

Br3akfree Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Br3akfree Limited on 5 February 2015. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission. The service provides support with personal care and outreach services to adults living in their own homes. Two people were using the service at the time of our inspection.

There was a registered manager at the service 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 and associated Regulations about how the service is run.

The service did not have a robust recruitment process because Disclosure and Barring Service (DBS) checks had been requested but not returned for two staff members working in people's homes. Also the provider's recruitment stated two references were required before staff commenced work however one member of staff had started work with one reference only.

We made a recommendation about spot checks being recorded.

Systems were in place to help ensure people were safe. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Risk assessments were in place which provided information about how to support people in a safe manner. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there were enough staff working to support people in a safe way in line with their assessed level of need. The service had arrangements for the management of medicines to protect people against the risks associated with medicines.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making decisions about their care.

The registered manager was open and supportive. Staff and relatives felt able to speak with the registered manager and provided feedback on the service. The service had various quality assurance and monitoring mechanisms in place.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe. The service did not have a robust recruitment process.

Relatives told us they felt the service was safe. Staff had a good understanding of their responsibilities with regard to safeguarding adults.

Risk assessments were in place to help ensure people were supported in a safe manner.

There were enough staff to meet people's assessed needs in a safe manner. The service had arrangements for the management of medicines to protect people against the risks associated with medicines.

Is the service effective?

Good ●

The service was effective. Staff undertook a comprehensive induction programme on commencing work at the service and then had access to on-going training and supervision.

The service worked within the Mental Capacity Act 2005 and people were able to make choices about their daily lives.

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good ●

The service was caring. Relatives of the people that used the service told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about the care and the support they received.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People and their relatives were involved in planning their own care.

People's needs were subject to review and the service was able to respond to people's changing needs.

Relatives said that the service responded to any concerns or complaints.

Is the service well-led?

The service was not always well-led. Spot checks were not recorded as the service's policy and procedure states.

There were effective quality assurance and monitoring systems in place.

The service had a registered manager in place and staff told us there was an open and supportive management culture at the service.

Requires Improvement 

Br3akfree 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 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of two inspectors. On the day of the inspection we spoke with the registered manager, the nominated individual and two care workers. We were unable to speak to people using the service because they were unable to communicate with us verbally however we spoke with two relatives. We looked at two care files, daily records of care provided, staff duty rosters, two staff recruitment files including supervision and training records, minutes for various meetings, and policies and procedures for the service.

Is the service safe?

Our findings

The service did not have a robust recruitment system in place. Staff files showed photo identification was provided and people had been interviewed to check they had the skills required. Staff also told us that they completed an induction and shadowed experienced staff members and the registered manager before providing care to people.

Disclosure and Barring Service (DBS) checks had been requested but not returned for two staff members working in people's homes. This posed a risk as the service could not be assured people who were vulnerable were cared for by suitable people. We reviewed the recruitment policy which stated that until the time a DBS was returned satisfactorily, staff must work under the constant supervision of a fully DBS checked member of staff. The DBS check helps employers make safer recruitment decisions and identifies if staff have any criminal records or are barred from working with vulnerable adults.

The registered manager responded appropriately by replacing these staff with staff who had already worked with the people and who were DBS cleared. The registered manager informed the relatives, staff members in question and the local authority of the action taken while they awaited a completed DBS check. This safeguarded people using the service.

The recruitment policy also required two references before staff commenced work and where a second reference had not been returned the service stated they would seek a third one. For one staff member they had only one reference returned. The registered manager advised they would now seek the required third reference.

The above issues were a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the relatives of people told us they felt the service was safe. One relative said, "Yes safe. They [staff] do a proper job."

The service had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would report immediately to the manager." Staff were provided with a handbook on safeguarding when they started providing care to people. The safeguarding handbook covered topics such as 'What is abuse', 'How to report concerns' and 'Whistleblowing'. One staff member said, "When I started I got a handbook about different types of abuse, my duties and the whistleblowing policy."

The registered manager told us there had been no safeguarding incidents since the service had been registered. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority. This meant

that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

People's care records included risk assessments on personal care, toileting, eating, drinking, and medicines. These identified risks and included information about how to reduce the risk and to work safely with people. We saw risk assessments contained personalised information that set out how to support people with the individual risks they faced. For example, one person was diagnosed with epilepsy. We saw the risk assessment in relation to this was robust and detailed. The risk assessment stated "In event of a seizure make [person who received the service] comfortable, safe, and out of reach of any harmful objects, and record the time of the seizure." Staff were provided with information on epilepsy and this was also kept with the person's care file. Environmental safety risk assessments were in place as part of the initial assessment process. This helped to identify any potential risks in the person's home that might pose a hazard to the person who used the service or to staff. Risk assessment processes were effective at keeping people safe from avoidable harm.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

The registered manager told us the service had not had any missed appointments since the service was registered. If staff were unable to attend an appointment they informed the office in advance and cover was arranged so that people received the support they required. One relative told us, "Sometimes weekends we have another carer. They will always ring you if something changes. Someone always covers the weekends."

Some family members managed their relatives' medicines and they told us that they did not always require staff support with this. However, the records for one person who needed supported with medicines was not clearly recorded in the care plan. A staff member and relative told us the medicine needs for this person. We discussed this with the registered manager who told us they would update the care plan and risk assessment to reflect this. The registered manager showed us the updated care plan and risk assessments after the inspection. We saw medicine records that medicines were being recorded for this person. The service had a medicines policy. It covered guidance on administration, safe disposal and storage of medicines. All staff had medicines administration as part of their induction and refresher training.

Is the service effective?

Our findings

All the relatives we spoke with felt their relatives' needs were being met by staff who knew what they were doing. One relative said, "Thank god for Br3akfree. They are a very good service." Another relative told us, "They [staff] do a proper job. [Person who used the service] is happy with them."

Care staff told us and records confirmed they were given a two week induction which included completing mandatory training in safeguarding, health and safety, manual handling, food hygiene, autism awareness, infection control, fire safety and medicines. This was up to date and where refresher training was needed this was scheduled by the service. Staff also received specific training to prepare them to care for people who had epilepsy and how to manage a seizure to keep them safe. We saw evidence of people's seizure protocols that the service had prepared giving guidance for staff providing care. One staff member told us, "The quality of training is very good." Another staff member said, "I came in for a week's intensive training."

The registered manager and staff told us that new care staff were required to shadow them before working with people on their own and had to successfully complete their probation period. Care staff worked with the manager so they could learn how to deliver personal care in the way that people wanted. One staff member said, "I shadowed experience staff and a senior support worker. I even shadowed the manager."

Staff received regular supervision. Records showed the registered manager questioned staff on areas to do with people's care plan to check their understanding. For example, they were asked what 'person centred planning' was and records showed care staff explained that it was to focus on the needs of people and target how to support them with their dreams, aspirations and goals. Annual appraisals were not due as the service had not been operating for a full year however we could see they were to be completed annually from their policy. One staff member told us, "I get supervision regularly. [The registered manager] will ask what I've gained, what I am lacking, and what training I need." Another staff member said, "She [registered manager] asked me how I was finding the job, any problems and how [person who used the service] was responding to me."

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. We found the service had written information on the MCA so that staff were provided with important information to uphold people's rights.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. For example, one staff member told us the person she cared for had facial pain. The staff member

said she asked the person if they could wash their face and they demonstrated to us how the person said no by using a specific hand movement. Another staff member told us, "I can proudly say I can give [the person who used the service] choices." Staff also told us they spoke with family members to get an understanding of people they supported and their likes and dislikes.

There was information included in people's care plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan. The care plan indicated food likes and dislikes and if they needed any support with eating and drinking. We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. For example, one person had their food being cut into small pieces where a risk of choking had been highlighted by the risk assessment. Relatives told us they were happy with the support they received with eating and drinking. A relative told us, "I make the breakfast and [staff member] will help me feed [person who used the service]."

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. Care plans showed the service had obtained the necessary detail about people's individual healthcare needs. There was specific guidance to staff about how to support people to manage these conditions.

Is the service caring?

Our findings

Relatives told us staff treated their relatives with dignity and acted in a caring manner. One relative told us, "The relationship with the carer is a very close bond." Another relative said, "I am so happy. It's like [staff member] is family."

Positive, caring relationships had been developed with people and their relatives. The registered manager was motivated and passionate about making a difference to people's lives and this was evident in the approach of the staff team too. The staff we spoke to were enthusiastic and clearly cared about the people they supported.

Relatives told us that staff listened to them and respected their choices and decisions. Relatives confirmed that they were involved as much as they wanted to be in the planning of care and support for their relatives. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office. One relative told us, "[Staff member] will always talk to [person who used the service] as she does things with them which is very good." The same relative said, "They [staff member] talks and listens."

Staff had a good understanding of how to promote people's privacy. They said they made sure people were covered up when receiving support with personal care. The same staff member gave the example that the person they care for doesn't like being asked about toileting needs so they have found a way to communicate with each other where other people cannot hear the conversation about toileting.

Staff were provided with a staff hand book which set out a code of conduct. This included how staff should maintain appropriate professional boundaries, how to adopt high standards of personal conduct and that staff had a responsibility to ensure that confidential records relating to people were only accessed by those with a legitimate right to do so. Staff were aware of the need for confidentiality.

People and their relatives were provided with an information leaflet and statement of purpose about the service. The information set out how the service planned to support people with respect and independence. For example, they stated, "We develop support plans based on the needs and potential of each service user. To make important decisions about their lives and feel confident they are treated with respect."

Is the service responsive?

Our findings

Relatives told us that the service involved them in decision making about the care and support needs of their relatives. One relative told us, "We have quite a few reviews. We have a copy of the support plan and I was involved." Another relative said, "They did an assessment with the manager and the social worker before he started his care."

The registered manager told us that they met with prospective people who wanted to use the service to carry out an assessment of their need after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The registered manager told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. One relative told us, "They [registered manager] asked myself and [family member] questions. They asked [person who used the service] lots of questions like how he communicates and what activities he likes."

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including personal care, toileting, eating and drinking, maintaining good health, medicines, shopping, finances, and transport in the community. The care plans were written in a person centred way that reflected people's individual preferences. For example, one care plan detailed how one person when anxious would put their chin into their palm and would rock side to side. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their relatives, and the registered manager. Records confirmed this. Staff told us care plans were reviewed regularly. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. For example, a staff member told us about a person they supported who was unable to feed themselves when they started to provide care. The staff member told us they encouraged and prompted this person and now they can feed themselves. The relative of the person confirmed this. The relative told us, "[Staff member] has helped [person who used the service] eat by himself."

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. People and their relatives were given a copy of the complaints procedure included in the information handbook. One relative told us, "Any problems I would call [registered manager] directly." Another relative told us, "I would speak with [registered manager]. She would deal with it." The registered manager told us there had been one verbal complaint since the service was registered. The person making the complaint did not want it documented however the registered manager explained how it was resolved.

Is the service well-led?

Our findings

Relatives told us that they liked the service and they thought that it was well led. One relative said, "I think [registered manager] is very good. Any problem and she will deal with it. She is very hands on." Another relative told us, "[Registered manager] is alright and nice. If I have a problem I will call her."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "The manager is open to everything. It's an open door policy. Always willing to listen." Another staff member said, "Overall really good and good communication. Always wants to know if I am ok."

The registered manager and staff told us that regular staff meetings were held. These meetings included a weekly brief on a Monday and a staff team meeting monthly. Records confirmed these meetings were held regularly. Topics included safeguarding, communication, staff cover, people who used the service, whistleblowing, training, infection control and teamwork. One staff member told us, "We have a staff debriefing every week. We discuss what we could have done better." The same staff member said, "Also have a monthly staff meeting. We discuss what training we are lacking, what challenges we are facing and how we can move forward."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a weekly quality check. The quality check included daily logs completed, timesheets, person centred care, risk assessments updated and reviewed, communication books completed, team minutes held and recorded, supervision completed and that policies and procedures were up to date.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The service undertook unannounced spot checks to review the quality of the service provided. This included arriving, at times when the staff were there, to observe the standard of care provided and obtain feedback from the person using the service. The registered manager told us she did not record these checks however staff members and relatives confirmed the spot checks had been regularly completed. The service had a policy and procedure on spot checks which stated "the checker/interviewer will record topics covered and the information gained in the spot check." We recommend the spot checks are recorded as stated in the spot check policy and procedure for the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who use services were not protected against the risks associated with staff who were unsuitable as an enhanced criminal record check had not been received. Regulation 19 (1) (a) (b) (2) (a) (b)</p>