

Broomhill Care Limited

# Broomhill Care Limited & Broomhill24 Limited

## Inspection report

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Date of inspection visit:  
08 November 2018

Date of publication:  
07 January 2019

## 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 was carried out on 08 November 2018.

The provider registered this service with us to provide personal care and support for people within their own homes. At the time of our inspection 44 people in Worcestershire [of which 19 people had living-in care staff employed by the agency] received care and support from this service.

Not everyone using Broomhill Care Limited & Broomhill 24 Limited receives 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 our last inspection in November 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager in post at the time of our inspection. 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.

People continued to receive care, which protected them from avoidable harm and abuse. Care staff responded to and met people's needs safely. Risks to people's safety were identified and measures were in place to help reduce these risks. Care staff continued to be recruited safely by the provider, and checks were completed on new staff to make sure they were suitable to support people in their own homes. There were sufficient numbers of staff to support people effectively. Medication administration continued to be safe.

People continued to receive care that was effective in meeting their needs, by care staff who had the knowledge and skills to support them. People's rights with regards to consent and making their own decisions continued to be respected by care staff.

People were supported by care staff who knew them well and had caring relationships with them. People felt involved in their own care and care staff and the registered manager listened to and reacted to what they wanted. Care staff respected people's privacy and dignity when they supported them and promoted their independence.

Care staff continued to assist people with care and support that was individual to them. People were encouraged to raise concerns and make complaints and were confident these would be dealt with. The

provider was an inclusive service and promoted equality, diversity and human rights with people and care staff. People's individual faiths were respected.

The provider and manager sought people's views and responded to the feedback about the service they received. Care staff spoke positively about feeling valued by management, who were always available to provide support and guidance. Systems were in place that continued to be effective in assessing and monitoring the quality of the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

This service remains Good.

### Is the service caring?

Good ●

This service remains Good.

### Is the service responsive?

Good ●

This service remains Good.

### Is the service well-led?

Good ●

This service remains Good.

# Broomhill Care Limited & Broomhill24 Limited

## **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 was planned to check 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 08 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and a live-in care service for adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of one inspector who visited the provider's office and the following day the inspector made the telephone calls to people who used the service. Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked commissioning teams from local authorities and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing personal care for 44 people who lived in the Worcestershire area. We undertook telephone interviews with people and relatives to gauge their impression on the quality of care provided. In total, we spoke to three people who used the services and five relatives.

At the office, we reviewed five records about people's care and other records on how the domiciliary care agency was managed. This included staff meeting records, complaints and compliments records, four personnel and recruitment records, and quality assurance checks.

# Is the service safe?

## Our findings

When we inspected the service in November 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

The provider continued to protect people from avoidable harm, abuse and discrimination. Care staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the management team. One care staff member told us, "If ever I thought anyone had been abused or mistreated I'd immediately notify the registered manager. I've done it in the past I wouldn't hesitate." Care staff were also aware of whistle-blowing procedures and felt confident raising any concerns. The registered manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe. We saw from past records the provider had followed the correct procedures in investigation on a raised concern in line with their policies and procedures.

Care staff could explain how they managed and followed risk assessments to keep people safe. Where necessary the advice of other health professionals has been sought to up-date the risk assessments. For example, one relative described how a physiotherapist had been asked by the provider to advise on new hoisting equipment.

Care staff could explain how they managed risks and were confident if they identified that risks were changing, they would get support from their line manager and any other professionals involved, to update the risk assessments. We saw risk assessments had been reviewed yearly or sooner if people's needs changed.

People said they were supported by a consistent experienced care staff team, so could build trusting relationships with care staff. One person told us, "The staff are absolutely great, I feel totally safe with them." A relative said, "I have no qualms about the care staff and the way they care for [person's name] they are all excellent." One care staff explained that if ever they got held up on a visit they would telephone the office and another member of care staff would be sent to the next person's home. The provider had recently set up a "Stand-by staff system.", where a member of staff would be paid for making themselves available to cover visits in an emergency or cover staff sickness, so people were provided with continuity of care.

We looked at the way the provider managed accidents and incidents. We found the events and any actions taken to prevent a further occurrence had been recorded which showed lessons were learnt.

All the staff we spoke with told us that before they worked for the service they had to complete an application form together with obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. We heard that the registered manager would only accept new packages of care if they were confident they had the correct amount of care staff to deliver the support required by the person.

Care staff said they had received guidance and training on infection control and prevention and were

satisfied with the range of personal protective equipment (PPE) available for their use.

The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed. One person told us, "Staff put my medicine out for me when they come, they are never late." Care staff members received medication training and underwent periodic 'spot checks' to assess their continued competency. Senior care staff checked that medicines had been given as prescribed and all medicine records were signed for.

## Is the service effective?

### Our findings

When we inspected the service in November 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People who used the service told us and they were consulted about their care plan about all aspects of their needs and support, so care was delivered in the way they preferred. All the people and relatives we spoke with told us care staff knew their family member well and knew how to support them in the right way. One person told us, "The care staff that come here are amazing." We saw assessments of people's care was ongoing and where people's health needs had changed the provider had involved family members and health and social care professionals to ensure the person was receiving the right support and that the service could continue to meet their needs.

People we spoke with told us they thought care staff had the right skills to perform their role. One person said, "The care staff are very well trained they know how to help me." Care staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for. Care staff told us they had completed specific extra training when required for supporting people with needs such as diabetes, stoma care, catheter care, Parkinson's and epilepsy. One care staff member said, "We have lots of training we've just had our basic life support training, it was very good with an external trainer."

All new care staff received an induction prior to working independently in providing people with care and support in their homes. This included working alongside more experienced staff along with the completion of the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Care staff we spoke with told us these approaches had prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence.

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.

People's rights with regards to consent and making their own decisions continued to be respected by staff. People we spoke with confirmed that staff asked their permission prior to supporting them. Care staff told us they ensured people were happy before proceeding with any support and provided reassurance while undertaking the task. Care staff and the registered manager understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions. Care staff confirmed they had training in Mental Capacity Act (MCA) and could describe the principles of the Court of Protection should people need it.

As part of their role care staff checked to ensure people had enough to eat and drink. People told us, care staff asked them what they would like to eat and drink. One person said, "They always ask me what I'd like for my dinner and make sure they leave me with a drink before they leave me."

People's care records gave staff detailed information about the support needed to help people to eat and drink their meals where this was required. For example, we saw in one person's care plan the person liked hot chocolate but required it to be served at a tepid temperature. Care staff had also recorded what people had eaten and drunk at each visit so they could respond quickly if any significant changes were noted. Care staff we spoke with told us if they were concerned a person was not eating or drinking enough they would report their concerns to senior care staff, or the registered manager.

Care staff monitored people's health and wellbeing and liaised with professionals involved in their care when this was required. One relative described how the registered manager had helped their family member be referred to an occupational therapist to help assist them with mobility equipment.

## Is the service caring?

### Our findings

When we inspected the service in November 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection

Everyone we spoke with told us care staff were very kind and caring in the way they supported them. Relatives told us they were confident their relative received care and support which did not discriminate against them in any way. For example, one relative said, "The care team at Broomhill are amazing all the care staff so nice and helpful." Another relative said, "[Care staff name] is so good I don't know what we would do without her. [Person's name] face lights up when they see her, it means I can go out for a couple of hours and be confident they are being well looked after."

Rotas were organised so people received care, as much as possible, from a team of regular care staff. Care staff told us they were given regular work and changes to their work were only made to cover for staff absences. People benefitted from a regular staff team and told us they were happy with all the care staff who visited them.

All the staff we spoke with were motivated and passionate about making a difference to people's lives. One care staff member told us, "We work well as a team, we don't have a high turnover so we get to know people really well."

People and their relatives felt they were treated respectfully as care staff asked them how they wanted their care and support to be provided. They said care staff were friendly, patient and discreet when providing care for people. For example, one care staff described how they always asked any visiting relatives to leave the room, closed the door and blinds before assisting people with their personal care.

Care plans contained enough detailed information so care staff could understand people's needs, likes and dislikes. People told us they knew about their care plans and the registered manager regularly asked them for their views on the service provided. Care plans detailed how people wished to be addressed and people told us care staff spoke to them by their preferred name. For example, some people were happy for care staff to call them by their first name and other people preferred to be addressed by their title and surname.

People told us care staff always checked if they needed any other help before they finished the call. For people who had limited ability to mobilise around their care staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

## Is the service responsive?

### Our findings

When we inspected the service in November 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

Before any care package was started the registered manager ensured senior care staff had completed assessments for people before they started to use the service so they knew care staff could meet their needs. One person told us, "Yes they went through how I would like my care and support. At least once a month a senior care staff calls to check if I am happy with the care I receive and if I have any problems with any of the care staff." A relative confirmed they had been consulted about the support their family member required.

From looking at people's care plans we could see the provider took into consideration peoples' sexuality, culture and religious in planning people's care. This meant care staff could respect people's faiths and beliefs accordingly. There were arrangements were in place to investigate and respond to people's concerns and complaints. People who used the service and relatives we spoke with knew they could telephone the office staff and speak with the registered manager or senior care staff if they wanted to make a complaint or raise a concern. One relative said, "When we first started to use the service, there were a few little niggles but they sorted it straight away. We are very happy now though."

Care staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the manager or senior members of care staff to make a complaint. We saw a complaint which had been received had been managed well by the provider and registered manager with appropriate actions taken to try to resolve the issues raised.

Arrangements and consideration had been made for people to express their end of life wishes and where appropriate copies of people's Do Not Attempt Cardiopulmonary Resuscitation [DN CPR] records were available for care staff to view to ensure people's wishes were respected.

## Is the service well-led?

### Our findings

When we inspected the service in November 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

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

All the people and relatives we spoke with felt the service was well-managed. Care staff told us they felt supported by the registered manager. One care staff member said about the registered manager. "They are so supportive to me both professionally and personally. It makes a difference I know the grass isn't any greener, if I went to work for another agency, that's why I don't want to ever leave."

People had been asked their views through a customer satisfaction questionnaire, the results had been analysed and any improvements identified. We saw overwhelmingly the responses received were positive. These comments included, "Perfect", "Very good care team, nothing is too much trouble for them.", "I could not cope without them." "I hope the agency understand how much I value them and appreciate their service."

The registered manager encouraged all their care staff to work as team to ensure people received good consistent care. The registered manager had regularly checked and reviewed the service provided. They had reviewed the care plans that care staff had completed, when providing personal care. The registered manager told us they were in the process of redesigning the care plans to make them even more person centred. They checked to ensure the care provided matched the care plans. For example, they had checked the length of call time and what care had taken place on the call to ensure all expected care was provided. We heard examples from people where the registered manager had conducted home visits to make sure people were happy with the support they received. We heard regular monthly telephone surveys were conducted to ensure people were satisfied with the assistance and support they received

The registered manager understood their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager spoke passionately about ensuring people were looked after to the best of their ability, and their wish to continually improve the service provided for people.