Br3akfree Limited

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Inspection report

Unit 4, Monteagle Court
32 Wakering Road
Barking
Essex
IG11 8PL

Tel: 02085943371
Website: www.br3akfree.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of Br3akfree Limited on 5 March 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It primarily provides personal care to young adults with learning disabilities. At the time of the inspection, the service supported two people with personal care.

At our last inspection on 6 March 2017, the service was rated 'Requires Improvement'. The service was in breach of regulations as the service had not completed assessments to determine people's ability to make decisions in certain areas. During this inspection, we found improvements had been made and the service therefore has been rated 'Good'.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed.

Risks had been identified, assessed and information had been included on how to mitigate risks to ensure people received safe care. Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and outside the organisation. Medicines were managed safely. Medicine records were completed accurately and staff had been trained with medicines.

Pre-employment checks had been carried out to ensure staff were fit and suitable to provide care and support to people safely. Staff told us they had time to provide person centred care and there were appropriate staffing levels. There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control and were provided with personal protection equipment to ensure risks of infection were minimised when supporting people.

Staff had received the training required to perform their roles effectively. People were cared for by staff who felt supported. Spot checks had been carried out to observe staff performance to ensure people received the required care and support. Staff had been trained on the Mental Capacity Act 2005 (MCA) and knew the principles of the Act. Assessments had been carried out using the MCA principles. People's care and support needs were assessed regularly for effective outcomes. The service worked with health professionals if there were concerns about people's health. Staff could identify the signs people gave when they were not feeling well and knew who to report to.

Relatives told us that staff were caring towards people and that they had a positive relationship with them. People's privacy and dignity were respected by staff. People were involved with making decisions about their care and were encouraged to be independent.

Care plans were person centred and detailed people's preferences, interests and support needs. Care plans

contained information on how to communicate with people. Pre-assessment forms had been completed in full to assess people's needs and their background to determine if the service can support people. People participated in various activities with staff. Relatives knew how to make complaints and staff were aware of how to manage complaints.

Staff told us that the service was well led. Relatives and staff were positive about the registered manager. People and relative's feedback was sought from surveys to identify ways to make improvements to the service. Quality assurance systems were in place, which enabled the service to identify issues and take prompt action when required to ensure people received safe care at all times.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks had been identified and information included on how to mitigate risks when supporting people.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing levels.

Medicines were being managed safely.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Good

The service was effective.

People's needs and choices were being assessed effectively to achieve effective outcomes.

Staff had the knowledge, training and skills to care for people effectively.

Staff felt supported in their role.

Staff knew when people were unwell and who to report this to.

Is the service caring?

Good

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved with making decisions on the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and included information on how to support people.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints and people were confident with raising concerns if required.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place for continuous improvements to be made.

Staff and relatives told us the service was well-led and were positive about the management.

People's and relatives feedback was obtained through surveys.

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 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.

The inspection was carried out on 5 March 2018 and was announced. We gave the provider 72 hour's notice as we wanted to ensure that someone would be available to support us with the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the provider. We made contact with social and health professionals that the service worked with to obtain feedback about the service.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed two people's care plans, which included risk assessments and three staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and quality assurance records. We also spoke to the director, the registered manager and one staff member.

After the inspection we spoke to two relatives and one staff member by telephone. We spoke to relatives as people using the service that were supported with personal care, were not able to communicate with us on the telephone.

Good

Is the service safe?

Our findings

Relatives told us people were safe. One relative told us, "Yes, it is safe. They look after my [person] very well." Another relative told us, "[Person] feels safe around them [staff]."

Assessments were carried out with people to identify risks. Risk assessments that had been completed provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. There were risk assessments with mobility, infection control, skin integrity and eating and drinking. For one person, in order to minimise the risk of falls, there was information that they should always wear foot splints when mobilising. Risks had been identified and assessments included the risk and strategies to mitigate the risks. There was an epilepsy management plan for people who were at risk of seizures, which detailed the possible triggers to seizures and what staff should do when a person had a seizure. A staff member told us, "People have risk assessments. They are useful because it helps us to know how to minimise risks whilst working with them. It helps us to work properly."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and social services. One staff member told us, "There is different types of abuse like physical, verbal, neglect and mental. If this happened, then I will tell my manager and if they do not do anything, then I will tell you [CQC]." Records showed that staff had been trained in safeguarding people.

The registered manager told us that there had been no incidents or safeguarding concerns since the last inspection. Relatives we spoke with confirmed this. The registered manager and staff were aware of what to do if accidents or incidents occurred. There was an incidents form in place that could be used to record them. In addition, the registered manager told us that if incidents were to occur, then this would be analysed and used to learn from lessons to ensure the risk of re-occurrence was minimised.

Pre-employment checks were carried out to ensure staff that were recruited were suitable to provide care and support to people safely. Staff confirmed that these checks had been carried out. The service employed three staff to deliver personal care. Relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process.

Staffing levels were appropriate. Staff told us that they were not rushed in their duties and had time to provide person centred care and support to people when needed. One relative told us, "They do ring me if they are running late but it does not happen often. They also give my [person] extra half hour for free. I am really happy with that as my [person] gets that extra time with support." Another relative told us, "Yes, they are always here on time." Records showed that staff had to complete time sheets evidencing the time they arrived and left. The logs were then reviewed by the registered manager to keep track of staff attendance and punctuality. Rotas were sent to staff a week in advance so that staff were aware of who they would be supporting.

People were supported with their medicines by staff and this was managed safely. A relative told us, "I have no concerns with medicines, they give it on time." Medicines were completed accurately on people's Medicines Administration Records (MAR). Accurate records were kept of medicine administration. Staff confirmed that they were confident with managing medicines. Staff had received competency assessments in medicines to check their understanding in this area. The registered manager carried out weekly medicine audits, which checked medicine management to ensure people were receiving their medicines safely. Where issues were identified, this was recorded and brought to the attention of staff to ensure learning took place and improvements were implemented to minimise the risk of reoccurrence.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. A relative told us, "Yes, they all wear all the right uniform and have this with them." We asked staff how they minimised the risk of infection and cross contamination. They told us they were supplied with Personal Protective Equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE in a separate bag when completing personal care. They also washed their hands thoroughly. There was a domiciliary checklist for each person that detailed the tasks required and one of the tasks was that staff should ensure they take PPEs before attending care visits.

Good

Is the service effective?

Our findings

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

At our last inspection on 6 March 2017 the service was in breach of regulations as they had not completed assessments to identify if people had capacity to make decisions. During this inspection, we saw that improvements had been made. Records showed that assessments had been carried out using the MCA principles and a decision that was in their best interests had been made on people's behalf, where it was identified people did not have capacity to make specific decisions. Family members and social professionals had been included on the best interest decision making process. The registered manager and staff had been trained on MCA and were able to tell us the principles of the MCA and the best interest decision process. A staff member told us, "It's the ability to see if people can make decisions for themselves. If they couldn't, then I would tell my manager and then we would have a meeting with their family to see how we get consent."

Staff asked people for consent before doing anything. A staff member told us, "I always ask for consent. If they do not want me to do something, then I will wait and then ask again." Relatives confirmed that staff always asked for consent before supporting people.

Relatives told us staff were skilled, knowledgeable and were able to provide care and support to their family members. A relative told us, "They are very, very knowledgeable. They know [person's] needs and understand [person's] needs."

Staff members told us they received training and support from the service, including induction training. A staff member told us, "I enjoyed all the training. [Registered manager] introduced me to clients. I shadowed for a week before I was confident I could work by myself." Another staff member told us, "I was assigned to a senior staff to shadow before I began. I also did the Care Certificate training before starting my role." Records showed staff that had started employment had received an induction. The induction involved looking at care plans and shadowing experienced members of staff. Records showed that prior to supporting people, staff members received Care Certificate training. The Care Certificate is a set of standards that health and social care workers stick to in their daily working life. The training included infection control, health and safety, basic life support, medicines, learning disabilities and safeguarding. Staff had also received refresher training in these areas following the care certificate training. Staff had received specific training in epilepsy. This meant that staff had been trained to perform their roles effectively.

During this inspection, records showed that staff had received a yearly appraisal and had received recent supervision in February 2018. Supervision included discussions on health and well-being, working with people, training and communication. Staff told us that they were supported in their role. A staff member

told us, "From management, we get support." Another staff member told us, "She [registered manager] does meetings and appraisals to see our performance and what needs improving." Observations of staff supporting people had been carried out and this had been recorded. This also involved speaking to people for their feedback on staff performance, which formed part of staff supervision.

The registered manager told us that the service provided limited support with meals as relatives prepared them and staff only reheated meals. Staff and relatives we spoke with confirmed this. There was information on people's care plans about people's likes and dislikes with food, dietary requirements and if any support was required. For one person information on their care plan included that staff should encourage a person to eat with their spoon rather than the hand to stop them from playing with their food.

People's GP details and any community professionals involved in their care had been recorded in their care plans. There was a 'Health Action Plan' that provided details of health professionals and upcoming appointments. People had a hospital passport. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they were admitted to hospital. One relative told us, "They do know if [person] has a cold or a cough and they will always let me know." Staff had an awareness of when people did not feel well. A staff member told us, "[Person] will tell us if [person] is in pain and we will call mum." Another staff member told us, "Sometimes you can tell as they look withdrawn or by their behaviour. Once when I was helping [person] I noticed [person] had [specific condition], so I called the mum and they then took [person] to GP."

Pre-assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required, which allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The service assessed people's needs and choices through regular reviews. Records showed that at the time of our inspection, there were no changes to people's needs. The registered manager told us if there were any changes, the care plans would be updated and these changes would be communicated to staff. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. Staff meetings were also held whereby staff could provide updates on people and discuss potential concerns as a team. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Good

Is the service caring?

Our findings

People received care from staff who were kind and compassionate. Relatives were happy with the approach of members of staff and told us that staff were caring. One relative commented, "They are very friendly." Another relative said, "They are very kind."

Staff had positive relationships with people. A staff member told us, "You just have to be nice to them and be professional, so you can build their trust." Staff also told us that they used the care plans to find out about people's backgrounds and likes, which enabled them to have a conversation with people whilst supporting them. This helped build positive relationship and trust between people and staff. A relative told us, "They have a fantastic relationship with my [person]. When they come [person] reaches their hands to them. They are very affectionate."

Where possible, people had been included in making decisions about how best to support them. Care plans had been signed by relatives to evidence that they agreed with the contents of the care and the support people received from the service. Regular meetings to review people's support needs were held and the registered manager told us that people were encouraged to participate in these meetings with their relative. A relative told us, "We do have meetings where we discuss about [person]." As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and day to day living. A staff member told us, "I always encourage them to choose what they would like to wear or how they would like me to support them."

Independence was encouraged and records showed, where possible, staff should encourage people to support themselves. A relative told us, "They do encourage my [person] to eat by themselves and also go to the toilet without support." This meant that service was encouraging people to live as independently as possible and be less dependent on staff support, which would have a positive impact on people's well-being.

Staff ensured people's privacy and dignity were respected. Staff told us that when providing particular support or treatment, it was done in private. A staff member told us, "When I give personal care, I will always close the door, cover [person] up and make sure no one is round before giving them a shower." Staff told us that they would always knock on people's doors before entering. A staff member told us, "Yes, I always knock on their door before going inside." Relatives confirmed that people's privacy and dignity was respected when staff supported them.

Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely.

People were protected from discrimination. Staff understood that racism, homophobia, transphobia or

ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People's religious and cultural beliefs were recorded on their care plan.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Relatives told us that staff were responsive. A relative told us, "They know [person] really well."

Each person had an individual care plan, which contained information about the support they needed from staff. One staff member told us, "Yes, the plans are helpful as they tell you how to look after them." There was a personal profile, which included people's date of birth, religion, ethnicity and gender. Care plans detailed the support people would require to ensure people received person centred care. Care plans were individualised and included details of people's family members and details of their health and social care professionals. Information included people's personal history such as their upbringing and how they were diagnosed with learning disabilities. In one person's care plan, information included that a person disliked their face to be clean and their teeth brushed. In another care plan, information included how a person did not like tasks being imposed on them. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included how people communicated. For one person, information included that a person would show if they were happy or sad through facial expressions and would touch their head if they were distressed. Staff told us they looked at people's care plans on how to communicate with people and how to make information accessible. There were pictorial records available that staff used to communicate with people with communication difficulties. A relative told us, "Communication is quite good." Another relative told us, "[Person] always gets guided when they [staff] help. They guide and show [person] well."

The provider also managed a day centre. People that received personal care were supported by staff to attend the day centre to meet other people and participate in activities. For one person, records showed the service had worked with a health professional for the person to go swimming. The registered manager told us that the person enjoyed this and was supported to go swimming with day centre staff. A staff member told us, "They [people] do a lot of activities here, like they go to Zumba, gym, walks in park, cinema and cycling. We also do indoor things like Zumba if it is raining outside and arts and crafts." A relative told us, "They do a lot of activities."

Records showed that no formal complaints had been received by the service since the last inspection. Relatives told us they had no concerns but knew how to make complaints and were confident this would be addressed. The registered manager and staff were aware of how to manage complaints. A staff member told us, "If I receive a complaint, I would assure [complainant] that we will look into this and let the manager know, who will investigate."

Good

Is the service well-led?

Our findings

Staff told us that they enjoyed working for the service. One staff member told us, "I enjoy it here, it is really good. You get to learn and we have lots of training." Another staff member told us, "I enjoy working for them. I love working with people, I always feel fulfilled knowing that their needs are met." This meant that people were being cared for by staff that had a passion to help people

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. One staff member told us, "If we have any problems, she [registered manager] is ready to help you." Another staff member told us, "She is very nice. She is generally good." This meant that there was a positive culture within the service, where staff felt supported in their role and felt confident to approach the registered manager with any concerns.

Relatives were also positive about the management of the service. One relative told us, "She [registered manager] is a fantastic manager. She goes over and beyond." A relative told us, "She [registered manager] is great. If we have any problems we can go to her. It is a good service." This meant that people were being supported by a service that relatives felt were well-led and responsive to people's needs, which ensured people received the required care and support.

The service by law is required to notify us of any significant events or incidents such as safeguarding, deaths or serious injuries. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.

There were systems in place for quality assurance. The registered manager carried out spot checks on staff and provided feedback to staff on the outcome of these checks. Spot checks included checking time keeping, appearance, staff approach and staff knowledge and skills. Weekly audits were carried out on medicine management and were issues were identified, this was recorded and relevant action taken to ensure medicines were managed safely.

People's feedback was sought through surveys. Surveys included questions on service delivery, decision making, staff attitudes, time keeping and overall satisfaction with the service. The results were positive. The registered manager told us that as they supported a limited number of people and the feedback had been positive so far, the results had not been analysed. However, they told us that if the service expanded, feedback would be analysed from people to ensure there was a culture of continuous improvement and people always received high quality care. This meant that people's views were sought to make improvements to the quality of the care and support they received.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff held discussions on people that received support, service delivery, staffing and any concerns. This meant that staff were able to discuss any ideas or areas of improvements as a team, to ensure people received high quality support and care.