

Brooklands Homecare Ltd

Brooklands Homecare Ltd - Edenbridge

Inspection report

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Date of inspection visit:
10 July 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 10 July 2018, and was announced.

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. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, there were approximately 80 people who received support with personal care tasks.

At the last inspection, the service was rated Good. At this inspection, we found the service requires improvement.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had not always followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles. The registered manager had not ensured that all staff had two suitable references before working alone in the community and some staff had no appropriate vehicle documentations to carry out their work.

The registered manager had processes in place to monitor the delivery of the service. However, this had not been effective in rectifying the shortfall we found in recruitment. We have made a recommendation about this.

The registered manager and staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The registered manager and staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe. Medicines were managed safely and people received them as prescribed.

There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons were learned when things went wrong, to improve safety across the service.

The registered manager deployed sufficient numbers of staff to meet people's needs and provide a flexible service.

Management systems were in use to minimise the risks from the spread of infection as staff received training about controlling infection and had access to personal protective equipment like disposable gloves and aprons.

Staff had received training as is necessary to enable them to carry out the duties they were employed to perform. All staff received induction training at start of their employment. Refresher training was provided at regular intervals.

People's needs had been properly assessed by Brooklands Homecare prior to receiving support from the service. Care plans had been developed with people by Brooklands Homecare on how to meet their needs.

Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity. People continued to be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff continued to have good levels of support and supervision to enable them to carry out their roles. There was a programme of planned training which was relevant to the work staff carried out and the needs of the people using the service.

People continued to receive care from staff that were caring. People were treated with dignity and respect and staff ensured their privacy was maintained.

People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences.

People were supported with meal planning, preparation, eating and drinking. Staff supported people, by contacting the office to alert the registered manager to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the registered manager at any time, and they felt confident about raising any concerns or other issues.

Staff had access to an 'out of hours' support that they could contact during evenings and weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue

We found a 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 the 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?

The service was not consistently safe.

The registered manager had not always followed safe recruitment practices.

People were protected from the potential risk of harm. Staff knew how to recognise any potential abuse and so help keep people safe.

Medicines were managed in a safe way. Staff had been adequately trained in medication administration.

There were enough staff available to meet people's needs.

Requires Improvement



Is the service effective?

The service was effective.

People had an initial assessment to determine the care and support they required from staff.

People had control over the choices and decisions they wished to make.

Staff provided the support people required with their meals and fluids as well as their health.

Good



Is the service caring?

The service was caring.

People were complimentary about the staff who supported them, finding them kind and caring.

People and their relatives were involved in their assessment and care planning process.

People were given information about the support they received and the standards they could expect from the staff.

People experienced care from staff who respected their privacy,

Good



dignity and independence.

Is the service responsive?

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

People told us they were encouraged to make choices by staff when providing care.

A complaints procedure was in place and people were able to raise any issues or concerns.

Good ●

Is the service well-led?

The service was not consistently well-led.

The registered manager had processes in place to monitor the delivery of the service. However, this had not been effective in rectifying the shortfall we found in recruitment.

The registered manager was aware of their responsibilities.

Relatives felt the service was well managed and would listen to any concerns.

The registered manager worked well in collaboration with outside agencies.

Requires Improvement ●

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.

The inspection took place on 10 July 2018 and was announced. The provider was given 24 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

The inspection was carried out by one inspector who visited the agency's office in Edenbridge area of Kent and an expert-by-experience, who made calls to people using the service. 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 for this inspection had experience in care for older people.

Before the inspection, we asked the provider to complete 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. We also looked at information we held about the agency, such as notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information including the Provider Information Return to plan our inspection.

As part of the inspection, we spoke with the registered manager of Brooklands Homecare, the deputy manager and two part-time administrators who were also care workers providing direct support. We also spoke with five people who used the service and received feedback from a local authority commissioning officer.

During the inspection visit, we reviewed a variety of documents. These included four people's care records,

which included care plans, health care notes, risk assessments and daily records. We also looked at four staff recruitment files, records relating to the management of the service, such as audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, which included staff training record and checklist form. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

The provider had not carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work with people who needed safeguarding from harm. We checked recruitment records and reviewed four staff files and saw that recruitment processes were not always carried out in line with the provider's policy or Schedule 3 of the Health and Social Care Act. Gaps in employment histories were not fully explored in three out of four files reviewed. There were no dates on education history, so it was difficult to establish when staff finished their education and when they started employment. These were not discussed as part of the interview process. Two references had not been received before staff started work. One out of the four recruitment files we looked at had no references on file and staff had started to support people without any references. In the four staff files we looked at, we found no current record of car insurance they had expired in 2016. We checked if staff had a current ministry of transport (MOT) test certificate as they used them as part of their day to day work. We found that two out of the staff files we looked at had no MOT certificate and one had expired in 2015 and the other in 2016. This meant that staff could be using their vehicles to work without adequate safety checks.

The examples above were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People we spoke with told us they felt safe with carers from Brooklands Homecare. One person said, "I feel very safe with the carers".

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. Staff told us that they would refer to this guidance whenever required and they would report any suspicion of abuse immediately. A member of staff said, "It is about protecting people from abuse. If I suspect, I will report it to my line manager". Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

People were supported in accordance with their risk management plans. People were supported effectively through personalised support plans. Risks relating to daily routines and finances had been identified and managed and staff were aware of the need to review plans on a regular basis.

Staffing levels had been provided in line with the support hours agreed with the person receiving the service. The registered manager said that staffing levels were determined by the assessed needs when they accepted to provide the service and also whenever a review took place. There were enough staff to cover all calls and staff numbers were planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased

if required. The registered manager told us that they carried out visits to people whenever required to ensure their staffing needs are met.

Staff understood their responsibilities to raise safety concerns, and record near miss incidents, and to report them internally and externally. We checked the service's accidents or incidents records and found that there had not been any incidents relating to people being supported since we last inspected. The registered manager told us that accidents and incidents would be recorded by staff and reviewed by them so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Suitably trained staff followed the arrangements in place to ensure people received their prescribed medicines. These were stored safely in medicine cabinet. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. No one was given PRN (as required) medicines in the service.

Staff had received infection control training. Staff had received infection control training and were provided with a supply of personal protective equipment (PPE). They understood the importance of protecting people from cross infection. For example, they were issued with gloves and aprons.

The registered manager planned in advance to ensure people's care could be delivered. The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The registered manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time should they arise. People and staff told us this system worked well and there was always someone available to speak to.

Is the service effective?

Our findings

People told us staff were caring. One person said, "I receive a good service. I have been using this agency for over three years". Another said, "Very caring people. They take interest in people they care for". A relative said, "Yes, they come in and have a chat with us. Generally speaking, they know what to do. I will be perfectly at ease leaving the carers with my husband. They are just lovely people".

The people we spoke with confirmed that staff had a good understanding of their care needs. Daily records of the care and support delivered were kept in a folder in people's homes. We viewed the daily records for one person which showed the care staff delivered were according to what was in the care plan and these were kept up to date. For example, one person wants a bath as personal care daily, we saw that this need was met by staff daily.

People continued to be involved in their care planning and their care was flexible. One relative said, "Yes, I am involved in the care being delivered. Yes, my husband feels involved too". People's care plans detailed basic information about what type of care and support they needed in order to maintain their independence and reach goals to improve their lives.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes. Staff were aware of the need to respect people's choices and involve them in making decisions by providing flexible care and actively encouraging independence and choice. The registered manager told us they ensured people's choices were respected.

People's capacity to consent to care and support had been assessed and recorded within their care plans. Where people lacked capacity to make specific decisions, the provider had an understanding of what procedures to follow. People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals.

Relatives told us that staff were clear on how to maintain people's dignity when supporting them with their personal care. One relative said, "Definitely, my husband's dignity is respected. They do not push you into what you do not want done". One person said, "Oh yes, they do respect me". Another said, "Yes they do protect my dignity. They cover me up while carrying out my personal care and staff close the curtains". The registered manager had a good rapport with people and knew people well. Staff were able to describe people's care routines, likes and dislikes.

The registered manager and staff continued to have a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records

were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the office to ensure that they were only accessible to those authorised to view them.

The service had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. One person said, "They do contact me on the phone to check on me, which is good of them". The registered manager told us that people were informed if their regular carer was off sick, and which staff would replace them. People said that when they first started to use the service, they were given the time when their carer would arrive at their home and staff had been always punctual. People confirmed to us that if staff were running late, they do inform them. One person said, "I have the same carer at all times. If it will change, they inform me. They are always on time".

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists, dieticians and district nurses. A healthcare professional told us, 'Brooklands work well with clients who have challenging needs, and generally have a good reputation as a Care Provider and communicate care needs to us'. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. Staff told us that if they had any concerns about a person's health, they would liaise with the office for advice or in an emergency situation they would contact the GP or emergency services. This helped ensure individual health care needs were effectively met.

Is the service caring?

Our findings

One person said, "I receive a good service. I have been using this agency for over three years". Another said, "Very caring people. They take interest in people they cared for". A relative said, "Yes, they come in and have a chat with us. Generally speaking, they know what to do. I will be perfectly at ease leaving the carers with my husband. They are just lovely people".

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives confirmed they had been involved in decisions and support. One relative said, "Yes, I am involved in the care being delivered. Yes, my husband feels involved too". People's care plans detailed basic information about what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. The daily records showed staff had delivered the care in their care plan. They had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us they ensured people's choices were respected.

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The relative spoken with felt staff had a good understanding of their care needs. Daily records of the care and support delivered were kept in a folder in people's homes. We viewed the daily records for one person which showed the care staff delivered. We found these were kept up to date.

Is the service responsive?

Our findings

People told us the care and support they received was responsive to their needs. One person said, "I have a good carer. I only have to ask her once." Another said, "I have never had to complain. They are good". A relative said, "We were given information about how to complain when the service started. If we have any concerns, I would tell them".

A healthcare professional commented, 'I have always found Brooklands effective communicators. The manager is responsive when issues are raised'.

The registered manager told us that they carried out people's needs and risk assessments before the care began. They discussed the length of the visits that people required, and recorded care tasks they would need in their care plans. These included washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. These were reviewed as and when necessary for example, if people's needs changed. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care. A healthcare professional commented, "The service delivers good person-centred care, and will often go the extra mile, especially for clients who have challenging needs".

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave.

People were given a copy of the service's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their care staff.

The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns. There had been no complaint since the service started. A healthcare professional told us they had no concerns about this service.

Brooklands Homecare provided care and support to people to enable them to maintain their independence and live in their own homes. During this visit, the service did not provide care and support to people who were at the end stages of life. The registered manager told us they would be introducing end of life care training to enable staff to support people through terminal illness and at the end of lives.

Is the service well-led?

Our findings

People, their relatives and staff told us the service was well-led. When asked about people's experience of the service being provided, one person said, "I am very satisfied with the service". A relative said, "My husband says he is perfectly happy with the care provided".

A healthcare professional commented, "Brooklands work well with clients and generally have a good reputation as a care provider and communicate care needs to us"

The registered manager had the skills and experience to carry out their role. They kept up-to-date with changes to legislation and looked for good practice by registering with umbrella organisations such as Skills for Care and the local authorities. An umbrella company is a business that provides the specialist services to members of the company. The registered manager kept staff up to date with new developments in social care. For example, the registered manager was invited to attend a seminar in Amsterdam by one of the local authorities they provided services to about a new way of service provision in the community called 'Buurtzory'. The local authority planned to pilot this new model of care in the local authority in October 2018. This model of care is a nurse-led model of holistic care and self-managed teams, which the local authority believed would enhance care provision in the community. A healthcare professional commented, 'I believe Brooklands Homecare is well managed". The provider worked closely with social workers, referral officers, district nurses and other health professionals. This ensured the right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance when this was necessary.

People were invited to share their views about the service through telephone calls to people who used the service and when the provider carried out personal care for people. Annual survey was carried out and feedback from everyone was satisfactory. Comments included, 'If all carers were as good as 'X', no one would have any problem' and 'I am very happy with all the care. My carer is 100%'. .

The registered manager had developed a planned programme of monitoring and audits to assess the effectiveness of the service and the outcomes for people. Spot checks on staff included time and attendance records, care plans, medicine records, and discussions with the people who used the service regarding the quality of care they had received. A programme of audits was in place which covered all areas including staff training and supervisions, complaints, safeguarding, care plans, risk assessments and daily contact sheets. As a result, the service should have been effective in highlighting shortfalls in lack of copies of car insurance and MOT in staff files and taking action to resolve them. However, at the time we inspected, these had not been rectified. Audits of staff files had also identified that there had been difficulties in obtaining staff references in some cases when they were requested, but staff had commenced work without all their references being obtained. .

We recommend that the provider seek advice and guidance from a reputable source, about the implementation of a robust audit system.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in liaising with outside agencies. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures. We saw signature sheet which staff signed they had read the policies.

Communication in the service continued to be improved through handovers with on-call staff and regular office meetings. At these meetings, any concerns, actions or issues were discussed and addressed. These meetings enabled issues to be raised and resolved. Staff were complimentary about the manager, and felt the values displayed by the manager were reflected in the support they provided. A member of staff said, "The manager is very understanding and we can approach her at anytime". Staff told us the registered manager provided support and encouragement. They had the opportunity to discuss any concerns informally with the registered manager whenever they were in the office.

The registered manager had good oversight of accidents and incidents. They regularly reviewed information to see if further strategies were required to be implemented due to peoples changing needs.

The registered manager understood their legal obligations and was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. We used this information to monitor the service and to check how any events had been handled. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The provider confirmed that no incidents had met the threshold for Duty of Candour.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating at their premises.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered manager was not operating effective recruitment procedures. Regulation 19 (1)(a)(3) (a)