Br3akfree Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Br3akfree Limited on 6 March 2017. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service provides support with personal care and outreach services to adults living in their own homes. Two people were using the service at the time of our inspection.

On the 5 February 2016 we carried out an announced comprehensive inspection of the service. We found that the service did not have a robust recruitment system in place. We issued one requirement action. During this inspection we found improvements had been. Recruitment and selection procedures were now in place and appropriate checks had been undertaken before staff began work.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Records clearly showed that relatives had been involved in the planning of personal care and activities for people who used the service. However the service had sought consent from relatives without ensuring they had the legal authority to consent on their behalf.

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

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

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were able to explain and identify what constituted abuse and what action they would take to raise concerns.

Risks assessments were in place and were robust.

Staffing levels were in line with people's needs and staff cover arrangements were effective.

Medicines were administered and recorded safely.

Recruitment records demonstrated that there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective.

The service had sought consent from relatives without checking they had the legal authority to consent on people's behalf.

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

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

Is the service caring?

Good

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

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

Is the service responsive?

Good

The service was responsive.

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

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

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

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had various quality assurance and monitoring systems in place. However the auditing systems had not identified the gaps in obtaining consent.

The service had a registered manager in place. Staff told us they found the registered manager to be approachable and there was an open and inclusive atmosphere at the service.

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.

This inspection took place on the 6 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the provider's office. We spoke with the registered manager, the nominated individual, and four care workers. We were unable to speak to people using the service because they were unable to communicate with us verbally however we spoke with three relatives. We looked at two care files, daily records of care provided, three staff recruitment files including training records, and policies and procedures for the service.

Good

Is the service safe?

Our findings

During our previous inspection in February 2016, we found that the service did not have a robust recruitment system in place. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

The service followed appropriate recruitment practices. Staff files contained an up to date criminal records check, at least two satisfactory references, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This meant the provider could be assured that employees were of good character and had the qualifications, and skills to support people using the service.

Relatives we spoke with felt the service was safe. One relative told us, "[Relative] is safe. They [staff] know [relative]." Another relative said, "[Relative] is safe."

The service had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would go to the manager and ask her how long to investigate. If she does nothing then I whistle blow." Staff told us they had recently undertaken safeguarding training. Records confirmed this.

The registered manager told us there had been no safeguarding incidents since the last inspection of the service. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as risk of people with behaviours that challenge, mobility, personal care, toileting, eating and drinking and supporting in the community. The risk assessments were specific to the individual need and included information for staff on how to manage risks safely. For example, one person was diagnosed with epilepsy. The risk assessment stated, "If [person who used the service] seizure lasts more than five minutes we must call the ambulance and inform the parents of the situation." Staff demonstrated a good understanding of their work and they had knowledge regarding various precautions to take in order to ensure people were kept safe and received the care they needed.

Relatives told us their care staff usually arrived promptly and would stay the allotted amount of time. If there were any problems they said the registered manager or the care worker would call them. One relative told us, "Carers always on time. [Registered manager] will call me if normal carer is sick. They call me in advance." Another relative said, "Punctual every day. They [staff] let you know in advance if different carer."

Through our discussions with the registered manager and staff, we found there was enough staff to meet the needs of people who used the service. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. One staff member told us, "There is enough staff." Another staff member said, "They [office staff] find someone available [to cover shift]. They will always let the relative know."

At the time of our inspection the service was supporting one person with their medicines. A relative we spoke with felt confident in the support provided with medicine administration. The registered manager told us medicines administration record (MAR) charts were returned to the provider's office weekly. Records confirmed this. The registered manager told us MAR charts were checked weekly. However records showed the registered manager was not recording that the MAR charts had been quality checked. The registered manager told us she would immediately update the MAR charts to reflect quality checks. We checked people's MAR charts and found these were complete and accurate. The provider had a comprehensive medicines policy which included clear guidance to staff about ordering, receiving and storing medicines, administration of medicines and record-keeping.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons and other protective clothing. During the inspection we saw supplies of protective clothing stored and available for staff. One staff member told us, "They provide all equipment like aprons, gloves and hand sanitiser."

Requires Improvement

Is the service effective?

Our findings

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.

The service had clear records that relatives had been involved in planning decisions regarding activities, personal care, and food and drink. However, the service had not completed capacity assessments where there was doubt that people had capacity to consent to care. The MCA is clear that capacity to consent should be assumed unless proved otherwise. As there had been no recorded capacity assessment it must be presumed that people could consent themselves. The service did not have a record that these relatives had the legal authority to consent on people's behalf. This meant it may not have been legal for them to provide this consent. Likewise, where care was provided in people's homes and the community there was no clear record that the person was consenting to their care and treatment or that it had been arranged through following a Best Interests decision making process under the MCA.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the relatives we spoke with felt their relatives' needs were being met by staff who knew what they were doing. One relative said, "We are really happy with them [staff]. They are doing a great job." Another relative told us, "I'm very happy. They [staff] are doing good." A third relative told us, "It's quite good and working well."

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. Records confirmed this. One staff member said, "There is an induction. They [new staff] have training. They go for shadowing and introduced to the clients." Records showed all staff had completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. One staff member told us, "I've done The Care Certificate. I did it last year."

Records showed staff had completed training specific to their role. Training included safeguarding adults and children, manual handling, health and safety, food hygiene, first aid, infection control, epilepsy awareness, medicines, recording keeping and record keeping. One staff member told us, "We do training every six months. We have done lots of training." Another staff member said, "We go for training at [local authority]." Records showed that staff had not completed updated Mental Capacity Act 2005 (MCA) training. We spoke to the registered manager who advised us she would book the training immediately. After the inspection the registered manager notified us staff were to receive MCA training on 9 March 2017.

Staff received regular formal supervision and we saw records to confirm this. Topics included in supervision

records were training, people who used the service, feedback from families, medicines, communication, record keeping and health and wellbeing. One staff member said, "We do it every month." Another staff member told us, "It's very helpful." A third staff member told us, "It's every month sometimes more if needed. We discuss how I work with [person who used the service]. Any changes with [person who used the service] and how I am getting on in general." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out. Records confirmed this. One staff member said, "We just finished our annual appraisals."

There was information included in people's care plans so that the food they received was to their preference. Staff provided support where required in the preparation of people's meals and drinks. Although nobody was at risk of malnutrition, staff supported people's families in ensuring people's nutritional and cultural needs were met. For example, one care plan stated the person liked culturally specific food. Daily records confirmed this person's needs were being met. One staff member told us, "In the care plan it has what they [person who used the service] like to eat." Another staff member said, "I feed [person who used the service]. I prompt [person]. Family make the food."

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

Good

Is the service caring?

Our findings

Relatives told us staff treated their relatives with dignity and acted in a caring manner. One relative told us, "I think they [staff] show a lot of compassion. They go beyond their duties. They are very caring." Another relative said, "They [staff] help a lot and caring."

Staff told us they enjoyed working with the people they provided care for. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One staff member told us, "We are friendly and respect them [people who used the service]. We make them happy." Another staff member said, "The parents are very happy. They call to say thank you."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "If any relative there I make sure the door is shut and no one comes in." Another staff member said, "If [person who used the service] having a shower I will close the door. I cover with towel when moving to the next room." A relative told us, "They [staff] are very careful with [person who used the service] privacy. They are very protective of [person]."

Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an understanding of people they supported and their likes and dislikes. A staff member said, "We don't force them [people who used the service]. We ask if they want a walk, read or go to the movies" Another staff member told us, "They [people who used the service] have lots choices. In the care plan it has what they like." One relative told us," [Relative] gets choices." Another relative said, "Always they [staff] ask permission."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One staff member said, "Encourage in shower to wash [person who used the service] hair." Another staff member said, "I try to [promote independence]. I prompt [person who used the service] to do things sometimes. Sometimes [person] refuses." Care plans included information about supporting people to maintain their independence and enabling them to manage tasks for themselves where possible. For example, the daily record for one person stated, "[Person who used the service] was encouraged to rub shampoo into hair which [person] did."

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, where possible, staff respected people's wishes when preparing culturally specific food. One staff member told us about supporting someone with specific cultural needs, "[Person who used the service] is a [specific religion]. They don't allow shoes [in person's home]. So we have protective shoe covers."

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. One staff member said, "It would be discrimination if we did something different." Another staff member told us, "We would go in and respect them." A third member of staff told us, "It's exactly the same care."

Good

Is the service responsive?

Our findings

Relatives told us that the service involved them in decision making about the care and support needs of their relatives. One relative told us, "I have got the care plan from day one." Another relative said, "They [staff] know what to do."

The registered manager told us that they met with prospective people who wanted to use the service to carry out an assessment of their need after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The registered manager told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. The service had no new referrals since the last inspection.

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including personal care, toileting, eating and drinking, maintaining good health, medicines, and transport in the community. The care plans were written in a person centred way that reflected people's individual preferences. For example, one care plan detailed how one person when distressed would bang their head. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans.

Care plans were written and reviewed with the input of the person, their relatives, and the registered manager. Records confirmed this. Staff told us care plans were reviewed regularly. One relative told us, "We do have reviews. We go through everything. Likes and dislikes and activities." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. The complaints procedure was contained in the information pack which was given to all new people when they first joined the service. A relative told us, "I would complain to [registered manager]. She asks me to contact her if not happy with anything." The registered manager told us there had been no formal complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us that they liked the service and they thought that it was well led. One relative said, "I think [registered manager] is fantastic. Has a hand on approach. She would sort out straight away. The same relative told us, "Very helpful and [registered manager] will check to see how I am." Another relative told us, "I'm happy with [registered manager]. I don't have any problems. I'm happy and [relative] happy."

There was a registered manager in post. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "Very supportive. Her door is always open." Another staff member said, "Really good example to work with and learn from. Very calm and supports you." The same staff member told us, "She always listens to you." A third staff member said, "She's a great manager. She's always in contact and seeing if everything okay."

The registered manager and staff told us that regular staff meetings were held. These meetings included a weekly brief on a Monday and a staff team meeting monthly. Records confirmed these meetings were held regularly. Topics included complaints, health and safety, challenging behaviour, training, professionalism, safeguarding, whistleblowing, medicines, infection control and report writing. One staff member told us, "Have them once a month. It's good as get to see colleagues and find out everything going on." Another staff member said, "We give feedback and any concerns. Everybody has the right to say what they think." A third staff member told us, "Staff meetings are very open." A fourth staff member said, "It builds a good relationship."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a weekly quality check. The quality check included daily logs completed, timesheets, person centred care, risk assessments updated and reviewed, communication books completed, team meetings held and recorded, supervision completed and that policies and procedures were up to date. However the auditing systems had not identified that records did not show that people had consented to their care or that care had been arranged through following a Best Interests decision making process under the MCA or that relatives had the legal authority to consent on people's behalf.

The registered manager monitored the quality of the service by regularly speaking with people and their relatives to ensure they were happy with the service they received. The service undertook unannounced spot checks to review the quality of the service provided. Spot checks included visiting people in their home and telephone calls to relatives. The spot checks topics included punctuality of the care workers, respect for people who used the service, personal appearance of care workers, observing care tasks and feedback from people and their relatives. Records confirmed spot checks were undertaken regularly. One relative told us, "[Registered manager] checks book and what [care workers] do." Another relative said, "They do spot checks quite a lot. They come in early before the carer gets in."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service had sought consent from relatives without ensuring they had the legal authority to provide consent on people's behalf.