

Berkshire Care Limited

# Berkshire Care Limited

## Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 January and 6 February 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Berkshire Care Limited is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to older adults, younger disabled adults, and people living with dementia, physical disability and sensory impairments.

The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to nine people.

The service had a registered manager in place. 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.

On the first day we met administration staff who were overseeing the service while the registered manager was away. On the second day of inspection, we met the registered manager to continue carrying out the inspection.

At our last inspection we rated the service Good with Caring domain rated Outstanding. At this inspection we found the evidence continued to support the rating of Outstanding in the Caring domain. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe while supported by the staff. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

Staff training records indicated which training was considered mandatory. Most of the staff were up to date with their mandatory training. The registered manager had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. We have made a recommendation the registered manager refer to the current best practice guidance on ongoing training for social care staff.

Staff had ongoing support via regular supervision and appraisals. They felt supported by the registered manager and maintained great team work.

People were supported by sufficient numbers of staff to meet their individual needs. People were informed about the changes to and timings of their visits. The service had an appropriate recruitment procedure to follow before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role.

People were supported by a dedicated and caring team of staff and the registered manager, helping them to build and maintain their independence and live their life to the fullest. The service went above and beyond their role to enable people to develop and meet their personal goals and wishes. People were treated with the utmost respect and their privacy, and dignity were promoted. People and relatives felt their care workers were excellent and supported them in the way they wanted. Staff were very responsive to the needs of the people and enabled them to improve and/or maintain their independence with personal care. The whole staff team were highly motivated and proud of the service they provided to the people.

The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. The service assessed risks to people's personal safety, as well as staff and visitors, and plans were in place to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required.

People received support that was individualised to their specific needs. Their needs and support plans were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights were promoted.

Staff felt they worked really well together and supported each other, which benefitted the people. Staff felt the registered manager was very supportive and approachable. They worked with them as a team and they had good communication. The registered manager had quality assurance systems put in place to monitor the running of the service and the quality of the service being delivered. The registered manager was able to identify issues and improvements necessary and action was being taken to address these. They praised the staff team for their dedication and hard work and appreciated their contribution to ensure people received the best care and support.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained very caring.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remained responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained well-led.	<b>Good</b> ●

# Berkshire Care 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.

This inspection took place on 30 January and 6 February 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people and/or their relatives. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted five community professionals for feedback. We received feedback from four professionals.

During the inspection we spoke with one person who uses the service and three relatives. We spoke with the registered manager, the administration staff and received feedback from five staff. We looked at records relating to the management of the service including three people's care plans and associated records. We reviewed recruitment records, staff training records, quality assurance records, the compliments/complaints log and accident/incident records.

## Is the service safe?

### Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding when to report concerns, accidents and/or incidents to the registered manager. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns and staff confirmed they were aware of it. The registered manager understood their responsibilities in regards to safeguarding people who use the service and reporting concerns to external professionals accordingly.

The registered manager assessed the risks to people's personal safety and put plans in place to minimise these risks. Risk assessments included information about people's needs and skills, and provided information for staff. As part of the care plan, the service carried out a health and safety assessment to ensure the person, their family and staff were safe. We noted to the registered manager that there was no information on how to test the temperature of the water to ensure it was safe before a bath or a shower. After the inspection, the registered manager took action and informed us they had started using immersible thermometers. The registered manager ensured people had the opportunity to seek advice from the local fire brigade with regard to preventing fires in their home.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. They included a health check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.

The registered manager determined the number of staff required according to the needs of the people using the service. They also matched the staff and people who use the service as much as possible so the care and support would be tailored to people's individual needs. One of the staff was managing the rota scheduling and ensured all the visits were covered. The staff were allocated weekly to visit people. There were no missed visits. If the staff were late to visit a person, then they were informed about it. The staff confirmed they had time to visit and support people and helped each other to cover absences. The registered manager felt the staff worked well together as a team which had a positive impact on people's care and support.

Staff adhered to medicine policies and procedures in order to manage and administer peoples' medicines safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people order the medicine and prompted them to take it according to the care plan. The registered manager reviewed medicine record sheets for any errors. There were no recent medicine errors and the records were accurate and complete. The registered manager explained if there were errors found, it was not about the blame. They would find out why it happened and ways to prevent it in the future.

There was a system for recording accidents and incidents. There was one accident related to staff and appropriate actions had been taken. The registered manager said if something happened it would be on the agenda to discuss it within the team and think of ways to prevent it. The service had continuity plans to

ensure the service could continue in the event of an emergency. There was information for staff about who to contact should they needed help and advice and staff confirmed this.

Staff were provided with and used personal protective equipment to prevent the spread of infection. One staff said, "We change gloves after each task. You cannot help but change, it is a routine." People and relatives confirmed this and said this was definitely happening while the staff supported them.

## Is the service effective?

### Our findings

People and relatives spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people and relatives about the support they valued most. They said, "[Family member] can be cantankerous and [staff] deal with it because they are experienced" and "[Staff] are friendly, helpful and patient. I wouldn't want anyone else to take over from what they do." Staff ensured the personal care people received was effective and resulted in a good quality of life.

We reviewed the latest training matrix provided to us which recorded mandatory training. Three staff out of nine had to have refresher training in moving and handling, equality and diversity, first aid, and food hygiene. The registered manager said the staff were already booked to complete the refresher training. Each member of staff had a certain period of time to complete it. The registered manager regularly monitored the attendance of staff to ensure they were all up to date. However, we noted the timescale for refreshing some of this training was not in line with current recommended best practice. For example, medicine and first aid training was refreshed every three years whereas current guidance recommends an annual refresher.

We recommend that the provider refer to the current best practice guidance on ongoing training for social care staff.

When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. All staff completed the Care Certificate as part of their role. It is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff felt they received enough training to help them carry out their roles effectively.

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. Staff felt they could contact the registered manager any time to discuss various topics or ask for advice. The registered manager and staff said they always kept in touch with each other and it helped them work as a team well. The registered manager praised the staff team and said their communication ensured people received excellent care and support at all times.

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.

People and relatives agreed staff respected people's wishes. Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. The registered manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. If there was a situation where someone became unable to make decisions regarding their wellbeing or safety, then they would support the

person to make decisions in their best interest. Families and professionals would be involved as necessary.

The staff were aware of people's dietary needs and preferences. Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager reporting any changes or issues. If needed, health or social care professionals were involved. Each person had individual needs assessments that identified their health and care needs. The registered manager and staff communicated with GPs, local authority, community nurses and families for guidance and support. The registered manager and staff would share and report any changes immediately. People were checked to make sure they were supported effectively and changes were identified quickly.

## Is the service caring?

### Our findings

People were really valued and treated with compassion, kindness, dignity and respect by a dedicated, motivated and committed staff team including a devoted registered manager. They delivered care and support that was very caring and person-centred which had a positive effect on people. This also demonstrated the registered manager had established a strong and visible person centred culture. The service was particularly sensitive to times when people needed caring and compassionate support.

The registered manager placed importance on ensuring continuous support to people from the same staff. They felt it helped reduce anxiety and stress for people, particularly for those who found it hard to accept they had to have support from staff now. Thus, people and staff knew each other well and had well established relationships. A successful matching process ensured strong relationships and trust which supported positive interactions and successful delivery of care for people. The registered manager regularly checked people were happy with their support as they understood well, even the tiniest detail could have a big effect on people's lives. People and relatives praised staff's effort and care when supporting people. Staff always made sure people were comfortable and relaxed in their own homes and able to share any concerns with staff should they need to. People and relatives told us staff knew them well and provided excellent support, "They are very supportive and responsive" and "They look after me well. I'd be upset if both my carers left."

People were always placed at the centre of the services provided to them. Staff constantly strived to ensure people were fully involved with their care promoting independence whenever possible. The staff team and the registered manager showed a genuine depth of understanding and compassion for people they supported. They always tried to enable people to express their own views ensuring people received the care they needed and wanted. People were encouraged to be as independent as possible. The registered manager ensured people felt they mattered and were supported to live an independent life as much as possible. Staff understood people's independence was an important aspect of their lives. They encouraged people to do things, for example, take part in their personal care or help with some activities. Staff said, "We are here to help, extra pair of hands, and not to take over" and "Let them do as much as they can for themselves." People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance.

People and relatives agreed staff respected people's dignity and privacy at all times. They told us they were very happy with the care they received. People and relatives felt the staff showed great kindness and compassion while supporting and caring for the people. The registered manager was very complimentary of the staff's conduct towards people. They said, "I couldn't ask for a more caring team. Always assisting people to make things better for them." Staff were able to give examples of how dignity and privacy was respected. They understood the importance of treating people respectfully. They said, "By treating them the same way I would like to be treated if it was me receiving care" and "Always listen to what they want and making sure they have their say."

People's care was not rushed enabling staff to spend quality time with them. People and relatives felt staff

took their time to complete all the tasks and provide support that was needed. Everyone at the service always tried to go the 'extra mile' for the people to ensure their experience of care was as positive as possible. For example, there were two people needing a lot of support after their stay at the hospital came to an end. The registered manager and the staff team worked extremely hard to ensure the people were able to come back into the home environment. The registered manager not only accommodated the care needs very quickly but always considered their staff team before agreeing to any changes in the care packages. In another example, staff spent extra time with a person who was not eating well. Staff, by being patient and caring, had managed to successfully ensure they continued eating. Staff dedicated a lot of their time to people so they could enjoy life and get out of the house as often as possible. For example, take them to the garden centre, local shops, even arrange for health professionals such as the dentist and opticians to come and visit them. This ensured people could feel relaxed and receive care in the comfort of their own home. The registered manager worked with the local dementia team helping people using the service experience a better life. Thus both the people using the service and staff felt the service was like a family to everyone, caring and looking after each other.

Staff felt they were making a difference to people's life in the way they provided such a caring and kind service. They felt proud of their work and understood their role was so important to the people they supported. Staff knew people's individual communication skills, abilities and preferences. This helped to ensure people felt respected at all times. People's records included information about their personal circumstances and how they wished to be supported. On the dedicated home care website a number of really positive reviews were left by the relatives and appointed representatives of people using the service. This demonstrated people and those close to them felt that they truly mattered and that people were treated with much compassion and respect.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family.

## Is the service responsive?

### Our findings

People received the care and support they needed at the time specified in the care plan. People were informed when the visits were late or changes had to be made regarding staff attending the visit. When staff visited, they would make sure people were comfortable and happy before they left. People received care and support that was responsive to their needs because staff had a good knowledge of the people.

Each person had an individual care plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. People and their relatives if needed were involved in the care planning process. The staff were responsive to requests and suggestions, and people's needs and wishes. The care plans had been regularly reviewed and updated to ensure they accurately reflected people's current care needs. During our inspection the registered manager and the staff were working with professionals to update one person's care plan and risk assessments due to a recent major change in needs. People received support that was individualised to their personal preferences, needs and cultural identities. Staff used these plans as an important source of information to make sure the support they provided was personalised to each individual. People and relatives felt all staff were approachable, polite and supportive. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day. This helped staff monitor people's health and wellbeing, responding to any changes and enabling them to make timely referrals to appropriate professionals.

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand. It was available in care plans, for example, when they speak to the person to speak slowly and clearly. The registered manager was aware of the Accessible Information Standard and its requirements. They said they would review people's communication needs to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format people would be able to receive it and understand it.

The registered manager and staff sought feedback about the support and service from people. They asked and checked people during visits and encouraged people to contact them if people wanted more support or to raise any concerns. People's needs were reviewed regularly and if needs changed as required. Staff shared any information about people with each other and the registered manager on a regular basis. This helped them take prompt actions that would help manage risks associated with people's care and support.

There had been no complaints since the last inspection in November 2015. The registered manager took complaints and concerns seriously and would use it as an opportunity to improve the service. They encouraged people, their relatives and staff to always share any issues or concerns so it would be addressed in timely manner to avoid further negative impact. Staff knew it was important to encourage people to raise any concerns with them. They said, "If they discuss they are unhappy, we will always support them and with

permission, discuss it further with the manager". They knew how to report concerns or issues to the registered manager to be addressed.

The registered manager shared their team's involvement in supporting a person with the end of life care last year. The experience was very different and overwhelming as everyone reacted differently to this sort of care. The registered manager praised the staff team for doing "a great job" and being so compassionate while caring for the person. After that, the registered manager identified and arranged for staff to complete a diploma in the end of life care. This would help them to understand the concept of care in end of life better. It would also equip staff with better knowledge and skills to support the person, the family and each other during such a difficult time.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People and relatives were complimentary about the care and support and felt their care during visits was managed well. The service's aim and objectives were to provide people with person centred, high quality support and care. The registered manager and staff ensured people, and what was important to them, was at the centre of their work. After talking to people and relatives we could see they were respected, consulted and involved as per the aims and objectives of the service. The registered manager promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. These included audits of the files, medicine records, visits, staff performance checks and supervisions. There were no missed visits and people confirmed staff arrived on time. People's experience of care was monitored through daily visits, quality assurance visits, care reviews, and regular contact with people and their relatives. The registered manager also attended the visits to support people. They used it as an opportunity to observe staff's performance and practice and identify any issues or training needs. The registered manager took appropriate disciplinary action if they needed to address poor performance. The registered manager reviewed reported incidents and accidents related to falls, health and any errors made when providing care. All the information was recorded and actions taken to address any concerns.

The service worked closely with health and social care professionals to achieve the best care for people they supported. The professionals agreed the service provided was of high quality and they did not have any concerns. They said, "[The registered manager] leads by example. [They are] well known in the area and will work alongside other professionals effectively to make sure the clients and staff are well supported and cared for." People's needs were accurately reflected in detailed care plans and risk assessments. Records were complete, accurate and stored appropriately.

Staff had regular team meetings. The records showed the staff team discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff and the registered manager worked together as a team and motivated each other to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were plenty of opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to really well by the registered manager when they approached them. They said, "I cannot fault [the registered manager] as a boss and how she works" and "Excellent management. I have always felt supported and guided by my manager."

The registered manager encouraged open and transparent communication in the service. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. The registered manager valued how staff worked well together as a team. They said, "I am very lucky to have them. They've all got different assets – I appreciate them very much."