Brooklands Homecare Ltd

Brooklands Homecare Ltd - Edenbridge

Inspection report

Brooklands Cottage
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Edenbridge
Kent
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection was announced and was carried out on 09 November 2015 by an inspector, supported by an expert by experience. 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 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.

Summary of findings

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. The provider followed safe recruitment practices.

Each person's needs and personal preferences had been assessed before support was provided and were regularly reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff knew each person well and understood how to meet their support needs. People told us, "My primary care worker knows me so well I feel she can read my thoughts."

Staff and the management team had not completed essential training in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the relevant legislation. This is a breach of Regulation 11 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.

All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

Staff sought and obtained people's consent before they provided support. People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People's privacy was respected and people were supported in a way that respected their dignity and independence.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual support plans, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

People's individual assessments and support plans were reviewed regularly with their participation. People's support plans were updated when their needs changed to make sure they received the support they needed.

The provider took account of people's comments and suggestions. People's views were sought and acted upon. The provider sought and obtained their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance checks were carried out to identify how the service could improve and remedial action was taken when necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and provided clear instructions for staff to follow.

Thorough staff recruitment procedures were followed in practice.

Good

Is the service effective?
The service was not consistently effective.

Staff and management had not completed essential training in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the relevant legislation. This is a breach of Regulation 11 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.

Staff were made aware of people's needs, likes and dislikes and developed effective professional relationships with them.

Requires improvement

Is the service caring?
The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Information was provided to people about the service and how to complain. People were involved in the planning of their support.

Staff respected people's privacy and promoted people's independence.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before support was provided. People's support plans were personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted upon.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was an open and positive culture which focussed on people. People and staff' feedback was sought and suggestions for improvement were acted upon.

Staff had confidence in the manager's response when they had any concerns.

There was an effective system of quality assurance in place. The management team carried out audits to identify where improvements to the service could be made.

Brooklands Homecare Ltd - Edenbridge

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 was the service's first inspection since their registration with the Care Quality Commission.

The inspection was carried out on 09 November 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager, staff and people we needed to speak with were available.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who supported the inspection had specific knowledge of domiciliary care and had gathered feedback from people.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports. The registered manager had not received a Provider Information Return (PIR) before our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered that information during our inspection.

We spoke with 13 people who were supported in their home and six of their relatives to gather their feedback. We also spoke with the registered manager, the deputy manager and seven members of care staff. We also spoke with two local authority case manager who oversaw people's wellbeing in the community.

We looked at records that included ten people's support plans, reviews and risk assessments. We consulted six staff files, staff training records, satisfaction surveys, quality assurance checks and sampled the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. People told us, "I definitely feel very safe with the staff", "The staff make you feel safe and secure, and I know I am in good hands."

There were sufficient staff on duty to meet people's needs. There were 23 care workers deployed to provide support for 68 people in their own homes. The registered manager told us, "We are very lucky with staff retention, we have a good number of core staff who have remained with us for several years." A person told us, "This agency is very reliable; they have never failed to come when they are supposed to." The registered manager told us how existing staff covered each other's absence. Rotas confirmed that all domiciliary calls were met by staff and annual leave was requested in ample notice to ensure staff were scheduled to cover colleagues' absence. If needed, the registered manager stepped in to work at weekends. This ensured there were enough staff to meet people's needs.

Staffing levels were calculated in accordance to people's levels of needs. The service declined to start new care packages if they were unable to provide the number of staff needed to keep them safe. Two additional care workers had been recruited to meet increased demands in the Kent area. When people's needs had increased, additional staff had been provided to meet those needs. For example, two members of staff instead of one had been allocated to a person when their mobility needs had increased.

People were supported to manage their own medicines as much as possible and medicines were administered safely when people needed help. People's needs and levels of independence in relation to their medicines were assessed and their care plans contained clear guidance for staff to follow. Staff were trained in the administration of medicines, were provided with refresher courses and their level of competency was checked every four months. These practice checks were documented and no shortfalls had been identified. People held records relevant to their medicines in their home, and these were subject to regular checks before they were sent to the main office every three months. The registered manager checked to see if any omission had been identified. None had been identified and the registered manager told us, "If I find any omissions during our medication audit, I will ensure staff are re-trained and supervised until their can demonstrate their competence again." With such system in place, people were confident their medicines were administered safely.

The policies on safeguarding adults and whistleblowing had been updated in September 2015. They contained clear information for staff to follow and staff were aware of these policies. Staff training in the safeguarding of adults was up to date and they knew how to recognise different signs of abuse and how to refer to the local authority if they had any concerns. Two members of staff said, "There would be no hesitation from any of us to report any abuse"" and, "We all know what to do and who to contact in case we feel anyone can be at risk of harm." A person had been referred to the local safeguarding authority when staff had suspected that they may be abused in the community. All care staff were trained in first aid and had access to advice and guidance from senior staff out of hours. This meant that people could be confident that staff considered their safety effectively.

Recruitment procedures were thorough to ensure suitable staff were employed to keep people safe. This included checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people who may be at risk in the community. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff to follow. Risks were scored to alert staff when people were at high particular risks of harm. Risk assessments took account of people's environment, history of falls, levels of pain, balance, cognition, skin integrity and equipment in place. There were appropriate risk assessments in place when people were at risk of falls. When a person had experienced a fall, their needs had been re-assessed and staff had called

Good

Is the service safe?

their GP with the person's consent. This had led to a review of their medicines and signposting for a period of respite care in an appropriate residential setting. Staff had ensured that safety rails were fitted in the person's home by an occupational therapist with their consent. People were encouraged to have a portable alarm to alert the service if they experienced any difficulties, and a system to ensure easy access to their home. One person had been assessed as being at risk of forgetting to take their medicines. As a result, they received two daily checks by care workers to ensure they maintained their health.

People's environment and equipment were assessed for any hazards and associated risks were identified appropriately. Each identified risk was included in people's care plans which contained clear instructions to the staff about how to manage the risks to keep people as safe as possible. An environmental risk assessment had addressed a person's cluttered environment and as a result staff had implemented specific instructions about the gradual cleaning of their home.

There was an accident and incidents reporting system that was monitored by the registered manager. Reports of incidents such as falls or hospitalisation were analysed to identify trends and see if lessons could be learned and future risk of recurrence minimised.

The provider ensured that the office premises were secure. All fire protection equipment was regularly serviced and maintained. Office staff were aware of the location of an assembly point and of the evacuation procedures.

Requires improvement

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. People's overall comments were positive about the service's effectiveness and efficiency. People told us, "The staff are very efficient I have no complaints", "My care workers are well trained and very professional."

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. There was a system in place to assess people's mental capacity when necessary and hold meetings in their best interest. However the registered manager was not knowledgeable of the relevant processes to follow when people did not have the mental capacity required to make certain decisions. The registered manager and staff had not completed essential training in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the relevant legislation. This is a breach of Regulation 11 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.

Staff had received other appropriate training to support people with their individual needs. We looked at the procedures care workers followed during their induction that lasted three months. Staff confirmed the induction was comprehensive and included shadowing experienced members of staff. Staff demonstrated their competence before were allowed to work on their own. Essential training was provided within the induction period and staff were observed by senior care workers or the registered manager to assess their level of capability.

Records showed that most essential training was provided annually, was current and that staff had the opportunity to receive further training specific for the needs of people they supported. The additional training that was provided related to behaviours that challenge, catheter and stoma care, dementia care awareness, continence and record keeping. Care workers who helped people eat using a tube that had been inserted surgically in their stomach had received specific training to ensure they could help people effectively.

Staff were encouraged to study and gain qualifications while in employment. All staff either held diplomas in health and social care or had enrolled to follow relevant courses. Study time was taken in consideration when their rota was planned. All staff received regular one to one supervision and were scheduled for an annual appraisal. All the staff we spoke with told us they felt well supported to carry out their role. They told us, "We get a lot of informal one to one support whenever we need it" and, "We don't wait for formal meetings, we go to the office, sit down with the manager and talk about any problems with her."

Staff sought and obtained people's consent before they supported them. People or their legal representatives had signed their care plans to show that they had consented to their care and support. People told us, "They don't do anything before checking with me that they can" and a relative said, "They make a point of asking every time if it's OK and they are very respectful."

The staff we spoke with were knowledgeable about the specific needs of each person they supported. They consulted people's care plans and were aware when these were updated.

This meant that people could be confident that their care was effectively delivered according to their care plans.

Staff used specific communication methods with people when necessary. A person had hearing impairment and staff ensured they spoke clearly and maintain good eye contact to ensure the person could understand them. This was recorded in the person's care plan. The registered manager told us how the same care workers were allocated to people as much as possible, especially for people who had complex needs, to provide continuity of care. A person had requested staff to text her on their mobile phone before they arrived and this was implemented. A relative who lived abroad had requested the service to correspond with them solely by email. As staff considered people's individual communication needs, people could be confident they could exchange information and be understood effectively.

Care workers helped people with the preparation of their meals when necessary. All care staff were trained in food hygiene and two care workers were qualified chefs. People were in control of their meal planning and told us they were satisfied with the quality of meals provided by staff. They told us, "They check to see what is in the fridge, ask me what I fancy and they get going with preparing a nice meal;

Requires improvement

Is the service effective?

they are quite resourceful", "The care workers help with the shopping, they get what I want and as I always choose ready-made meals they reheat them in the oven for me but always make sure it is well presented."

Staff accompanied people to do groceries shopping when requested and reminded people to have plenty to drink during the day to remain hydrated. The registered manager had signposted a person who had specific dietary needs to a supplier to ensure they were provided with an appropriate choice of meals. A person's daily fluid intake was recorded when they needed to be monitored due to a particular health condition. Such actions were taken to ensure people's needs in regard to their food and fluids were met effectively to promote and maintain their health.

People were involved in the regular monitoring of their health and were supported to attend appointments with doctors, opticians, dentists and other care professionals with their consent. Home visits by healthcare professionals were requested and arranged by staff when people were unable to leave their home. Staff provided transport and reminded people about their appointments when necessary.

Good

Is the service caring?

Our findings

People told us they were satisfied with the way staff supported them. When asked how they found the support staff provided, people's comments included, "The staff are very caring people", "The care worker who comes is patient, kind and attentive", "The care workers are like a part of the family" and, "They are always on time, never rushing, always paying attention to the way I feel."

Positive caring relationships were developed with people. Staff told us they valued people they helped and spent time talking with them while they provided support. Two members of staff said, "It is a privilege working with people who need help in the community" and, "We often become friends with people although we respect the boundaries."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. These were recorded before support was provided when people were involved with the planning of their care and support. A member of staff told us how a person liked a particular morning routine and this was respected.

People's privacy was respected and people were supported in a way that respected their dignity. People told us, "The care worker is very aware of my dignity and is very considerate", "They are respectful especially when I need bathing or showering." A member of staff told us how they supported a person who experienced difficulties with their personal care. They had developed a relationship of trust and were helping the person while respecting their dignity and particular wishes.

The registered manager and deputy manager paid attention to how people may feel while receiving care and support. They matched people and care workers appropriately. For example, a care worker who wore limb prosthesis was allocated to a person when they had experienced a limb amputation. The registered manager told us, "This provided encouragement for the person, and showed in a positive light what could be achieved after a period of rehabilitation." When people had requested a care worker from a particular gender, this was facilitated when possible. The deputy manager told us, "It is essential that care workers and people build a good relationship; if this is not happening we re-consider how to do a better match."

Information was provided to people about the services available and how to complain. Clear information about what to expect from the service was given to people before care started and was available in a larger print to assist people with visual impairment. It included out of hours contact numbers, names and contact details of the management team and how to complaint. People told us they were contacted by the service and informed when care workers were unexpectantly late in visiting them. A website was in progress to include information about what the service could offer to people.

The service held information about advocacy services. An advocate can help people express their views when no one else is available to assist them. However this had not been used to date as people or their legal representatives were able to represent their views.

When people had expressed their wishes regarding resuscitation, this was appropriately recorded and staff were aware of where the relevant documentation was kept in people's homes. When people had made a 'living will', this was appropriately recorded by the local hospice palliative care team. A living will is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. People had a pain management plan when appropriate and the staff followed guidance from local hospice palliative teams whom they worked in partnership with.

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us, “My primary care worker knows me so well I feel she can read my thoughts”, “I have tried many care agencies for the past four years and was most disappointed; then Brooklands staff stepped in and at last I got properly understood and cared for” and, “They do exactly what I have requested them to do.”

The registered manager assessed people’s needs before the support was provided. These assessments identified what people wanted their care package to achieve, and whether any previous care package had failed so that new and improved care packages could be planned. Two people told us, “The manager came to meet me and we discussed together in depth what was needed and how she could provide it” and, “The manager came and asked me what I wanted so we could work together towards it.” As soon as support began, people’s assessments of their needs were developed into individualised care plans. These plans provided the information needed by staff to ensure people’s individual requests in regard to their routine and practical needs were met.

The staff were made aware of people’s care plans to ensure they were knowledgeable about people’s particular needs before they provided support. Care plans contained clear instructions for staff to follow and included people’s preferences. For example, details of how people preferred to be helped with moving around, the food they preferred to eat and specific routines regarding housework and outings. Staff followed these instructions to deliver care and support in a way that was personalised. People’s likes, dislikes and preferences were recorded such as their preferred names, position they preferred to sleep in, how they wanted their pillows, portable computers and toys re-arranged around them in a certain way.

People’s support was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. People were supported by staff who respected their independence. People were encouraged to do as much for themselves as possible to maintain their skills. A member of staff told us, “We always encourage people to do things with us while we are working, like folding sheets or just clearing the table; it is so important that people keep their daily living skills going so they can remain in their home as long as possible.” Care plans were developed with people’s involvement and included specific requests from people about how and when they wished to have their care provided. People chose the days and specific times when they wished to be supported. This responsive approach meant that people could be confident that their wishes were respected in practice.

People’s care plans were reviewed regularly by the care service managers or sooner if people’s needs changed. They were updated appropriately to reflect any changes of needs, for example after people had a fall, had recovered from ill-health or had returned to their home after a period of hospitalisation. Annual reviews were scheduled to take place where people or their legal representatives were invited to participate. This system ensured people remained involved in the way their care and support was delivered.

Staff provided transport when this had been agreed during the planning of their care. This meant that people had access to all facilities in their community to carry out any activities they chose to. People were accompanied by staff to shopping malls, coffee places, beauty salons, tattoo parlours, leisure centres, day centres and were supported to attend medical appointments. Staff took time to sit and chat with people when they had completed their tasks. One relative told us, “They are like a part of our family; we have great conversations with them.” This approach ensured that people’s social isolation was reduced.

There was a complaints policy and procedures that had been updated in September 2015. People were made aware of the complaint procedures to follow as this was provided at the start of their support. A person told us, “I know what to do if I ever had cause to complain, I would just talk with the manager because I totally trust she will come here and talk with me and put everything right.” No complaints had been received at the time of our inspection.

People’s views were sought and acted upon. People had been provided with a satisfaction survey questionnaire in February 2015 and had been invited to comment on the overall quality of the service and on how their care and support was delivered and managed. Comments were very positive and included, “The manager comes to see me on a regular basis; You have been giving me an excellent service for over 14 years”, “The care worker has been consistent and has X‘s welfare at heart”, “You have the attitude

Good

Is the service responsive?

absolutely right, both firm and friendly", "The staff are friendly and caring" and, "Rapid response of enablement, excellent." One person had commented saying they were dissatisfied about their care worker. The manager had visited the person to discuss this and had replaced the care worker without delay. One comment about a member of staff practice had led to the manager conducting an unannounced observation of their practice. A staff feedback survey was in progress at the time of our inspection.

Good

Is the service well-led?

Our findings

Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. Two local authority case managers who oversaw people's wellbeing in the community told us, "Brooklands are very good; they are well managed and organised", "Brooklands have a well-established team of care workers who are reliable and who seem to really understand people's needs."

Members of staff confirmed that they had confidence in the management. They told us they felt valued and supported by the registered manager and appreciated her style of leadership. They told us they found the registered manager "Very approachable", "Easy to talk to and definitely responsive whenever we need guidance." A 'Carer of the month' scheme was in progress to motivate care workers to improve their performance. A relative told us, "We can trust the manager to never let us down."

The registered manager spoke to us about their vision and values about the service. She told us, "We treat people as we would our own family members; because we are a small organisation we can provide care that is more individual and we can build bespoke care packages that meet clients' wishes; we adapt to people, they don't adapt to us". All the staff we spoke with indicated they shared this philosophy of care and had been inspired by the registered manager and the management team. Records of team meetings showed that the values of the service were prominent in all discussions about how to deliver care that empowered people.

Staff had easy access to the policies and procedures that were adapted specifically for the service. They were continually reviewed and updated. Attention was paid to changes ahead of new legislation that could affect the service. Policies indicated what the service aimed to achieve and what this meant in practice. This ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

A system of quality assurance checks was in place and implemented. The way that staff provided care for people was monitored by the registered manager and the deputy manager through regular checks that recorded staff performance. As Brooklands Homecare (Edenbridge) was registered with the Care Quality Commission in May 2015, some annual audits had not yet taken place. Logs were kept of incidents and accidents and these were monitored and analysed to identify any trends of pattern. Satisfaction surveys were analysed to identify how the service could improve.

Staff were encouraged to make suggestions about how to improve the service. All the staff we spoke with told us they were invited to discuss practice issues during team meetings and supervision, and to comment on how the service was run. Records of bi-annual team meetings confirmed staff were actively involved and consulted. They had discussed with the manager and deputy manager how to improve care and support for people, how to improve allocations of staff, and had suggested new badges and uniforms. Their suggestion had been acted on. A member of staff told us, "We are a good team, we can talk and discuss anything that is on our mind about work, at team meeting, supervision, or we can just pop into the office at any time." We observed the management team in the office sharing and discussing ideas and saw that people were placed at the heart of the service. The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service.

The registered manager kept up to date with latest research on domiciliary care and regularly consulted websites such as United Kingdom Homecare Association (UKHCA)**,** The National Institute for Health and Care Excellence (NICE) and Skills for Care. The registered manager used relevant research to inform her practice, for example they had obtained information on nutrition supplements, and 'how to recognise pain in people who cannot tell you'. The registered manager had distributed this information to all staff to help them care for people. We identified a lack of understanding and training by the registered manager and staff in the practical implications of the Mental Capacity Act (2005) although it did not directly have an impact on people at the time of our inspection. We have required that action is taken to improve this aspect of the service.

People's records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was

Good

Is the service well-led?

password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Staff and management had not completed essential training in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the relevant legislation.