People we spoke with told us they were positive about the support they received from the service and told us they felt safe.

Staff received training in how to recognise and report abuse. All staff were clear about how to report any concerns.

The service was flexible and responded to people's changing needs. People told us they were able to request their visits at agreed times. People and their relatives spoke very highly of staff and the registered manager's approach to responding to changing needs and requests.

The registered provider had a system in place to ensure people received their medicines as prescribed. Staff received training to administer medicines safely.

People received person centred care from staff who had the right knowledge and skills to meet their needs. Staff were supported to carry out their roles.

People's needs were assessed and their care was planned to maintain their safety, health and wellbeing. Staff supported people to maintain their independence where possible.

There were systems in place to monitor incidents and accidents.

Staff treated people with dignity and respect and asked for people's consent before providing care.

Staff told us there was good communication with the management of the service and they felt supported.

The provider had a process in place to enable them to respond to changes in people's needs and any concerns. Staff told us they would respond to any concerns and seek advice from healthcare professionals where necessary.

Staff were knowledgeable about people's needs. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff treated people with dignity and respect.

The provider had processes in place to monitor the delivery of the service. People's views were obtained through surveys, one-to-one meetings and meetings with people's families. People and their relatives told us the service was well managed and told us the registered manager would respond to any concerns.

The management team were proactive in identifying continuous learning to drive improvements within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service is safe.

Medicines were stored and administered safely.

Staff had received safeguarding training and were aware of actions they needed to take to keep people safe.

Risk assessments had been completed for people and their environments. Staff demonstrated a good knowledge of the risks people lived with and any actions needed to minimise the persons identified risk.

Staffing levels met the needs of the people using the service and staff had been recruited safely.

People were protected from the spread of infection by staff who understood the principles of infection control.

Lessons were learnt and improvements were made when things went wrong.

### Is the service effective?

Good ●

The service was effective.

People received an assessment before they began to use the service in order for the provider to ensure they could meet their needs.

Staff were supported to give effective care through regular training and supervisions.

The provider worked jointly with healthcare professionals to ensure people's needs were met. Staff confirmed there were good communication systems within the service.

The provider obtained consent from people before delivering care.

People were supported to receive enough to eat and drink.

### **Is the service caring?**

**Good** ●

The service was caring.

People were involved in their care planning.

Staff were kind and respectful and developed positive relationships with people they cared for.

People were provided with privacy and dignified care.

Staff supported people to maintain their independence and provided care in line with people's wishes.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People confirmed the service responded to their preferences for care. Care plans were personalised and contained people's preferences.

People were confident that any concerns would be responded to.

Staff responded to people's changing needs and care was reviewed to ensure it continued to meet people's needs.

### **Is the service well-led?**

**Good** ●

The service was well led.

People and staff spoke positively about the registered manager and care team.

The provider had systems in place to seek feedback from people to improve the service.

The provider had quality assurance systems in place to monitor the quality of the service provided.

The registered manager worked in partnership with other agencies to meet people's needs.

# Bridgewater Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18, 21 and 23 May and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited four people in their homes and we spoke with three people over the telephone about their experience of the service. We also spoke with three relatives. We spoke with five members of staff, the training manager, the registered manager and the nominated individual. We also spoke to one social care professional.

We looked at care documentation relating to four people, medicines administration records, four staff personnel files, staff training records and records relating to the management of the service including quality audits.

## Is the service safe?

### Our findings

People and their relatives told us they did not have any concerns about the care and support their relative received. People told us they felt safe with the staff that supported them. One person told us, "I like the way they come into my home. They always call out to say hello. It is good". One person's relative told us the visits by staff gave them peace of mind as they did not live close by. They told us staff sought medical help for their relative in an emergency and stayed with them until the paramedics arrived. They said, "They are always concerned for their client".

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. Staff told us they did not have any concerns about people's current practice and were clear about their responsibilities to keep people safe. Staff were confident the registered manager would take action in response to any concerns and they understood how to whistle-blow. Staff told us they did not have any concerns about people's current practice and were clear about their responsibilities to keep people safe. One member of staff told us they monitored any bruising on someone's body who had frequent falls. They told us, "We complete body maps and make the office aware". Another person told us if there were any concerns the care co-ordinators or the registered manager would respond.

Staff supported people to manage and reduce any risks to their safety, including risks in the person's home. This included managing risks such as people at risk of falls and risks associated with catheter care. One member of staff told us, "I make sure there is nothing in [person's name] way". One person told us, "[Name of care worker] is very kind and helpful. They are there when I have a shower, just in case I fall". Risk assessments were continuously reviewed and proactively managed to maximise people's independence. For example, staff followed advice from the district nurse service to manage the risks associated with someone's catheter care. This included daily monitoring for any signs of infection and sharing concerns with the district nurse service. Risk assessments were completed with input from people, health care professionals and promoted people's independence. One social care professional told us the registered manager had been very thorough in identifying and managing risks for one person.

Accidents and incidents reported were reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. Staff were aware of the reporting process for any accidents or incidents that occurred. The staff discussed any incidents to identify any learning or changes required to the plan of care or additional support required for staff. For example, the registered manager told us changes were being made to the recording of daily care to improve the monitoring of people's health.

There were enough staff to meet people's needs. Everyone told us they had regular staff and that this was important to them. One person told us, "I have regular carers". Another person told us, "They really are like family". The registered manager told us care visits and cover for staff leave were planned so that people had regular care staff.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These

checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

People received their medicines as prescribed and records were maintained of medicines administered. Care plans contained detail about how the person was to be supported to take their medicines safely. People were supported by staff who were trained and their competency assessed to administer medicines safely. Audits in place confirmed the registered manager had identified some medicine administration record keeping omissions, investigated them and taken appropriate action in response, such as guiding staff on how to improve recording. The registered manager shared with us new procedures and forms for medicine administration to further reduce omissions in records.

Staff followed procedures to prevent and control the spread of infection. Staff received food hygiene and infection control training. Staff told us they always had access to personal protective equipment [PPE], such as disposable gloves and aprons and wore PPE when providing care. People told us staff wore gloves and aprons when providing care.



## Is the service effective?

### Our findings

People received care from staff who had the knowledge and skills to meet their needs. This included in regards to safeguarding adults, food hygiene, equality and diversity, supporting people to move safely, and administering medicines. Staff were provided with advice on how to meet people's individual needs. People told us staff met their needs. People and their relatives spoke positively about staff and told us staff had the right skills to carry out their role. One person told us, "They are pretty efficient care staff". Staff told us they felt supported to do their job well. One member of staff told us, "They [management team] still guide me., you learn every day and they [management team] are so supportive". Another member of staff told us, "I am well informed and supported". Another member of staff told us, "When I started [name of care co-ordinator] went through all the care plans with me".

Staff told us they felt supported by the management team to carry out their role and could contact the office if they needed further advice. Staff were supported through regular supervision and annual appraisals. The registered manager also told us that lead areas for staff, including nutrition and hydration had recently been identified through the appraisal process. One member of staff told us, "[Name of care co-ordinators] went through catheter care with me. There is a separate monitoring sheet and we report any concerns". Some staff had also attended specific training on stoma care and pump feeding. One member of staff told us they had attended specific training on stoma care and said, "Those staff that need it receive specific training on conditions". The registered manager told us there were plans in place to provide additional training to staff including dementia care, first aid and supporting people with end of life. They also told us changes were being implemented to improve how staff competency and understanding was assessed after training was provided.

The provider and registered manager had systems in place to support new staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were also supported to learn how to support people's individual needs through shadowing experienced staff, discussions at team meetings and observations of their competency. Staff told us they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs, and preferences. One person us, "[Name of care co-ordinator] provided care to me first of all and then explained to the other carers, this is what we do".

People's care was assessed to identify the care and support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. This assessment covered people's daily routine, dietary requirements and equipment used to enable the service to meet their diverse needs. These assessments formed the basis of people's care plans and contained clear instructions for the staff to follow so that they understood people's needs and the outcomes they wanted to achieve. For example, one person's care plan detailed the equipment that the person used to maintain their independence when walking and how staff should support them with their personal care. The plan detailed advice for staff to follow when the person felt unwell. One person told us, "The do things [care and support]

just how I want them". The registered manager told us some care plans now required updating but care provided had been changed to meet people's needs. All staff told us they were informed about changes to people's needs and any changes to how care was provided. One member of staff told us, "Any changes are updated on care plans and we get updated".

Staff supported people to eat and drink well to meet their needs. For example, one person required support to drink enough to prevent dehydration. One person told us, "They help me prepare my meal". People with specific health needs in respect of their eating and drinking were protected from risks. For example, one person required staff to thicken their fluids following advice from a speech and language therapist. Staff and people told us staff made sure people had access to drinks and snacks in-between their visits. One member of staff told us how they encouraged one person to have freshly cooked food in addition to their choice of pre-prepared food.

People told us staff sought their consent before providing care and respected their independence. One person told us, "They respect my needs and wants. It is good". Staff we spoke with were aware of how to respect people's choices and the need to ask for consent prior to carrying out any care tasks. Everyone that used the service had capacity to give consent to the care provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. The management team had a good understanding of the MCA. Staff showed a good understanding of protecting people's rights to refuse care and support. The service was not currently supporting anyone who did not have capacity to give consent to the care they received.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. This included working with district nurses and people's GPs. People who used the service had the necessary equipment, such as walking aids they needed to help them maintain their independence by doing as much as they could for themselves. One member of staff told us, "We follow the GP's advice and I phone my senior carer for advice". Another member of staff told us they followed advice from the district nurse. Staff worked well with other staff in communicating people's needs and outside agencies to deliver effective care and support to people.

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and had a caring approach. Comments from people included, "I have regular carers and they are very friendly", "They [staff] are very kind and helpful" and "They [staff] never let me down". Comments from relatives included, "It has been a big difference to their morale. It is the highlight of their day". Another person's relative told us, "A couple of times they (staff) have had to call the paramedics. They [staff] will always wait with [person's relative] until they arrive".

Staff we spoke with demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. For example, one member of staff told us how they had got to know the small things the person liked them to help with that made them happy. This included turning the person's electric blanket on before they went to bed. Another member of staff told us, "All the carers really do care". Comments from staff included, "I love it", and "We have very good carers".

People and their relatives told us they were involved in decisions about how their care was delivered and reviewed. Comments included, "I tell them how things should be done" and "[The registered manager] came out and went through everything with me". Staff knew about people's preferences, interests and daily routines. One person's told us, "The relationship between [the registered manager] and my family is excellent. They are aware of everything. My daughter can't fault them". Staff told us they got to know about people's preferences through talking to people and their families and information from the registered manager. Information about people's preferences were also recorded in people's care plans.

Staff understood how important it was to ensure they respected people's privacy, dignity and encouraged people's independence. Care was planned and delivered to support people to maintain their dignity and support their independence. Care plans and support to staff guided staff to treat people with respect by including the person's view in their care plan. For example, one person's care plan said, "I am very capable of expressing my own wishes and giving opinions. My desire is to be treated with dignity and respect". One person told us, "They respect my needs and wants. It is good". One person's relative told us, "They treat [the person's relative] with dignity".

The service was meeting the requirements of The Accessible Information Standard. The 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. Staff communicated with people in accessible ways that took into account any impairment which affected their communication such as hearing loss and delayed speech.

## Is the service responsive?

### Our findings

People received person centred care that responded to their needs. People and their relatives spoke highly of the approach by staff to meet their individual needs. One person's relative told us the staff team supported their relative to arranging essential repairs to their home when they had a leak as well as providing good care. Another person told us the staff had got to know them and what help they needed. They told us, "They know me so well". Everyone we spoke with told us the registered manager was always contactable to respond to any concerns or additional help they might need.

Staff provided person centred care to people that was reviewed regularly. People and their families had been involved in developing people's care plans to ensure they were person centred. The care planning process identified people's needs in relation to the protected characteristics under the Equality Act such as disability. Care plans were person centred and detailed how staff should support people's individual needs and included the person's wishes. Assessments included information about people's personal history and how they wanted to be supported. For example, one person's care plan detailed the person wanted to remain as independent as possible with some aspects of their care. Staff were aware of this and respected the person's wishes. Staff told us they had provided additional support to the person for a short period of time when they had been unwell but the person was now able to manage again some aspects of their care.

Care and support provided was responsive to people's changing needs. Staff took action in response to people's changing needs. For example, staff sought urgent healthcare for people when they became unwell. For another person who had returned from hospital, the staff team staff monitored their needs with them, their family and the district nurse team to provide additional support and to ensure they were meeting the person's changing needs. One person's relative told us, "[The registered manager] constantly keeps in contact and responds really well, including weekends". Staff told us small changes to a person's care were recorded in care notes and more significant changes were discussed with staff and care plans updated. People and staff told us they felt confident that requests for changes to care or information would be responded to.

People and their relatives felt confident that any concerns would be responded to. One person told us they had contacted the registered manager to raise an informal concern and they had responded to it and they were happy with the outcome. A person's relative told us they had not had to raise any concerns or complaints but felt the registered manager would respond. They told us, "[The registered manager] is always available. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The service had not received any complaints in the 12 months prior to this inspection.

Compliments were also recorded and we saw a number of these had been received from people's relatives. Examples included, "Your carers are wonderful" and "Big thanks to you and your team for battling through the snow last week to get to [relatives name]".

The service supported people at the end of their life. However no one was currently receiving end of life care

from Bridgewater Care. The registered manager told us the staff team had previously supported someone at the end of their life. Some staff told us they received training to meet people's end of life emotional and wellbeing needs. The registered manager told us they were developing their approach around supporting people to communicate their end of life wishes and were arranging additional training for staff.

## Is the service well-led?

### Our findings

People, relatives and staff all spoke positively about the registered manager and provider and told us the service was managed well. One person told us, "[The registered manager] is doing a good job". Comments from people's relatives included, "[The registered manager] is wonderful" and "They are a terrific company". Staff spoke highly of the support they received from the registered manager, and management team. Comments about the management team by staff included, "The service is well managed. [The registered manager] is passionate about care" and "[The registered manager and care co-ordinators] are all very approachable and would respond to any concerns". Another member of staff told they the agency had a good reputation. They told us, "We get referrals from happy customers".

There were systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and spot checks, reviewing daily records and medicine administration records, support to staff and meetings with people who used the service. People told us the registered manager and care co-ordinators carried out spots checks on care provided by staff and checked with them that they were happy with the care provided. Comments included, "They [management team] check if everything is okay and "[Name of care co-ordinator] checks if everything is okay". Unannounced spot checks were also carried out by a member of the management team to check staff were providing care as planned. At these visits, people who used the service were also asked for their feedback. Feedback recorded from people was very positive. One member of staff told us they were given further support following a spot check as a new member of staff.

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities. The provider and registered manager had identified improvements to how training was overseen and there were plans in place for additional training to be provided to staff, including for some staff to take lead roles within the service. Staff spoke positively on refresher training they had received at a recent team meeting. There was a plan in place for the staff team to look at areas of training within team meetings to allow staff to discuss and share knowledge. The office team had contact with staff on a regular basis to respond to any requests for support.

The registered manager, met with the provider to review the service and feedback obtained from people. The registered manager also had daily meetings with care coordinators to respond to any issues arising within the service and requests from people. Feedback from staff, people and relatives had been sought via surveys, meetings and telephone calls. This helped the provider to gain feedback from people and relatives on what was working well and areas for improvement. Feedback from reviews and surveys was positive. The registered manager told us the recent annual survey responses were currently being reviewed. Staff surveys asked staff to identify improvements to the service and their own practice. One member of staff had identified a need for additional training on food hygiene. This had now taken place and information resources had also been given to staff to support their role.

The registered manager had clear values to support people to maintain their independence at home which were promoted by the management team to all staff. Staff were matched to provide care to people with the

aim of supporting staff to develop positive relationships with people. People told us they were introduced to care staff before they started providing care by the registered manager or care co-ordinators.

The registered manager submitted statutory notifications as required to notify us about certain changes, events and incidents that affect their service or the people who use it. The registered manager told us they were well supported in their role and they kept up to date by attending training. The registered manager worked in partnership with other registered care providers and health and social care services to meet people's needs.