

Berkshire Care Limited

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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 

Overall summary

Berkshire Care Limited is a small domiciliary care agency which provides support to people in their own homes. At the time of our inspection Berkshire Care Limited was providing support to 17 people.

This inspection took place on 20 November 2015. The inspection visit was announced 48 hours in advance because the location provides a domiciliary care service and we needed to be sure that a member of the management team could be contacted in person on the day. The service had been previously inspected in May 2013 when it had been found to comply with the requirements of regulations.

The service was operated from an office on the first floor of a building. The office was accessible via a passenger lift and accessible toilet facilities were available.

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

Summary of findings

People told us they felt safe when they received care and support from staff employed by the service. Staff were aware of their responsibilities to report any safeguarding concerns they may have.

Recruitment systems were effective as pre-employment checks were carried out. Staff had received a full induction to understand their role and to ensure they had the skills to meet people's specific needs. As a result, people could be confident they received care and support from staff who were competent and well matched to their position.

The service's induction programme was robust and included mandatory training and a requirement for staff to read the company's policies. The training was on-going and comprehensive; staff told us they could access training whenever it was needed.

People's consent was sought when appropriate and the service worked within the requirements of the Mental Capacity Act (2005) (MCA). The service ensured they worked in people's best interests.

We also observed that people's nutritional needs were assessed and adhered to. Other services and agencies, such as health professionals, were accessed when required.

Staff were caring and treated people with dignity and respect. People's independence was respected and

promoted, and staff responded to people's support needs. They had gone above and beyond their duty providing people with care. Staff had not hesitated to devote their own time to attending training in order to speed up the process of discharging a person from a hospital. What is significant, their commitment had not been restricted to the singular action. Staff had constantly put a lot of effort into providing care to people, not for benefits, but often at the expense of their own time. For example, they had supported people voluntarily after they had been discharged from a hospital.

Both people who used the service and staff told us the management were approachable and supportive. Staff had regular supervision sessions where they could raise any issues or concerns. Team meetings were held on a six monthly basis to provide a forum to discuss practice issues and disseminate information.

The registered person and manager had completed regular quality checks. The service was run in an open and inclusive way that encouraged staff to contribute to its development.

The registered manager was seen as a good leader, both by staff and people using the service. The manager was trusted and had instilled a strong sense of commitment in staff by motivating, encouraging and supporting them in making continuous efforts to meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Thorough recruitment procedures helped to ensure that suitable staff were employed to work at the service.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

Staff were trained and monitored to make sure people received their medicines as required.

Medicines were managed safely

Good



Is the service effective?

The service was effective.

Staff received training and support relevant to their role.

People were treated with dignity and respect. Care was provided in line with people's wishes and preferences.

People told us their care needs were being met and that staff had the skills and knowledge to support them.

Good



Is the service caring?

The service was caring.

Staff recognised people's right to privacy and promoted their dignity.

Staff supported people to maintain their independence whenever possible.

People felt that they received a caring service from the registered provider.

Outstanding



Is the service responsive?

The service was responsive.

Care plans were written in a personalised way, based on the needs of the person concerned.

People and their relatives were encouraged to provide feedback on the quality of the service they received.

People had been consulted about the care assistance they wanted to receive.

The service worked well with other agencies to make sure people received their care in a coordinated way.

People could raise any concerns and felt confident these would be addressed promptly through regular meetings with the registered manager.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People told us they felt listened to and the service responded to their views.

People who used the service and staff told us the management were approachable and supportive.

There were several quality assurance systems in place that enabled the registered manager to identify and address short falls and improve the service.

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 was planned to check whether the provider was 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 team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we had about the service. This included notifications we had received from the registered provider. A notification is information about important events which the registered

provider is required to send to us by law. In addition, prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the provider's main office location and spent some time with the registered manager. After the visit, we spoke with three people, two relatives and two care staff. We contacted three healthcare professionals involved in commissioning the services on behalf of people. We looked at records in relation to four people's care and four medicine records to see how their care was planned and delivered. We also looked at records relating to the management of the service, including staff training and recruitment, as well as a selection of the service's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe whilst receiving care and support from the service. Comments included such opinions as, “They are very good, I feel very safe with them” and, “They are very capable, I feel very safe in their hands”. Staff members told us they were committed to ensuring people they supported were kept safe while also promoting their independence. One staff member told us, “Safety is the most important thing and we always try to keep people safe”.

People were protected from abuse by staff who were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. Staff were sure that the registered manager would respond quickly to any concerns they raised. They told us that keeping people safe was a core principle of their work. Care workers we spoke with confirmed they had received training on how to reduce the risk of people being harmed and recognised situations in which this may happen. They were able to explain the signs of potential abuse they would look out for. For example, they said they would observe for signs of bruising, change in behaviours or signs of neglect. One member of staff told us, “Things like hoists and other equipment are always tested regularly; we are trained in safeguarding vulnerable adults”.

Identified risks had been assessed and actions taken to minimise any risk from harm whenever possible. For example, we saw that risk assessments had been developed in relation to moving and handling. Specific information was available for staff to ensure that people were cared for safely. The registered manager and staff were knowledgeable about people’s specific needs for which risk assessments were in place. These assessments were regularly reviewed and there was evidence of changes having been made where necessary. This showed staff responded to people’s changing needs and helped to protect them from harm. Moreover, the safety of staff was also included in the assessments.

There was a system in place to monitor incidents and accidents, however, none had been reported. The registered manager talked us through the process of reporting incidents and accidents which had been introduced so that any patterns or trends could be

identified and action taken to reduce the risk of reoccurrence. Staff explained situations in which it would be necessary to record incidents and what action they would take in such circumstances.

People told us they were supported and prompted by staff to take their medicine safely. This could also be observed from care records. For example, it had been recorded that people able to self-medicate had been encouraged to take their medicine and had been seen to have it available for use at all times. Staff had received training in the safe handling of medicine and told us they completed Medicine Administration Record (MAR) sheets when they administered medicines. We saw four MAR sheets which confirmed this. Where appropriate, it was highlighted on the MAR sheet that people were allergic to certain types of medicines, for example penicillin. The provider had appropriate processes in place to support staff with the safe administration of medicine and staff were re-assessed in handling of medicines on an annual basis.

The recruitment process also helped to ensure people’s safety and well-being. Appropriate checks had been made prior to members of staff commencing their employment. We looked at the recruitment information for four staff members and saw that relevant application forms had been completed, formal interviews had taken place and appropriate references had been sought. In addition, a Disclosure and Barring Service (DBS) check had been carried out for each prospective staff member. The DBS check includes a criminal record check and a check on the list of individuals barred from working with vulnerable adults. These measures helped to ensure that only people suitable for the role were employed.

There were sufficient numbers of staff available to keep people safe, and this was confirmed by the staff rota. The registered manager told us that assigning staff to people was based on the relevant experience of staff and the training they had received. As a result, care provided was tailored to people’s individual and specific needs. Time allocated by the registered manager for each visit was based on the identified needs of people who used the service and this was kept under review.

There were robust contingency plans in place in case of an untoward event. This assessed the risk of such events as

Is the service safe?

staff sickness or bad weather conditions affecting the continuation of the service. The contingency plans also provided guidance on what action would be taken to continue the service.

Is the service effective?

Our findings

People indicated they were pleased with the service they received from the provider. One person said, “They are very caring, they know just how to deal with my problems”.

The service had appropriate procedures in place for the induction of newly recruited members of care staff. Once employed, new staff received initial formal training before shadowing and observing experienced members of staff in individual care settings. Staff undergoing induction were monitored regularly by the registered manager. The ‘spot checks’ took place to ensure staff understood and met the criteria of their role.

Newly employed staff members were also required to participate in the new Care Certificate as far as it was relevant to the service and their roles within it. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Training was updated regularly and staff felt they had received a good range of training, including specific training in relevance to the people they supported. People told us they considered their care workers to be competent. Staff files contained an individual training matrix which was a checklist utilised to identify when staff training required updating.

The registered manager told us they used a combination of unannounced ‘spot check’ observations and formal one-to-one supervision meetings in order to support staff and help ensure they were carrying out their roles effectively. Records were kept which showed that formal supervision took place regularly on a six monthly basis. It was focused on staff members’ training needs and gave

them feedback on how well they performed. It also identified areas for improvement. Staff we spoke with told us that the supervision was helpful. They were given an opportunity to discuss any personal or work issues that affected them, and they felt supported with a flexible response from the management.

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. We checked whether the service was working within the principles of the MCA. The registered manager and staff were knowledgeable about the Mental Capacity Act 2005. They told us they had received training in the MCA and understood the need to assess people’s capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. Consent to care and treatment was considered by the service while planning individuals’ care and support.

People’s individual care plans demonstrated that their nutritional needs had also been taken into consideration. For example, care plans specified people’s eating and drinking routines. Staff were required to follow them to ensure people were sufficiently nourished and hydrated.

Care records confirmed that other health and social care professionals were involved in providing people with care. Healthcare support included GP’s, district nurses, a physiotherapist, and an occupational therapist.



Is the service caring?

Our findings

Everyone we spoke with were complimentary about the quality of the care and support from the staff. They told us staff were caring and kind and that they received the help and support they needed. They said the staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, “They are lovely girls, very kind and understanding; I look forward to them visiting.”

We saw that staff training included equality and diversity, as well as dignity and respect. Staff we spoke with were able to give examples of how dignity and privacy was respected and could tell us how people were encouraged and supported to be as independent as possible.

Staff had received training and guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. We noted that staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues.

People were supported in promoting their independence. The provider produced information for staff which highlighted the importance of supporting people who used the service to maintain their independence and to remain in charge of their own lives. Staff told us how they encouraged people to do as much as they could for themselves. For example, some of staff spent 30 minutes with a person to help that individual regain their mobility. We saw through daily records that they encouraged the person in question to keep exercising, promoting that person's well-being and independence. One of the people provided with care told us, “They encourage me to do things for myself, and help me stay independent”. Another person stated, “I have nothing to complain about, I have got everything I could possibly want and I am managing to keep my independence”.

People's care planning records were written in a person-centred way. They helped staff understand a person's life history, their likes and dislikes. People decided as to what information to share in care plans.

People were visited by members of staff who had been chosen based on their knowledge and skills corresponding with people's needs. We were told that people's interests and hobbies were also taken into account while assigning staff to provide them with support. This meant that people were able to build a rapport by talking to staff about things that were important to them. The registered manager told us that if a person did not build a relationship with a member of staff, a replacement was sought to ensure correct partnership development. Staff helped people to overcome obstacles that that would be impossible to overcome without staff's personal involvement. For example, staff had managed to build a rapport with one of people who had initially refused to participate in any activities. As a result, the person was able to go to their garden for the first time in a year to enjoy seeing their flowers.

Staff recognised the importance of not intruding into people's private space. When people had been first introduced to the service they were asked how they would like staff to gain access to their homes and if they have any animals at home. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes.

We found that staff had gone above and beyond their duty whilst supporting people. When one person was hospitalised and felt depressed by being away from home, all staff attended additional training in their own time to speed up the discharging process.

In another example, staff visited a person early in the morning in their own time. This was to manage a piece of equipment until arrangements could be made with a health professional to adjust the settings to coincide with planned visits.

Staff had also volunteered to fulfil the dream of a person who had yearned to visit the house where they had grown up. People told us that staff had earned their gratitude for continuous willingness to help, dedication and kindness.

The service had received five compliments since our last inspection. The comments included, “She, and I, would like to thank you so very much for your efficient reliable assistance over the recent months” and “thanks to everyone for the lovely care given to her”.



Is the service caring?

Healthcare professionals told us that they felt the service was caring and that people were supported well by the staff teams. One of the community professionals told us, “Berkshire Care Ltd are an excellent agency who have

worked with Bracknell Forest from the outset. They have always been responsive to needs, changes, and suggestions. I have no issues, and have not had any over the whole time we have worked with them”.

Is the service responsive?

Our findings

People told us that the service worked well for them and that their needs were assessed on a regular basis. Each person had an individual care plan written in a person-centred way which included clear information as to how and when a person wanted their support to be delivered. We looked at the care planning documents of four people. These documents were used to record people's specific needs and wishes and plan relevant actions. They allowed for people's physical, medical and emotional well-being, as well as communication and personal care to be considered.

The care plans we looked at had been regularly reviewed and updated to ensure they accurately reflected people's current care needs. During our inspection the manager contacted local authorities in order to update one person's care plan and risk assessments due to a recent change in that person's needs.

Daily records were completed by staff at the end of each care visit. Every record was signed by a staff member and specified their time of arrival and departure. In addition, these records included details of the care and support provided, any observed changes to the person's care needs, and brief notes about the food and drinks the person had consumed. The records were removed to the office file every two weeks for auditing purposes.

We saw that reviews of care plans often involved a number of external professionals and staff kept records of the outcomes of these meetings so that they were able to quickly incorporate changes into the care plans. For example, a physiotherapist's instructions were promptly combined into the person's care plan.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who used the service. Staff told us care plans gave them the guidance and direction about how to meet the people's specific care needs. Staff we spoke with were able to demonstrate their thorough knowledge of the people they supported, their likes and dislikes included.

People and their relatives told us that staff consistently responded to people's needs and wishes in a prompt manner. Feedback was sought by the registered manager in various ways, ranging from quality assurance visits to telephone calls and care staff meetings. The manager ensured this feedback was acted upon.

Information on how to raise a complaint was contained in the service user guide that was issued to people when they started using the service. People told us they felt able to raise any concerns and that these would be quickly responded to; however, they had not had to raise any concerns so far.

Is the service well-led?

Our findings

In the opinion of people using the service, Berkshire Care Limited was well run. One person told us, “I couldn’t manage without them”. The registered manager was aware of the need to ensure people were listened to and actions were taken where necessary to provide confidence in the service they received.

People receiving assistance at home had been invited to give their views on the service by completing quality questionnaires during quality assurance visits. The results showed that people were satisfied with the service. The registered manager told us that the information collected during the visits was used to identify any issues that might arise.

There was a clear management structure, and staff understood the lines of accountability. Staff felt supported in their role and did not have any related concerns. The service had an out of hours on-call system which meant there was always a senior member of staff available to talk to if required.

The service worked closely with health and social care professionals to achieve the best care for people they supported. People’s needs were accurately reflected in detailed plans of care and risk assessments. People’s records were of good quality and fully completed as appropriate.

Due to the small size of the service, a daily dialogue took place between the registered manager and staff. Formal

staff meetings were held every six months but staff told us they were informed of any changes when necessary and they were confident they could consult the registered manager whenever they needed.

We saw that supervisions were undertaken on a regular six monthly basis. We saw supervision notes which included, for example, a work review, and specified a staff member’s support, training and development needs. We saw that actions were agreed upon at the end of each session and signed by the staff member and their supervisor.

Regular spot checks were undertaken by the service in the clients’ homes to monitor safe practice. This involved taking part in visits to people’s homes so that the way in which care was provided could be observed and recorded. Observation visits also provided an opportunity to identify any training or development needs individual staff members might require. In addition, they ensured that management were aware of any difficulties experienced by individuals and that these were addressed.

Due to the size of the service, the registered manager also performed the same work as care staff. It enabled the manager to listen to the people views, identify any issues that were not reported by people or care workers and to observe the operating of the service in detail.

We discussed notifications to the Care Quality Commission (CQC) with the registered manager and clarified when these needed to be submitted. They were clear about their role as a registered person and sought advice from the CQC regularly to ensure they were meeting their statutory requirements.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.