

Battlefield Healthcare 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?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 23 June 2016 and was unannounced. At our previous inspection no improvements were identified as needed.

Battlefield Healthcare Ltd is registered to provide nursing and personal care to people living in their own homes. The service provides care to children and adults who may have a learning or physical disability, sensory impairment or dementia.

A registered manager was in post and was present during 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 2008 and associated Regulations about how the service is run.

People were supported to give their consent and make decisions about their day to day care. However, staff were not always clear on their responsibilities in supporting people who had no or variable capacity to make their own decisions. There was a risk people's rights may not be promoted due to staff not having the information needed to inform them about people's capacity to make their own decisions.

People were kept safe by staff who understood the risks associated with their care and support. Staff knew how to recognise when someone may be at risk of harm or abuse and knew how to report any concerns they may have about a person's safety. People felt safe with the staff that supported them and were happy their property and personal possessions were kept secure.

People were supported by enough staff and were informed if staff were running late for their care call. People knew in advance which staff were providing their care and had the opportunity to request different staff if they felt they were not well matched with them.

People were happy with the staff that supported them and had confidence in their abilities. Staff received the training they needed to support people's individual needs and this was kept updated. Where people needed support with eating and drinking staff provided this to make sure they had sufficient food and drink throughout the day. The provider worked with other healthcare professionals to make sure people's healthcare needs were met.

People were kept involved in their own care and felt staff listened to and respected what they said. Staff found out people's preferences and provided care and support the way people wanted it. People's privacy and dignity was respected and they were supported to maintain their independence.

Staff were responsive to people's changing needs and provided care that was personal to them and their specific needs. People had the information they needed to be able to raise concerns and make complaints. The provider sought people's opinions on the care they received and used it to make improvements in the

service they received.

People and relatives thought the service and staff were friendly, caring and fair. They felt listened to when they made suggestions for change and were happy that the provider responded to their comments. Systems were in place for the provider to monitor, assess and make improvements to the quality of the service that was provided.

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.

People were supported by staff who were trained to protect people from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. There was enough staff to respond to and meet people's needs safely.

Is the service effective?

Requires Improvement ●

The service was mostly effective.

Staff were not always clear on their responsibilities in supporting people who had no or variable capacity to make their own decisions. Staff had received training to give them the skills and knowledge to meet people's needs effectively. We saw that people were supported to eat and drink enough and access healthcare from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they knew and had opportunity to build relationships with. People were involved in their own care and treatment and staff treated people with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and that was reviewed regularly. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

People and relatives felt involved in the service and felt listened to when they made suggestions for improvements. Systems were in place that assessed and monitored the quality of the service that was provided.

Battlefield Healthcare Ltd

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 23 June 2016 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, 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.

Before our inspection we reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with seven people and four relatives. We had also received feedback from people, relatives and staff from questionnaires we had sent to them. We spoke with nine staff which included care and nursing staff, office staff, the deputy manager and the registered manager. We viewed four records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the service.

Is the service safe?

Our findings

People told us they felt safe when staff supported them within their own home. One person said, "I feel very safe because they [staff] know what they are doing". People agreed that staff made sure their property was secured and always asked if they wanted the doors locked when they left. One staff member said, "My role is to make sure they [people] are safe living in their own homes, they need to have confidence in me and other staff".

People were supported by staff who had been trained to recognise when abuse or discrimination may occur. Staff were aware of how people could be at risk of harm or abuse and were clear on how to report concerns they had. They shared examples of what they would report to management such as staff not following procedures or staff using un-safe practice. The registered manager was aware of their responsibility to refer any concerns of abuse to the local authority. In order to keep people safe they had followed this procedure and had made a referral on three occasions in the last 12 months.

People were protected by staff from the risks associated with their care and their environment. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe within their own homes. One person's mobility had deteriorated and a concern had been raised with managers. This person's care needs had been re-assessed and extra staff arranged in order to keep this person safe and free from potential harm. Risks to people's safety and wellbeing were assessed and were monitored regularly by staff. One staff member said, "We are constantly reviewing what people may be at risk of, not just them but their environment". The registered manager told us that following a recent incident they were now working with the local fire authority to ensure people had smoke detectors and fire blankets. Staff checked people's smoke detectors within their homes on a weekly basis.

People and relatives told us they were generally supported by the same staff. They told us they received a rota in advance which detailed which staff would be coming to support them. One person told us that if they did not recognise a name on their rota they would phone the office staff and ask about the staff member. Staff told us if they supported a person who was new to them the office staff would give them the information they needed to support that person safely. People had access to support at all times and told us they were able to contact the service outside of normal office hours if they needed to. The service had an on call rota which meant that a senior staff member or manager was available by telephone at all times.

People told us it was important that they knew if staff were going to be late and that the office staff would inform them. All the people we spoke with told us it was not often that staff were late. One person said, "They let me know when they are running late, as long as they let me know I'm ok with that – it reassures me that they are on their way". One person told us they were not always told if a staff member was running late. We were told by people, relatives and staff that the most common reasons for being late was due to traffic or an unforeseen emergency. The service had a policy that if staff were running ten or more minutes late they must contact the office. The office staff would then contact the person to let them know the member of staff would be late.

People were supported by staff who had received appropriate checks prior to starting work with them. We spoke with four staff about the checks that had been done prior to them starting work at the service. They all confirmed that the provider had requested their previous employers to provide references for them. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to support people in their own homes. These checks are called disclosure and barring service checks. We also looked at recruitment records which confirmed the required checks had been completed on staff prior to them starting work with the service.

People told us they received their medicines when they needed them. Not everyone we spoke with needed support with their medicines and some just had support with prescribed creams. One person said, "They ask me if I'm ready for my medicines and ask how I want to take them. They came and talked to me about it". Staff told us people's preferences on how they wished to take their medicine were recorded in their care plans. One staff member said, "I always ask if they [people] want their medicines, they can choose if they want to take them but I will always encourage them to take them at the correct time".

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. Staff told us they had received training in the MCA. However, we found they were not entirely confident about their responsibilities when they supported people who could not make their own decisions about their day to day care. One staff member told us that one person they supported did not have capacity to make their own decisions because they were, "Non-verbal". Just because a person does not have verbal communication does not mean they cannot be supported to make their own decisions. They told us they made decisions on behalf of this person in relation to their day to day support. However, this person had not been assessed as not having capacity to make their own decisions. Staff told us how they supported some people to make their own decisions. They told us they felt these people had fluctuating capacity but this was not explicit in their care records. There was little provision for staff to make informed decisions on people's behalf in regards to their day to day care. Staff did not have the information they needed to be able to support people effectively and consistently to make their own day to day decisions. The registered manager was clear about the process they would need to follow if decisions needed to be made on people's behalf which were outside of their day to day care. The registered manager told us they would review how they captured and passed on information to staff about people's capacity to make their own decisions about their day to day care.

People told us staff asked their permission prior to supporting them. One person said, "They always ask me if it's ok to do something". One relative told us that staff used sign language to ask their family member what they wanted. They said, "It's always their choice". Staff told us they always sought people's consent. One staff member said, "Always give [people] the right of choice, it's their decision if they want something. We can't presume that they can't do something or have something". The registered manager told us they obtained people's consent to their care provision when they completed their initial care assessments and that staff would obtain this at each care visit.

People and relatives felt that staff who cared for them had the knowledge needed to support them. One person said, "The care staff are great. They know what to do and where things are. Newer staff read my care plan and know what to do". Staff told us they had the time and support they needed to carry out their roles effectively. If they supported people they had not met before they told us they were given the information they needed to support the person effectively. Staff told us they had worked alongside more experienced staff when they first started working at the company. They told us this helped them to get to know people. They also said it was an opportunity for people to get to know them.

People were supported by staff who had received the training they needed to support them effectively. One person said, "I think they are well trained and I have confidence in their abilities". Staff told us they felt the training they received gave them the skills they needed to meet people's individual needs. Staff received training that was specific to the people they supported. They told us this was kept up to date and the office

staff monitored when they needed to update any specific training. One staff member told us they had received training in a form of sign language called Makaton. They told us this had helped them to communicate more effectively with and build better relationships with two of the people they supported. Staff told us they had opportunities to discuss their training needs and any concerns they had with their line managers. They also received feedback on their practice following unannounced observations on their practice. They told us this feedback was helpful because it focused on what they did well and what they needed to improve on.

Where needed people were supported to maintain a balanced diet and have enough to eat and drink. One person told us they had help with preparing meals. They said, "They get things ready for me. They leave me drinks and snacks, whatever I want. They always ask what I want (to eat and drink)". Staff were aware of which people needed support and told us this information was recorded in people's care plans. Staff we asked told us they would always ask if people wanted drinks and snacks leaving for them.

People were supported, where needed, to access healthcare services. Although it was not the responsibility of the service to arrange routine appointments staff would provide support for this. One person told us that staff had contacted the district nurse for them. We saw that the service worked with local healthcare professionals to ensure people received and had access to the required services. Managers told us they would call people's doctors when needed. Timely referrals were made so people could be assessed for occupational therapy and physiotherapy within their own homes.

Is the service caring?

Our findings

People and their relatives agreed that staff had a caring approach. One person said, "They're carers but they are also people. If there's a little bit extra they can do then they do it. It's the little things they do that make all the difference. They always ask if there's anything else I need doing before they leave". Another person said, "They are ever so caring. They're friendly, caring, they chat with me". People told us they had the opportunity to talk about their lives and personal interests with staff, and they enjoyed their company. They considered they had good relationships with the staff that supported them and felt staff listened to them. One person said, "We have a laugh together, they are chatty, we share stories, they listen to what I have to say". One staff member spoke about how important it was to develop relationships with the people they supported. They told us this was because it gave people trust and confidence to allow staff to help them.

People told us they felt involved in their care and what happened to them. They felt involved in making decisions about their care and support needs. One person said, "They always ask me what I want and tell me what's happening and what my choices are". Not everyone was able to verbally communicate with staff to tell them how they wanted their care delivered. One relative told us that staff used a form of sign language to communicate with their family member. One staff member said, "Not everyone can verbalise their views but we have to involve them in what's happening. We use pictures, objects of references, body language and facial expression. We will get clues from these and the more we work with them the more we get to know their views and preferences".

People were supported by staff who knew their care and support needs. People told us there were new staff members and that generally they knew their needs before they visited them for the first time. People and relatives understood it took time for new staff to get to know people's preferred ways of supporting them but told us they always felt in control in what happened with their care. People were supported to maintain their independence. One person said, "They [staff] get things ready for me so it helps me, it's a big help. I wouldn't be able to stay in my own home without them". Staff told us it was important to encourage people to do as much for themselves as possible. One staff member said, "We can give them the independence that they wouldn't have if we weren't there". Another staff member told us that staff would find ways for people to maintain their independence. They spoke about one person who could not use an aerosol deodorant because they could not press the spray button. This person used a roll on deodorant so they still were able to remain in control of this part of their care.

People and relatives all agreed that staff were mindful of people's privacy and dignity. People told us staff respected the fact they were in their house and even if no one else was around they were discreet and thoughtful when supporting them with personal care. One relative told us staff always asked to enter the bathroom when their family member was in there. They also told us staff were respectful of their family member's property and asked permission before they got something out of their handbag for them.

Is the service responsive?

Our findings

People told us that staff supported them and provided their care the way they wanted it. One person said, "They do everything to my routine. They do things how I want them doing". People felt their preferences and wishes were respected by staff and that staff knew them well. One relative told us how they thought their family member benefitted by having several staff supporting them at different times. They said, "Each staff member brings something different". Relatives spoke about how staff and the service supported their family members with sourcing equipment and social facilities. Staff told us they always spoke with people to make sure they were delivering their care in the way they preferred. This was confirmed by people we spoke with who told us staff always asked if everything was fine.

People and their relatives thought the service was flexible and responded to changes in people's needs and circumstances. They told us about occasions when they had asked for care calls to be changed or for extra care calls to be made. One relative said, "If they can do it they will, but they'll let us know if they can't and the reasons why". People we spoke with told us they had not been asked about a preference for male or female care staff. However, everyone told us they would contact the office if they did not want to be supported by specific staff. One person told us they had done this and the service had respected their preference. The registered manager told us that one person had an increase in falls. In response to this the service had worked with the person's doctor, the falls prevention team and occupational therapist to review this person's care needs. Through working with other agencies equipment had been put in place which meant this person was able to remain within their own home.

People were involved in the development and review of their care. Two people told us they could not remember having their care plan reviewed but both said nothing had changed with their care needs and that staff spoke with them about their care. One person said, "I've not had my care plan reviewed, although there hasn't been any change in what I need. They do whatever I want doing. They automatically know what to do so just get on with it. If I thought anything needed changing I would tell the carers". Staff we spoke with told us they would notify the office staff if they thought people's care needs needed reviewing. They told us they provided feedback to the office staff who in turn would notify other care staff of any changes in people's needs. One staff member spoke about changes in one person's care plan following a district nurse visit. They told us this information was shared with all staff that supported the person the same day. The deputy manager said, "Care reviews are structured to be as individualised as the person for who it is for. It is very much geared up to that individual".

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. One person said "The care staff always tell me to tell the office if I am not happy with anything". People told us they were given questionnaires to complete asking for their opinions on the care they received. One person said, "I have had questionnaires, although I can't remember when the last one was. Mind you, I'm happy to phone the office if I wanted to say anything". People told us the office staff also worked as care staff. They told us they found this made them more empathetic when they did raise a concern or asked for changes to be made.

People told us if they had a complaint they would telephone the office. One person said, "No complaints, never had to make one". Although people could not tell us about the service's own complaints process they told us the information was in their information pack. We saw the service also had an easy read version of their complaints process. No one we spoke with had raised a complaint with the service. In the last 12 months the service had received 12 complaints. All had been resolved in line with their complaints process. The registered manager told us that all had been individual complaints and no trends had been identified.

Is the service well-led?

Our findings

People and their relatives told us they found the service caring, friendly and fair. They told us they received a newsletter which kept them up to date with anything that happened within the service. They also thought that the service listened to them and took action to make improvements where they were needed. People had been asked to complete a questionnaire. Some feedback they received had highlighted that communication needed to be improved between people and the service when there were changes to staff or staff were running late. The registered manager told us that staff now must contact the office if they were running ten minutes or more late for a care call. This was confirmed through people we spoke with who told us they were informed when staff would be late.

Staff told us they felt listened to and that they had the opportunity to make suggestions for improvements to the service. One staff member said, "It feels nice to work for a company that values staff and doesn't take us for granted". The deputy manager told us that following feedback from staff they had simplified the format of their care plans. Staff told us they found the care plans clear and contained the information they required to support people. The service had identified areas they wanted to improve on which included creating better information on people's communication needs and preferences. The deputy manager told us this would support staff to communicate more effectively with people. They also were working to create more accessible information for people.

People were supported by staff who were confident to report poor practice that could impact on the care they received. All staff told us they would not hesitate to 'whistle blow' and report poor practice or any concerns they may have. One staff member said, "There is an open door and they do listen to you and they do act I know if I have a concern they will sort it out. They always have time". We saw that staff practice was monitored and disciplinary action was taken when needed. Good practice was recognised within the service and staff had the opportunity to be nominated for 'carer of the quarter' by the people they supported. Staff thought that communication was good and shared a range of ways that information was available to them, which included, telephone, electronic, text and in person. They told us this helped them to keep up date on what was happening within the service or if there was any changes and developments.

The registered manager also owned the service and was supported by a staff team who understood their roles. We found they did not fully understand when they were required to submit statutory notifications to us. The registered manager confirmed that although they had made appropriate referrals to the local authority regarding safeguarding concerns they had failed to notify us of these concerns. The registered manager acknowledged they had not done this. They told us they completed care calls in order to keep their professional competency up to date and to get to know people and their relatives.

The registered manager monitored the quality of the service through feedback from people and staff. Senior staff completed spot checks on staff practice and spoke with people to get their feedback of the service and staff. The registered manager told us they welcomed feedback on staff practice because it helped to identify improvements they could make to staff training. Audits were completed on care records and any issues found were addressed. We were told these audits were random. Although there had been no impact on

people we found these audits did not always pick up issues. We found one person's medicine records had gaps in the administration of their medicine and incorrect information about one of their medicines. The deputy manager was able to verify the medicines had been given and it was staff error in not signing the medicine record. They also made sure correct information about the medicine was recorded.