

Brooklands Homecare Ltd

# Brooklands Homecare Ltd - Edenbridge

## Inspection report

Brooklands Cottage  
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Edenbridge  
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28 November 2016

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## Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook a focused inspection on 28 November 2016 in response to concerns that we have received. This report only covers our findings in relation to part of the questions 'Is the service effective?', 'Is the service caring?' and 'Is the service well-led?'. We carried out an unannounced comprehensive inspection of this service on 13 November 2015, at which a breach of legal requirements was found in regard to mental capacity training and relevant processes. You can read the report from our last comprehensive inspection on our website at [www.cqc.org.uk](http://www.cqc.org.uk). After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We also checked that they had followed their plan to confirm that they now met legal requirements.

Brooklands Homecare (Edenbridge) is a domiciliary care agency that supports and cares for people who want to remain in the comfort of their own home. They provide support for older people and people living with disabilities in Kent, East Sussex and Surrey. Brooklands Homecare (Edenbridge) was registered with the Care Quality Commission in May 2015. There were approximately 55 people receiving care from Brooklands 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.

The provider was meeting the requirements of the Mental Capacity Act (MCA) 2005. The management team and staff had been trained in the principles of the MCA and appropriate assessments of people's mental capacity were carried out.

All staff had completed essential training relevant to their role and were scheduled for refresher courses. There was an appropriate system in place to monitor staff practice and staff received appropriate one to one supervision and additional support or training when necessary.

People and their relatives told us staff had developed positive relationships with them and described their practice in positive terms. Privacy and dignity in practice were included for discussions at regular staff meetings.

There was an open and positive culture which focussed on people. People described the management team in positive terms.

The manager sought people's views, acted on feedback and learned from complaints in order to improve the service and people's experiences. Appropriate action was taken when staff did not abide by the expected code of conduct.

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

We always ask the following five questions of services.

### Is the service effective?

The service was effective.

The provider was meeting the requirements of the Mental Capacity Act 2005.

All staff had completed essential training relevant to their role and were scheduled for refresher courses. There was an appropriate system in place to monitor staff practice and staff received appropriate one to one supervision and additional support or training when necessary.

Good 

### Is the service caring?

The service was caring.

People and their relatives told us staff had developed positive relationships with them and described their practice in positive terms. Privacy and dignity in practice were included for discussions at regular staff meetings.

Good 

### Is the service well-led?

The service was well led.

There was an open and positive culture which focussed on people. People described the management team in positive terms.

The manager sought people's views, acted on feedback and learned from complaints in order to improve the service and people's experiences. Appropriate action was taken when staff did not abide by the expected code of conduct.

Good 

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## **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 focused inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and in response to concerns that were shared with us.

We undertook a focused inspection of Brooklands Homecare Ltd (Edenbridge) on 28 November 2016. The inspection was carried out by one inspector. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 13 November 2015 had been made. We inspected the service's systems against three of the five questions we ask about services: 'Is the service effective, caring and well-led?'.

Before our inspection we reviewed our previous report, the information we held about the domiciliary care agency and the provider's action plan which set out the action they would take to meet legal requirements. We spoke with the local authority.

At the visit we looked at the service's policies and updates in regard to mental capacity, infection control, staff training records, staff supervision records and monitoring checks relevant to staff practice. We looked at recent satisfaction surveys and 43 questionnaires that had been completed. We spoke with nine people who used the service or their relatives. We also spoke with the registered manager, the deputy manager and six care workers. We checked that the shortfall that had been identified at our previous inspection had been remedied and that lessons had been learned when necessary to improve the quality of service delivered to people.

## Is the service effective?

### Our findings

In response to concerns that were shared with us, we checked staff training, the support they received and how their knowledge was monitored. Staff provided support effectively to people and followed specific instructions in their care plans to meet their individual needs. Relatives told us, "Everything has been well planned, the care workers do exactly what has been agreed and more on several occasions", "We get the same care workers so they are familiar to us", "They are skilled, I definitely feel safe with them when they use a hoist and at any other time; they are very efficient and get on with the job but without rushing." In a recent satisfaction survey, people using the service had commented, "We find all the carers to be friendly and efficient", "Excellent carers who tick all the boxes."

Staff had appropriate training and experience to support people with their individual needs. Essential training was up to date that included mental capacity, manual handling practice, privacy and dignity and infection control. There was an effective system to record and monitor staff training and highlight when refresher courses were due. Staff were reminded to attend scheduled refresher courses. A member of staff told us, "They are hot on training in Brooklands; we also do the NVQs so we get to be quite knowledgeable."

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 found that compliance with the Regulation 11 of the Health and Social Care Act 2008 Regulations 2014 had been achieved.

Management and staff had received training in mental capacity and assessments of people's mental capacity were carried out appropriately. Assessments had been carried out for people who declined particular assistance, who refused nutrition and who had displayed behaviours that challenged the delivery of care. When applicable, these assessments were followed by a meeting held with appropriate parties to make decisions on people's behalf and in their best interests.

All staff received one to one supervision on a regular basis. Staff we spoke with told us, "We are well supported, we can discuss any concerns, and we are often reminded of what to do at supervision." As a result of a complaint, staff had been provided with additional hand-outs on mental capacity and on privacy and dignity that explained how people may feel during the delivery of their care. These topics were also included for discussions at staff meetings. This ensured that staff's knowledge and skills were current and maintained. All the people and their relatives we spoke with confirmed that staff took appropriate precautions to reduce the risk of people acquiring an infection. They told us, "They always wear their aprons and gloves, which they change between tasks, and they clean everything."

Staff sought and obtained people's consent before they helped them. People told us, "They explain things and ask if I am ready before they put straps on before lifting me" and, "If I say no they respect that." A relative described to us how staff had used several approaches to encourage their loved one and engage them in a

particular task. They told us, "They are very patient, they take the time." With such an approach, people could be confident that their wishes and refusals were respected.

## Is the service caring?

### Our findings

In response to concerns that were shared with us, we spoke with people and their relatives about staff approach to check that they were kind and caring while working. All the people and relatives we spoke with told us they were consistently satisfied with the way staff supported their loved ones. They told us, "They don't just come and do the care, they have become our extended family" and, "We couldn't wish for a better group of people; they were recommended to us and we would be happy to recommend them to others." They described staff in positive terms such as, "wonderful", "always considerate" and, "cannot be faulted really." A recent satisfaction questionnaire had been sent to all the people who used the service, and 43 people had participated in the survey. All comments were positive and included, "We are very pleased with the care [X] receives", "Staff very polite, smiling and kind" and, "The staff deserve a medal."

Positive caring relationships were developed with people. A member of staff visited a person on their day off to have a coffee and a chat; staff took a person who lived with learning and physical difficulties to see 'father Christmas' every year; staff had stepped in to ensure continuity of care when a person's parent had passed away. A relative who had a sensory impairment told us they were supported as well as their loved one by staff who "had become friends." Another relative told us, "They were here today, cheering [X] and singing happy birthday for him; a nice bunch of people."

People and their relatives when appropriate were involved in the planning of their care before they used the service. They actively participated in reviews of care plan which were also updated whenever they wished. A relative told us how a care package had been increased to help them cope in a difficult situation. They told us, "They are flexible, if I need some extra time they arrange it no problem." Another relative told us how staff communicated with their loved one. They told us, "He cannot communicate well and they know what he can take in, they still talk with him and watch out for his facial expressions when they do the care, it works well, he is very relaxed when they are around."

People and their relatives told us that people's privacy was respected and that they were supported in a way that respected their dignity. As a result of a complaint, staff had been provided with additional hand-outs on privacy and dignity that explained how people may feel during the delivery of their care. This included clear guidelines about staff's expected code of conduct. A member of staff told us, "This makes us think and realise how what we do and how we do it can have a real effect on clients." Relevant practices were also included for discussions at staff meetings.

## Is the service well-led?

### Our findings

In response to concerns that were shared with us, we checked the culture of the organisation and checked how staff practice was monitored. Our discussions with people, their relatives and staff showed us that there was an open and positive culture that focused on people. Relatives told us, "This is a good agency; we got to know the manager and the deputy manager; they came to the house and discussed things with us; we are kept informed and we can decide on changes together" and, "I haven't got cause to complaint but I would not hesitate to do so, I am sure they would look into whatever it is and put it right, I have confidence in them, the managers are caring people just like the staff." Staff told us, "The manager and the deputy talk to us about practice all the time and they observe us, they also talk with our clients to make sure we do what we are supposed to do." Comments from people and relatives that had been sent to the office included, "We'll not change from Brooklands."

The registered manager had implemented their action plan relevant to our last inspection. As a result of a complaint, particular aspects of delivery of care were included for discussions at staff team meetings and one to one supervision sessions. The registered manager and deputy manager carried out unannounced spot checks of staff practice to ensure standards were maintained. We looked at 31 documented spot checks that had been carried out within the last ten months. They indicated that action had been taken whenever a shortfall had been identified. Staff were provided with additional training and one to one supervision sessions when necessary. Disciplinary action was appropriately taken when staff did not comply with their code of conduct. There was an 'open door' policy where people and staff were welcome to come into the office to speak with the management team at any time. Members of staff confirmed that they had confidence in the management.

There was a complaint policy in place and two complaints had been addressed as per the complaint policy in the last twelve months. The registered manager was aware of their 'Duty of candour' and acknowledged when mistakes had been made. They told us, "We learn from mistakes, this is part of how we can improve." The registered manager carried out regular satisfaction surveys to identify how the service could improve. They also delivered care alongside staff when staff were unable to cover others' annual leave or sickness. The deputy manager was a registered nurse and also took part in the delivery of care. The registered manager told us, "This is an opportunity to not only see the staff in action, but talk with our clients at the time and see if the care package fits their needs and their preferences." They were in the process of auditing the results of the last survey to write an action plan, although all feedback was positive. One person had requested a change in their care package and the registered manager had scheduled a meeting to discuss the person's wishes and needs.

The registered manager and deputy manager held regular formal meeting with staff and called additional meetings to discuss any issues when necessary. At these meetings, discussions were held to determine what was working well and what could be improved on. The registered manager was updating the services' policies and procedures on an on-going basis. Staff were requested to sign to evidence that they had read and understood the policies, procedures and updates. They were provided with staff handbooks that summarised essential policies relevant to their role.



