

Brooker 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 23 February 2016 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available in the office.

Brooker Care Limited is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability. At the time of our inspection 33 people were receiving a personal care service.

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

The experiences of people were positive. People and relatives told us they felt safe and staff were kind and the care they received was good. One person told us "There is always someone on the end of the phone they are always there, that makes me feel safe".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access health care services when needed.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. One member of staff told us "The training is good. The in-house training is lovely, well thought out, friendly, quite relaxed but you always learn something".

People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home. One person told us "My meals get delivered and I choose what I want each day and they will prepare it for me".

People and relatives told us staff were very caring. One person told us "I am very happy indeed I was desperate when I set this up I found them through recommendation they came and saw me immediately and I haven't looked back".

People confirmed staff respected their privacy and dignity. Staff had a very good understanding of respecting people within their own home and providing them with choice and control. The service had identified people's needs and preferences in order to plan and deliver their care.

There were clear lines of accountability. The service had good leadership and direction from the registered manager and provider. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the registered manager via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Is the service caring?

Good ●

The service was caring.

People who used the service told us the care staff were caring and friendly.

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

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and helpful.

The registered manager carried out regular audits to monitor the quality of the service and make improvements.

Brooker 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 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 the 23 February 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us.

The inspection team consisted of two inspectors and an expert by experience with experience in adult social care. 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 provider had 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 the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with ten people and nine relatives who use the service, five care staff, one team leader, two administrator's, the registered manager, the provider and a director. We observed staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration records (MAR), six staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spoke with two health care professionals after the inspection to gain their views of the service.

The service was last inspected on 10 December 2013 with no concerns.

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "There is always someone on the end of the phone they are always there, that makes me feel safe". A relative told us "I know my wife is safe and I feel comfortable to go out and leave the carer with her". Another relative said "My husband usually has the same core carers and that makes him feel safe having continuity".

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. 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 member of staff told us "We could do with more staff but we are not rushed. The director is very careful about staff not being rushed". The registered manager told us "We have vacancies and recruitment is ongoing, we have permanent and bank staff that cover the calls but there are key times we are recruiting for new staff".

Staff demonstrated an understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff told us "Abuse could be financial, sexual, bullying or over-riding someone's rights. If I suspected it I would report it to the manager and they would investigate it without a doubt". Staff training records confirmed that all staff had completed training on safeguarding adults from abuse and this was regularly updated. The contact details for people to report concerns externally were made available to staff in the office. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. The registered manager told us there were opportunities for staff to discuss any concerns at meetings or on a one to one basis. Policies and procedures on safeguarding were available for staff to refer to if needed.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place to ensure risks were minimised. These included for staff to ensure clear pathways around the home. In one care plan it detailed the risk of a person using a stair lift in their home. It detailed staff to ensure the person wore the seat belt when using their stair lift. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff told us "We keep people safe because we always look at the care plans, we assess the areas we work in and have good communication with the client, their family and each other". The registered manager told us of a recently introduced infection control procedure for staff. This was a cleaning equipment schedule for people's equipment such as walking aids, commodes and spectacles. The schedule documented when each items had been cleaned and was devised to help staff as a reminder to ensure nothing was missed.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. One member of staff told us "If people are reluctant to take their medicines I would explain what they are for, encourage them and offer them later but you can't force things on people. You won't gain their trust, confidence or friendship that way". Staff received a detailed medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medicines. The registered manager and provider audited the medicine administration records (MAR) on a monthly basis. Any errors were investigated and the member of staff then spoken with to discuss the error and invited to attend medication refresher training if required.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the registered manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Once staff were trained, they shadowed an experienced member of staff until they felt safe and competent in their role.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. We saw details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's care plan. We were told of improvements that had occurred in the recording and auditing of accidents and incidents. This included an audit tool that documented and detailed the accident or incident and what actions were taken.

Is the service effective?

Our findings

People and relatives told us they felt the staff had the right skills and experience to meet their needs. One person told us "Yes they are very well trained very much so". Another person told us "At the end of the visit they will always check that I have everything I need for the day". A relative told us "I feel confident if my relative is unwell they would call me".

A health professional told us "The service provided is effective to the individual client's. Brooker Care have always prided itself on not doing 15 minute calls, so they could spend time with the clients".

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 had knowledge and understanding of the (MCA) because they had received basic training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. We spoke with a member of staff who was also the Mental Capacity champion who told us their role was supporting staff with concerns around people's capacity. The registered manager had introduced a document where staff could record concerns and then discuss them with the registered manager and the mental capacity champion who would then liaise with the relevant relatives and health professionals. One member of staff told us "If we see deterioration in someone's ability to make decisions for themselves we fill in a carers concern form and a senior carer will investigate our concerns and liaise with the client and their family". The registered manager told us that all the staff had been booked on an online specific mental capacity training session to gain further knowledge in this area.

People were supported by staff who had the knowledge and skills required to meet their needs. The staff induction incorporated the new Skills for Care care certificate for the staff. The certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care. A member of staff told us "'I have done lots of shadowing now with the trainers whose quality of work is fantastic. As a result I am feeling confident to do calls by myself. I love this job". Care staff received essential training which provided them with the skills and confidence in providing effective care. Staff records showed staff were up to date with their essential training in topics such as safeguarding, medication and manual handling. The online training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. Comments from staff included "The training here is very, very good. We had someone on pensions and power of attorney recently and we went to the hospital for moving and handling training", "The training I have had so far has met my needs. I am in the middle of the care certificate now and although some is difficult I am enjoying it" and "The training is good. The in-house training is lovely, well thought out, friendly, quite relaxed but you always learn something". We were also told the service offered qualifications in health and social care to its staff. The registered manager told us of

additional and in depth training that was offered for all staff. This included topics such as behaviours that challenge and end of life.

Staff had regular meetings with the registered manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person's home. This ensured that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial. They told us the registered manager was always available to provide guidance and support to help them provide effective care to people. One member of staff told us "Regular supervision is a good idea. It's fairly informal, confidential and you can bring up anything you want and make suggestions for change". Another member of staff said "Supervision is helpful and spot checks are always good as they keep you on your toes".

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed they liaised with health and social care professionals involved in people's care if their health or support needs changed.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member of staff told us "I make sure people are offered varied food. I like to make it look more appetizing and sit with them to encourage them to eat and drink sufficient". People's nutritional preferences were detailed in their care plans. For example in one care plan it detailed that a person had an allergy to certain foods including rice. Another care plan detailed a person's drink preference and how they liked it made. One person told us "My meals get delivered and I choose what I want each day and they will prepare it for me". A relative told us "They will check that my relative has eaten and make sure that she has enough drinks for the day". The registered manager told us that if they or staff had concerns about a person's nutrition or weight they would seek advice from health professionals. They told us of one person who had started to lose motivation to cook for themselves and made a suggestion to have frozen ready meals delivered, which the person has since found a lot easier to manage.

Is the service caring?

Our findings

Every person and relative we spoke with told us staff were very caring. Comments included "I am very happy indeed I was desperate when I set this up I found them through recommendation they came and saw me immediately and I haven't looked back", "They are so caring when I was on holiday my relative fell and broke her arm Brookers were brilliant they sorted everything and communicated it to me and when she came out of hospital they had everything in place for her with extra carers coming in", "They will call me sometimes and say if my relative is a bit low, so they take her out in the car to cheer her up" and "When relative had to have a stair lift put in they sorted it all out for me it was so kind and caring of them"

A health professional told us "As far as I have seen yes the service is really caring not only to the clients but to their family as well, also to the staff and their individuality".

People we spoke with told us they saw regular care staff and were usually advised in advance of who was coming and what time. New care staff were always introduced to people in advance. One person told us "I never know who is coming but I don't mind I have absolutely first class care". Another person told us "I get the same man he is excellent, honest and interesting".

Care staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. One member of staff told us ""One person likes me to help them to the bathroom but I wait outside until they call me in so they can have privacy to do as much personal care for themselves as they can". People we spoke with confirmed their dignity and privacy was always upheld and respected. One relative told us "They are exceptional. The quality of care is excellent, they respect my wife's privacy. They will always pull the curtains even when it's only me there and if a nurse arrives they will cover her up".

The majority of people we spoke with felt they were independent and had support for housework or shopping. One person told us "I am very lucky they treat me as I would treat someone else they are all different carers but I don't mind. They encourage me to do things for myself". Staff told us how they promoted people's independence. In one care plan it stated that a person wanted to maintain their independence and remain living in their home. It detailed the support that was required including supporting them in the mornings with personal care. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A staff member told us "We encourage people's independence. We read their care plan, get to know them and what they are capable of so we can involve them as much as possible in their daily tasks".

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One person told us "We have a detailed handbook with the care plan in it". Another person told us "They came and did an assessment at the start and my care plan

gets updated". People were also able to express their views via annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

Staff told us that people were offered as much choice as possible. Choices included what they wished to wear, their meals and fluids, the music they listened to, how much they liked to do for themselves and whether or not to accept additional attention such as hand massage, manicures and trips out in the car.

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Care staff rotas were collected personally from the office. Information on confidentiality was covered during staff induction and training.

Staff had been trained in caring for people at the end of their life at a local hospice and with district nurses. Staff told us they thought the training was very good and gave them the confidence in this area. The provider told us how they were working on staff doing a job swap with the hospice so they could have a further understanding on each other's role and help them with their development.

Is the service responsive?

Our findings

Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "I know all their names they are very approachable they listen and are helpful". Another person told us "The carers are wonderful they are so friendly and kind sometimes I go with them when they do my shopping it's up to me" "I can't tell you how much I appreciate them coming" A relative told us "They go above and beyond they will help me with paperwork to do with my relatives care".

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being. For example one carer told us how they would recognise that someone might have a urinary tract infection and what action they would take if required. Staff were confident how to respond in a medical emergency and one member of staff told us that if one of their clients had a fall, they would make them comfortable, wouldn't attempt to lift them and call the paramedics and contact the office. Staff knew how to obtain help or advice if they needed it and one member of staff told us "If we have a problem there is always someone on call to give advice".

Staff we spoke with were aware of how important it was to provide person centred care. They told us "When providing care it is important to get to know about a person's family and background and what they like to read and watch so we can chat with them. All our clients are individuals"; "Everyone is different. They have their own preferences and habits" and "In our work it's very important to have that personal touch". Staff stressed the importance of giving people time and not appearing rushed. One member of staff told us "I say I've always got time especially for a night call as the last thing a person wants, is to see the carer rush out at the end of the day". Another member of staff told us "We never cut the call short. We've got time to chat and bring that into everything we do". Staff explained that it was often the extra things they did when providing care and support which made such a difference. For example one member of staff said "I love taking the clients out in the car. It's so lovely to see their faces when you've made so much difference".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to go to the local shops and the person's preferences relating to this. In another care plan it detailed a person's preference to having a coffee with only one sugar and how they liked to have their hair washed in the sink in the kitchen. One member of staff told us "There is not much life history in the care plans. I would like more information about the important events in people's lives". The registered manager told us how they felt this was an area they could improve on "We have been looking to improve the information in people's care plans so staff have enough details on people's like and dislikes and history. We are currently implementing a 'This is me' document which will hold further details on each person".

There were two copies of the care plans, one in the office and one in people's homes, we found details

recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. In one care plan it detailed that staff accompanied a person to a hydrotherapy treatment and how they enjoyed getting out and the drive. Care plans provided information for care staff to involve and encourage people to remain as independent as possible. In another care plan it detailed how a person still liked to dress themselves but required support and encouragement with socks and slippers. This ensured people were receiving the correct care and support required from staff. Care plans were reviewed on a regular basis and staff were made aware of these updates. Comments from people about care plans included "They came and did an assessment at the start and my care plan gets updated" and "We have a detailed handbook with the care plan in it"

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in their care plans and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. A follow up to the complaint were in place where needed. One person told us "A while back I had to call them about a carer who was always late they listened and dealt with the issue I am thrilled with them".

Is the service well-led?

Our findings

People and relative spoke highly of the management team. Comments included "The office are polite and helpful and I know I can say whatever I feel", "I know all their names they are very approachable they listen and are helpful" and "The communication is excellent they will email or phone".

Health professional's comments included "The registered manager is very supportive to the team, as are the owners who are involved in the running of the company, they will make time to talk to the clients as well as their staff team" and "I have visited on a number of occasions and met with the registered manager and owners. I have always found all of the above to be extremely friendly and helpful and all other staff to be the same".

The registered manager told us they were supported by the provider and worked closely with them and could contact them whenever they needed. "I feel supported by the provider and we work well together. We have regular office meetings and also attend training and events together".

The atmosphere was professional and friendly in the office. All staff spoke highly of the management team, comments included "The manager is lovely and if I have a problem, personal or workwise, she will always help. They are spot on", "The directors are absolutely fantastic, there is a brilliant back up system. They are always very supportive and any issue, they are straight on it" and "This is a brilliant company to work for. I love it here, I get job satisfaction and even get paid for it".

The registered manager was approachable and supportive and took an active role in the day to day running of the service. People appeared very comfortable and relaxed talking with them. While we were on the inspection we observed positive interactions and conversations were being held with staff and people over the telephone. The registered manager took time to listen and provided support where needed.

Regular audits of the quality and safety of the service were carried out by the registered manager and the provider. These included the staff training, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought from surveys which were sent to people and their relatives. The registered manager had recently sent a survey out and was currently analysing the results and compiling an action plan. They told us "We have had good results and areas where we can improve. A couple of people have commented on the small type face which is used on communication sent to them, so we are looking at enlarging this so people can see it clearly". Compliments included "Brooker Care saved my life. They were there for my relative's last couple of weeks of their life. They wear kind, considerate and caring. Nothing phased them and they were always cheerful and always took as much time as they needed. Thank you all" and "For all the wonderful people who make my life so much happier, god bless Brooker Care".

The registered manager, provider and director showed passion about the service and talked about always looking on ways of improving. They told us of training and courses they had attended. We were also told how staff had worked closely with health care professionals such as GP's and district nurses when required.

The registered manager told us how they worked with many external teams to ensure people are receiving the appropriate care which also included solicitors, a local hospital and hospice. The registered manager was also completing a management diploma in health and social care.

The registered manager and staff told us they had regular office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. They told us "We have a good team of care staff who work here and an open door policy so they feel confident in discussing any issue they may have.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.