

Briars Homecare Services Limited

# Briars Homecare Services Limited

## Inspection report

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Lancashire  
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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: The Briars Homecare Service offers domiciliary care and support to a range of people in their own homes. The service operates from an office base in a residential area of Thornton-Cleveleys that is central to the area that users of the service live. At the time of our inspection visit the service supported 90 people.

People's experience of using this service:

People supported by the service received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people required and provided this with care and patience.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. We saw the registered manager had cooperated and worked in partnership with the local authority when safeguarding concerns had been brought to their attention. People supported by the service told us they felt safe in the care of staff who supported them.

People spoken with referred to the registered manager and her staff as kind and caring people. They told us they liked the staff who supported them who provided a reliable service which didn't let them down.

People were supported to have access to healthcare professionals and their healthcare needs had been met. The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

The service had a complaints procedure which was made available to people and their family when they commenced using the service. The people we spoke with told us they were happy with their service and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek their views about the service provided.

Rating at last inspection: Good. (Report published 22 February 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 was safe

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

# Briars Homecare Services Limited

## **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:

The inspection team consisted of one adult social care inspector.

Service and service type:

Briars Homecare Services Limited is domiciliary care agency. It provides personal care and support to individuals within their own homes throughout the local 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:

This comprehensive inspection visit took place on 05 March 2019 and was announced. The provider was given 24 hours' notice because the location provides a care service to people who lived in the community. We needed to be sure that we could access the office premises.

Inspection site visit activity started on 05 March 2019 and ended on 05 March 2019. We visited the office location on 05 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also contacted the commissioning department at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. 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.

During the inspection visit we spoke with a range of people about the service. They included seven people supported by the service and three relatives. We also went to the Briars Homecare Services Limited office and spoke with a range of people about the service. They included the registered manager, assistant manager, care manager and three staff members.

We looked at the care records of two people, recruitment records of two staff members, the training matrix, arrangements for staff supervision and appraisal and records relating to the management of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience.
- We saw the registered manager had cooperated and worked in partnership with the local authority when safeguarding concerns had been brought to their attention. This showed they took the safety and protection of people in their care seriously.
- People we spoke with told us they felt safe. One person said, "I have no safety concerns when in their care. The girls are well trained and know what they are doing. They have my complete confidence."

Assessing risk, safety monitoring and management

- Care plans we looked at contained explanations of the control measures for staff to follow to keep people safe and reduce risk of accidents and incidents.
- We found care records looked at included risk assessments that covered, health and safety, the environment, falls and medication. Information contained details the person's level of independence and action required to support them.
- The management team encouraged people to be independent and had a positive outlook to risk taking. One person said, "They support me in the way I want and let me do things for myself. I may be slow but I get there in the end."

Staffing and recruitment

- We looked at how the service was staffed and found appropriate arrangements were in place. We found there were sufficient numbers of staff available to meet people's needs. People supported by the service told us staff were reliable and didn't let them down. One person said, "The staff are good time keepers and have never missed a visit. They are very reliable."
- We looked at the services recruitment procedures and found relevant checks had been made before new staff had commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

Using medicines safely

- People told us they were happy with the support they received with their medicines. One person said, "They help me with my medication and this is working very well."
- Where people were supported, we saw medicines were managed safely and in line with good practice

guidance, "Managing medicines for people receiving social care in the community." (National Institute of Clinical Excellence, 2018.)

- Staff told us they had received regular training and competency checks to ensure they had the suitable skills to carry out the task safely. Records seen confirmed this.

#### Preventing and controlling infection

- The registered provider ensured infection control procedures were followed. Staff received training and regular audits were undertaken to ensure standards were maintained.
- Staff had access to protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection when delivering personal care.

#### Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the service. There had been few incidents. However, where they occurred any incident had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.



# 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

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

- Care plan records contained a full assessment of people's needs. Following the assessment the service had provided a holistic approach towards providing person-centred care. We found the records were consistent and staff provided support that had been agreed with each person. People supported by the service confirmed this when we spoke with them.
- Care and support had been regularly reviewed and updated where people's needs had changed. This ensured people received the level of care and support they required.

Staff support: induction, training, skills and experience

- Training records showed staff had received training that was relevant to their role and enhanced their skills. All new staff had received a thorough induction on their appointment to the service to ensure they had the appropriate skills to support people with their care. People supported by the service told us they felt staff were well trained. One person said, "The staff are really well trained in my opinion. I have complete confidence in their abilities."
- Staff spoken with told us they received regular supervision and appraisal of their work. They told us they felt well supported and had access to management when they needed them.

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

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required. People supported with meal preparation told us they were happy with the arrangements in place and their dietary needs were met.
- Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

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

- We saw the service worked closely with health care services including GP's, district nurses, physio and occupational therapists. This ensured people were able access to healthcare services in a timely manner.
- People who used the service confirmed they were supported to attend healthcare appointments. One person said, "I have regular appointments which I wouldn't be able to attend without their assistance. Their service works very well for me."

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

- Briars Homecare Limited is a domiciliary service that provides care and support to people living in their own homes.

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

- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.
- The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed people's assessed needs were being fully met, in accordance with their plans of care.

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Processes were in place for people to give their consent to care and support. Care records maintained by the registered provider addressed people's capacity and decision making.

People supported by the service confirmed they were involved in making decisions about their care and their consent had been sought for how care was delivered.

# 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

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

Ensuring people are well treated and supported; equality and diversity

- People supported by the service told us they had the same group of carers who knew and understood their needs. Comments received included, "They do everything I need them to in the way I want. I am very happy with them." And, "I have the same group of carers. I know them all and more importantly they know me and what support I need."
- Staff spoken with had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems in place to ensure people's human rights were upheld.

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Care records we looked at contained evidence the person who received care or a family member had been involved with and were at the centre of developing their support plans.
- People we spoke with confirmed they were supported to express their views. One person told us, "They do everything I need them to in the way I want. I am very happy with them."
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with confirmed staff treated them with respect and upheld their dignity. We were told staff members spoke with people in a respectful way and were kind, caring and patient. One person we spoke with said, "They are kind and patient with me. Very respectful, treat me with dignity and I don't feel uncomfortable when they provide my care. This is a big compliment to them as I am shy and was dreading it."
- Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality and independence.

# Is the service responsive?

## Our findings

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

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

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

- We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care. One person said, "I requested female carers only and they have kept to that. They provide the service I requested and I feel in control. I am very happy they listened and respected my choice."
- The care files we saw were person centred and individualised documents. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be best met. These included people's personal care needs and nutritional support. Staff spoken with were able to describe people's individualised needs and how these were met.
- We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and where support was required this had been met

Improving care quality in response to complaints or concerns

- The people we spoke with knew how to make complaints. They told us they felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
- The service had received no formal complaints. The people we spoke with were happy with the service they received. One person said, "I have contact details for the service if I am unhappy about anything. I have no complaints at the moment everything thing is working well."

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in their home where possible as they headed towards end of life. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. We spoke with the relative of one person who had been supported with end of life care. They told us end of life care provided by the service had been very good. The relative said, "[Relative] was treated with great care and dignity. Always kept clean and comfortable. I was very grateful for the care provided."

# 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

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

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

- The registered manager told us the service followed all current and relevant legislation along with best practice guidelines. This was to ensure the diverse needs of everyone who used their service were met.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "Brilliant service in my opinion. Really well run responsive service."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations.
- We found the service had clear lines of responsibility and accountability.
- The registered manager, deputy manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported.
- Discussion with the staff confirmed they were clear about their role and between them and management provided a well run and consistent service.

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

- The service had sought the views of people they support through satisfaction surveys, care plans reviews and telephone monitoring. People supported by the service told us they felt consulted about the service they received and listened to. One person said, "I receive regular calls from the office checking I am happy and everything is working ok for me. They listen and respond if I have any comments to make."
- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

Continuous learning and improving care

- Systems were in place to ensure the quality of service was regularly assessed and monitored. These included a wide range of effective audits such as medication and care records. We saw evidence the service

had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and provide a good service for people supported by the service.

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.