Care UK Homecare Limited

Brighton Community Care Services DCA

Inspection report

191 Freshfield Road, Brighton, East Sussex, BN2 9YE
Tel: 01273 626161

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

We inspected Brighton Community Care Services DCA on the 17 August and 2 September 2015 and it was an announced inspection. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Brighton Community Care Services DCA is a domiciliary care agency providing personal care for a range of people living in their own homes. These included people living with dementia, older people, people with a physical disability, substance misuse and people with mental health needs. At the time of our inspection, the service was supporting up to 120 people and employed 60 members of staff.

The service also provided care and support to people in extra care housing (Vernon Gardens). Vernon Gardens is an independent living scheme accommodating nine people aged between 22 – 50 years old living with a physical disability. Care workers provided care in block

Summary of findings

hours and supported people to live autonomous, independent lives. Care and support was also provided to a supported living scheme in Burgess Hill for three people with a learning disability.

Brighton Community Care Services DCA belongs to the large corporate organisation Care UK but is currently in the process of being brought by the organisation Mears UK.

A registered manager was 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.

People spoke highly of the service. One person told us, "I think they are wonderful." Another person told us, "I would rate them as excellent for me." A relative told us, "(Person) has very complex and intense needs that get met at Vernon Gardens. It's a service that is unique and very valuable." However, some people expressed concerns with communication within the service. One person told us, "I do have one care worker who is regular but if he is not here its murder and I don't know who is calling." Another person told us, "The rosters are not always good enough." People also felt continuity of care staff could be improved. One person told us, "It's just not a good timing situation. One regular care worker stopped calling and now we almost get different ones each day." People also advised that if care staff were running late, they were not consistently informed. We have therefore identified the above as areas of practice that need improvement.

Systems were in place to protect people from abuse and harm and staff knew how to use them. Care workers understood the needs of the people they were supporting and had received training on safeguarding adults.

Care workers received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. The registered manager and office staff undertook unannounced spot checks to ensure training was embedded into practice.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided. One person told us, "They take complaints seriously." There were systems in place to monitor the quality and safety of the service. Mechanisms were in place to ensure people did not experience missed care visits. Care workers were expected to use the telephone monitoring system to enable people to receive their care visits on time.

People had individual care plans which were personalised to them. Information was clearly available on the level of support required, their daily routine and what was important to them. Care plans were also available in picture format and people in supported living had individualised health passports. People received the support they required with their medicines

Care workers respected people's privacy and dignity. People and their relatives were encouraged to express their views on the service and to provide feedback on the service in various ways both formally and informally. Systems of audits, surveys and reviews were used to good effect in monitoring performance and managing risks.

People were assured that care workers had been appropriately recruited as their employment procedures protected people by employing care workers that were suited to the job. There were sufficient numbers of care workers that had the skills they needed to provide people with safe care and support.

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?

Good

Brighton Community Care Services DCA was safe. People felt care workers were easily recognisable due to the uniform and badge. Care workers made people feel safe in their own homes and left their property secure at the end of each care visit.

There were clear policies in place to protect people from abuse, and care workers had a clear understanding of what to do if safeguarding concerns were identified. There were systems in place to manage people's medicine safely.

Safe recruitment procedures were followed at all times to prevent unsuitable care workers from being employed.

Is the service effective?

Good

Brighton Community Care Services DCA was effective. There was a comprehensive training plan in place. Care workers had the skills and knowledge to meet people's needs. Care workers received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

Care workers understood people's health needs and acted quickly when those needs changed. Where necessary further support had been requested from the Local Authority and other health care professionals. This ensured that the person's changing needs could be met.

People were supported to eat and drink according to their plan of care.

Is the service caring?

Good

Brighton Community Care Services DCA was caring. Care workers involved and treated people with compassion, kindness, and respect.

Care workers demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. The service placed a strong emphasis on promoting people's independence.

People had been involved in designing their care plan and people felt care workers made the time to sit and chat with them.

Is the service responsive?

Requires improvement

Brighton Community Care Services DCA was not consistently responsive. People felt communication within the service could be improved. People also had mixed opinions and the management of complaints.

Summary of findings

Care plans were personalised and centred on the person as an individual. The delivery of care was responsive and based on the person's individual needs. Care workers were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

Care workers demonstrated that there was a commitment to providing an individualised care service to people and held firm knowledge about people's life histories, likes, dislikes and personality traits.

Is the service well-led?

Good

Brighton Community Care Services DCA was well-led. People, care workers and relatives spoke highly of management. Systems were in place to obtain the views of people and continually improve the quality of care.

The service promoted a positive culture and a range of quality monitoring systems were in place to monitor the quality of people's care.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Brighton Community Care Services DCA

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 began with a visit to the services office which took place on 17 August 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. We then contacted people, relatives and care workers by telephone on the 18, 19, 20, 21 and 24 August, to obtain their views and feedback. Following the feedback we received from people and their relatives, we decided to return to the office on the 2 September 2015 to follow up on the feedback provided and explore concerns raised.

The inspection team comprised 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 service. The expert by experience helped us with the telephone calls to get feedback from people and their relatives.

We spoke with 27 and relatives by telephone along with 7 staff members. On the first day of the office inspection, we spoke with the registered manager and one field care supervisor. Over the course of the day we spent time reviewing the records of the service. We looked at six staff files, complaints recording, accident/incident and safeguarding recording, staff rotas and records of audit, quality control and feedback from people and staff. We also reviewed seven care plans and other relevant documentation to support our findings. On our return to the office on the 2 September 2015, we spoke with the registered manager and looked at five care plans along with rotas, complaints and daily notes.

Before our inspection we reviewed the information we held about the service. We considered information which had been shared from the local authority, and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We utilised the PIR to help us focus on specific areas of practice during the inspection. As part of the PIR, questionnaires were sent out to people who used the service, their relatives, care workers and healthcare professionals. We received responses from eight people receiving care, three care workers, one relative and one healthcare professional. We have included their feedback within the body of the report.

Brighton Community Care Services DCA was last inspected in November 2013 where we had no concerns.

Good

Is the service safe?

Our findings

People said they felt safe in the hands of Brighton Community Care Services DCA care workers. One person told us, "I feel very safe when the carers are in my home." A relative told us, "He is very safe with them." Another person told us, "They are reliable and friendly and they respect my space and my home." They explained care workers were easily recognisable due to the uniform and identification badge they wore. Feedback from questionnaires found that 88% of people felt safe from harm and abuse.

Risks to people were assessed and risk assessment developed. People had various risk assessments in place to keep them safe within their own home. These covered areas such as moving and handling, nutrition and physical health. These included information about the action to be taken to minimise the chance of harm occurring to people and care workers. Where people had restricted mobility, a handling risk assessment and handling plan was in place. This provided care workers with guidance on how to safely move and transfer the person within their own home. Where mobility aids were required, such as hoists, staff confirmed they had received training, and were always given clear guidance on how to support each individual person when using any equipment Care workers worked with office staff to ensure equipment such as hoists and slings were regularly serviced and remained safe.

Risks associated with the environment were assessed and actions implemented to minimise any identified risk. Risk assessments covered smoking related risks, physical hazards within the environment, COSHH, gas and electrical safety and whether any pets were in the home. Care workers had identified one person who was at significant risk of smoking related incidences. Robust risk assessments were in place which enabled the person to continue smoking whilst minimising the risk of fires occurring. The registered manager and care workers also worked in partnership with the housing trusts of the extra care and supported living services to ensure the environment and premises remained safe and fit for purpose. Any concerns would be reported to the housing trust and action taken.

Care workers had a firm understanding of the risks to people and clearly understood the strategies to promote people's freedom and independence whilst keeping them safe. For people living in extra care housing or supported living, care workers recognised the importance of risk taking and enabling people to live autonomous independent lives. Support with cooking, going out and independent living skills were provided. The registered manager told us, "The people living in supported living are extremely independent, we provide support to maintain that independence but minimise any potential risks."

Care workers received training in safeguarding adults and knew how to keep people safe. The service had a policy and procedures for safeguarding adults from abuse, care workers were aware and had access to this policy. Care workers told us they were aware of the whistleblowing procedure for the service and they would use it if they needed to. Care workers demonstrated a clear 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 including who they would report any safeguarding concerns to. One care worker told us, "If I had any concerns I would report them to my manager. If they didn't do anything, I would raise it to head office." Training records demonstrated that all care workers had received safeguarding training and refresher training was available as and when necessary.

There were arrangements to help protect people from the risk of financial abuse. Care workers, on occasions, undertook shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. Care workers were able to tell us about the procedures to be followed and records to be completed to protect people.

Care workers recognised the importance of leaving people's property secure at the end of a care call. One care worker told us, "I always lock the door behind me (at the last call), put the keys back in the key safe and clear the number on the code." People confirmed care workers always left their property secure and care plans included guidance on whether people liked windows left open at night. One person told us, "They knock before entering and they respect my house." Measures were also in place to ensure care workers safety when working alone. The registered manager told us, "We had an incident last year and consequently we now give care workers torches and panic alarms." On-call support was always available and the registered manager advocated for care workers to always phone if they felt uncomfortable or unsafe.

People confirmed care workers supported them to take their medicine, apply cream or any pain relief patches. One

Good

Is the service safe?

person told us, “The girls always put cream on my legs for me.” Another person told us, “They help me with my medication and this has all been ok and each time it’s noted.” Individual medicine risk assessments were completed which considered any high risk medicines (such as insulin which the person was administering independently but care workers needed to be aware of), the level of support the person required, such as prompting or full assistance. Where people required full assistance with medicine administration, Medicine Administration Charts (MAR charts) were in place to enable care workers to record when medicines were administered and at what time. One care worker told us, “When administering medicines, I check the MAR chart and care plan, check how many tablets should be administered to how many are in the blister pack.”

On a monthly basis, MAR charts were returned to the office to be reviewed and subject to monthly audits. The registered manager told us, “Medicine audits are done monthly; we count any omissions on the MAR chart, such as failure to sign the MAR chart as a medicine error. We look into the error and work with the care workers to ensure it doesn’t happen again.” The registered manager was open and transparent that there had been on-going issue with care workers failing to sign MAR charts. In May 2015, the medicine audit identified 42 recording omissions, whereby care worker hadn’t signed the MAR chart to indicate the medicine had been administered. Office staff and the registered manager were committed to driving improvement and holding regular team meetings and sending memos out to care workers of the importance of signing the MAR charts.

Training schedules confirmed all care workers had received essential training in medicine administrator. The registered manager and office staff regularly carried out medicine competency checks in the field to ensure people continued to receive their medicine in a safe manner. This also enabled the management team to identify any concerns or if care workers required additional training.

People were cared for and supported by care workers who were suitable for the role. Appropriate recruitment checks were conducted before care workers started work. This included application forms, interview, literacy and numeracy tests, google searches, references, qualification and previous experience, employment history, proof of identification and Disclosure and Barring Service (DBS) check was received. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people. The registered manager and management team also commented on their commitment to employing care workers of the right calibre. The registered manager told us, “We support very vulnerable people; care workers need to have compassion and understanding.” A checklist was kept recording when information was received. This confirmed new care workers did not start work before all the appropriate checks had been completed.

Brighton Community Care Services DCA used a telephone based call monitoring system to enable care workers to report their arrival and departure time from each care visit. This information was monitored by office staff to ensure all planned care visits were provided each day. If a care worker had not dialled in after twenty minutes (or five minutes with high priority care calls) of the care call starting, an alert would be sent to the office. The registered manager told us, “We receive the alert and have to act on that alert, otherwise it will continually alerting us. This therefore enables us to ascertain where the care worker is and minimise the risk of any missed care calls.” In the past couple of months, Brighton Community Care Services DCA had experienced two missed calls. Investigations into each missed call were undertaken and the registered manager was open and transparent as to the reasons why. Learning took place and letters of apology were sent to the person or their relative. One person told us, “Their time keeping is good and they are sometimes a bit short staffed and they let him know if they are likely to be late.”

Staffing levels were determined by the numbers of care workers employed, geographical areas and hours of care required. The registered manager told us, “We use a resource planner to determine staffing numbers and ensure care visits are covered. When we receive a new package of care, we allocate a permanent care worker or team of care workers to cover the visits. This helps to ensure continuity and ensure care calls are covered on a weekly basis. Currently 94% of all packages of care have a dedicated care worker or team of care workers that cover the calls.” On a weekly basis, care calls without a dedicated care worker would be covered alongside care workers who were off. The registered manager also advised that there current staffing levels enabled them to implement emergency care calls if needed.

Good

Is the service effective?

Our findings

People told us they felt the care workers had the right attitude, skills and experience to meet their needs. One person told us, "They are very competent." Another person told us, "They are very good and well trained." Another person told us, "They do the work very safely and they are very dignified. I've had no accidents with them." Feedback from the questionnaires found that 100% of care workers felt they had received the training and induction required to deliver effective care.

People were supported by care workers that had the knowledge and skill to carry out their roles. The registered manager told us all care workers completed a five day induction to meet the common induction standards (now Care Certificate) before they supported people. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with care workers in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced care worker before new care workers started to undertake care calls on their own. The length of time a new care worker member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. This also gave people the chance to get to know new care worker visiting them before they worked on their own. Care workers spoke highly of the induction and felt it provided them with the confidence and skills to deliver effective care. One care worker told us, "The induction was robust and really helpful."

Care workers attended a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed care workers received training in moving and handling, first aid, fire safety and health and safety. Training was also provided on dementia care, infection control, catheter care and pressure area care, nutrition awareness and foot awareness. Care workers spoke highly of the training provided and one care worker told us, "It was because of the training offered that I decided to join this company." Another care worker told us, "The training is very good and it's updated regularly." Another care worker told us, "It's good that we receive face to face training every year. The law is always changing and we learn new things every year." Mechanisms were in place to ensure the training was embedded into practice. The registered manager told us, "We undertake spot checks on all care workers. This allows us to see them in practice, engaging with the person and that they are following policy and procedure. Any concerns identified also allow us to provide more training." One care worker told us, "I quite like the spot checks; I like to know I'm doing everything properly."

On-going support was provided to care workers. Supervisions were held on a regular basis. Supervision is a formal meeting where training needs, objectives and progress for the year were discussed. These provided staff with the forum to discuss any concerns, practice issues, training needs and also how they are doing. Supervisions also highlighted what the care worker had achieved, good practice and what could have gone better. Care workers told us how they found the forum of supervision useful and enabled them to discuss any practice issues. One care worker told us, "One to one is really good and I feel able to discuss anything."

Consideration was given to ensuring people received care from consistent care workers. The registered manager told us, "We have a set team of care workers that provide care to people in supported living and extra care. Those care workers have specifically shadowed other care workers to ensure they provide care in line with people's individual needs. Having a set team of care workers also enables them to build relationships with people." The registered manager acknowledged that it was not always possible for a care worker to be introduced to someone before a care call if they had never supported that person before. But for complex care visits, care workers shadowed another care worker and were introduced to the person. This is also enabled the person to feedback to the registered manager to say whether they felt they got along with the care worker.

Whilst undertaking telephone calls with people as part of this inspection, some people raised concerns surrounding the level of care workers training and English language speaking skills. One person told us, "I have no knowledge of their staff training other than its five days but they have no ability of how to understand care needs and how they can support people's lives or needs." Another person told us, "They often don't speak good English and its hard Trying to explain everything, and, they do need to know what's what." We brought these concerns to the attention of the

registered manager. The registered manager told us, "All potential employees' come into the office to complete the application form, That way we can assess their English speaking skills and level of written English. We also undertake literacy and numeracy tests." The registered manager advised that this process enabled them to feel confident in the ability staff's communication skills but would follow this up in people's individual care reviews. Records demonstrated that care workers received an induction before starting work; however, the registered manager advised that for people living in extra care, they endeavoured to ensure people shadowed other care workers before working in the scheme. The registered manager told us, "We are committed to always ensuring care workers shadow other care staff in the extra care scheme before working there. This is on-going and something we are always working on."

Where required, care workers supported people to eat and drink and maintain a healthy diet. One person told us, "They always make me with my breakfast." Another person told us, "They help make my lunch. They always give me choices as to what I could have." A relative told us, "They just help him with cooking but just some things like peeling his potatoes to help and I keep involved to help him to have his meals." Care workers recognised the importance of leaving people with drinks to hand at the end of each of care visit to minimise the risk of dehydration. One care worker told us, "I always make sure I leave people with drinks and their care link."

Care plans provided information about people's food and nutrition. Information was readily available on the level of support required, any dietary requirements, how the person describes their nutritional intake and if adapted cutlery was required. One person was at risk of malnutrition and their care plan clearly identified for care workers two offer two choices instead of asking if the person was hungry as there was a history of the person advising they weren't hungry but consequently not eating. Care workers advised if they identified any concerns with people's nutritional intake they would report their concerns to the office. One care worker told us, "If I thought the person wasn't eating enough, I would inform the field care supervisor." Training schedules confirmed all care workers had received training in food hygiene.

There were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for them. DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The registered manager told us, "We have not identified any practice that could be considered a DoLS, either in the community, extra care or supported living, however, care workers have received training and we would raise any concerns we had."

Care workers confirmed they had received training on MCA and understood the importance of gaining consent from people before delivering care. One care worker told us, "I always explain to people what I'm doing and give them choices." Another care worker told us, "I always ask people if there happy for me to provide the care." Where people refused consent, care workers documented this and fed back to the office.

People received support which effectively managed their healthcare needs. Care plans included detailed guidance on people's individual healthcare needs and the level of support required to meet those needs. Information was readily available on the healthcare professionals involved with the person, along with their relevant contact details. The registered manager and field care supervisors attended regular reviews with the Local Authority to ascertain if the person's package of care was meeting their needs, if an increase was required or decrease." Documentation demonstrated that when care workers were regularly staying over their allocated time, variation requests were sent to the Local Authority identifying the need to increase the package of care.

Each person had a diary note whereby information of concern could be noted or requests for GP or district nurse input. One person's diary notes identified how care workers had contacted their GP due to concerns surrounding the person's feet. One care worker told us how they had raised concerns surrounding the sudden deterioration of someone and had worked with the Occupational Therapy team to get the correct equipment in place for the person to enable them to remain at home. Care workers spoke highly of having set rotas each week and how seeing the same people enabled them to effectively monitor people's health and wellbeing. One care worker told us, "I went to one person's house and they weren't answering. I knew something was wrong as I knew they never go out. We had

Good

Is the service effective?

to call the fire brigade and luckily we did as they had suffered a fall. But as I knew that person, as I went to them every day, I knew something was not right." People also felt

care workers effectively monitored their healthcare needs. One person told us, "They will alert me if I need to see the doctor." A relative told us, "They alert me to any medical needs."

Good

Is the service caring?

Our findings

People spoke highly of the kind and caring nature of care workers. One person told us, They are very attentive and caring." Another person told us, "They always make time to have a natter with me and are very kind." People told us the approach of the care workers was good and they enjoyed the support they had from care workers. One person told us, "I've had the same carer for 10 years, we get on really well and I enjoy when they visit." Another person told us, "They are very good and always nice to me."

Care workers told us that the importance of ensuring the privacy and dignity of people was emphasised throughout their induction and their training. One care worker told us, "Spot checks also ensure we respect people's privacy and dignity." The principles of privacy and dignity were understood by care workers and embedded into everyday practice. One care worker told us, "It's important, I always think, treat people how you would want to be treated." Another care worker told us, "It's about protecting people, ensuring if you are providing care, that they are covered us, windows and doors shut." Another care worker told us, "Giving people time alone if their on the toilet and explaining what you are doing." People confirmed that their privacy and dignity was upheld by care workers. One person told us, "The girls always cover me up." Another person told us, "They know what I need help with and what I don't."

People were matched with care workers with whom they were compatible with. The registered manager told us, "We get to know people, their likes and personality and from this, we will try and match them with a care worker with whom they will get along with. We find this is very important especially in the supported living and extra care services." People confirmed if they didn't get along with a care worker, they could always request someone else to visit. The registered manager told us, "If for some reason a person does request another care worker, we can place an alert on the computer system which will ensure that care worker is not allocated to that person again." Where people expressed a preference for a male or female care worker this was upheld and respected and also clearly reflected in the person's care plan.

Care workers expressed a commitment to making time and chatting with people. One care worker told us, "I always make time to sit and talk with me." Another care worker told us, "We can't rush people and it's really important we have a natter with them." Another care worker told us, "I always natter away, sometimes I go over, as I'm too busy nattering away." One person told us, "They are very helpful. I am at ease and relaxed with them. They are friendly and we often have a little chat."

People said they could express their views and were involved in making decisions about their care and treatment. People confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One person told us, "I have my care plan and the girls write in it when they visit." The registered manager told us, "We encourage people to be involved in their care plan as much as possible. We have one person who likes to tell us what they want in their care plan." Care plans included detailed summaries of what was required at each care call. One care plan recorded how the person did not wish for the water to be emptied after a bath and the support they required to empty their rubbish bins.

Care workers recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. One person told us, "I'm still able to make my own choices." Care workers provided clear examples of how they enabled people to retain their independence as long as possible. One care worker told us, "If I'm cooking a meal for someone. I try and involve them and get them to help in preparing the meal." Care plans provided clear details on how care workers could promote independence. One care plan recorded, "Please encourage me to wash my upper body." Care workers who provided support to people in extra care housing or supported living told how they empowered people to be as independent as possible. One care worker told us, "We only provide support when necessary. We only step in if the person asks, is struggling or needs some minor help." Care workers also provided support with independent living skills such as cooking and laundry. One care worker told us, "We help promote independence by working with people to promote their cooking skills or laundry skills." Brighton Community Care Services DCA demonstrated a clear commitment to enabling and empowering people to retain and promote their level of independence.

People's confidentiality was respected. Care workers understood not to talk about people outside of their own

Good

Is the service caring?

home or to discuss other people whilst providing care to one person. Some people raised concerns regarding confidentiality being broken and care workers being disrespectful at times. One person told us how care workers made remarks about their skin condition which consequently caused them to feel anxious and reduce their number of care hours. We raised these concerns with the registered manager who was aware of the concerns. The registered manager told us, “We have had some previous concerns with confidentiality and have been working with people and care workers to ensure people’s dignity and confidentiality is always respected. Learning has taken place and we try and encourage people to talk to us when they feel their dignity is not respected.” The registered manager advised that all concerns were acted upon but further work would be done to ensure care workers understood confidentiality and people consistently felt their dignity was respected.

Care workers had their rotas sent via secure email, post or collected from the office. Information on confidentiality was covered during care workers induction, and the service had a confidentiality policy which was made available to staff and was also included in the care worker employee handbook. Brighton Community Care Services DCA also had a ‘social media policy’ which was distributed to all care workers. This emphasised the importance of care workers not referencing any people on the forum of social media and any breaches of this would lead to disciplinary action.

Requires improvement

Is the service responsive?

Our findings

People felt elements of Brighton Community Care Services DCA were not consistently responsive. People raised concerns that communication within the service required improvement. People felt that they were not consistently informed if care workers were running late. One person told us, “I call them and they just say they are on their way. I have to chase them up.” People also felt their concerns were not always listened to. One person told us, “I have complained to them but I am not getting anywhere.”

People who received support from the extra care service in Vernon Gardens raised concerns about on-going issues which had not yet been resolved. One relative told us, “The service is not very flexible.” Another person told us, “There have been on-going issues since the service opened.” We brought these concerns to the attention of the registered manager. The registered manager told us, “We had a few staff issues in January 2015 and worked with the local authority to ensure the continuity of care but as with most extra care services there is on-going work required and we recognise this.”

People raised concerns that they received different care workers and care workers could often be late. We spent time looking at documentation and found people were allocated the same care worker or team of care workers. Where care workers were late to care calls we queried if people were informed. The registered manager told us, “We would usually phone the person once receiving the alert that the care worker had not arrived to see if they were there and subsequently inform them if they were running late.” We asked if it was recorded on the person’s daily notes that they had been informed the care worker was running late, to therefore demonstrate the person had been informed. The registered manager acknowledged this was not consistently completed and could be an area for improvement.

Effective communication is part of the core skills required by all health and social care workers to ensure that they are effective at meeting the needs of the people who use the service. We received mixed views about communication within the service along with the management of complaints. One person told us, “I have complained to them but I am not getting anywhere.” Another person told us, “Despite receiving the detailed feedback and assurances from them, there are still on-going important issues that need addressing.” Each person within their individual care plan had a copy of the complaints policy. A complaints log gave a clear record of each complaint received. Since January 2015, the provider had received seven complaints. The nature of the complaints had been analysed to look for any emerging trends or themes. The analysis found a trend was standard of care being a common reason for the nature of the complaint. Information was available on when the complaint was received, how, by whom, acknowledgement of the complaint and the outcome of the investigation into the complaint. Documentation recorded that each complaint had been thoroughly investigated and feedback provided to the complainant. Each complaint was investigated and responded to.

We received feedback from some people that they felt complaints and communication required improvement. The registered manager told us how they always tried and encouraged people to feedback concerns and how they had met with people on various occasions. Alongside the complaint procedure, the provider had other forums in place for people to openly raise concerns, these included; telephone quality checks, quality visits, satisfaction surveys and had also worked in partnership with the Local Authority to gain feedback from people. Clear mechanisms were in place for people to feedback concerns. However, feedback from people reflected that they did not feel confident using these mechanisms to raise concerns. One person told us, "I've given up now, we go through things every three months and it's all written down but then we do not hear anything." The provider and registered manager were continually working with people to encourage people to regularly raise concerns and improve levels of communication. We have therefore identified this as an area of practice that needs improvement.

Although some people felt complaints were not always acted upon, some people expressed satisfaction with the handling of their complaint or concern. One person told us, “I’ve had no complaints, but if I’ve raised things with them they have taken these seriously.” A relative told us, “They take complaints very seriously.”

With pride, the registered manager kept a folder of all compliments received over the year. Compliments had been received from people, relatives and other healthcare professionals. A recent compliment had been received from a healthcare professional praising the interaction

Requires improvement

Is the service responsive?

between a care worker and person in the community. The compliment noted 'The care worker displayed an inspiring attitude and empathy. They spoke to the person as a friend and showed genuine interest and compassion.'

Care plans were person centred and based on the needs of the person. Information was readily available on their circle of support, who is important to the person. Their life history, people in their life, who they would like their support delivered, things they don't like and things to avoid. It is was clear that care plans were centred on the individual and provided care workers with sufficient information to provide person centred care. Information was also available on what people like and admire about the person. One person's care plan recorded clear information about the person's life, their values and what's important to them. It recorded, 'A strong value of (the person) is to treat others how you would like to be treated.'

For people receiving support in the supported living scheme, care plans were devised in picture format and written from the perspective of the person. One person's care plan noted, 'I like drawing and colouring but I don't like thunder.' Guidance was clearly available on their weekly and evening routine along with clear information on their healthcare needs. Health action plans and hospital passports were also in place. Hospital passports were specifically designed for people with learning disabilities by the NHS. It includes key information on people's medical background, along with important information staff should know about them. This included information that is important to the individual along with key information on their health and social care needs. One person was at risk of aspiration, clear guidance was in place on the texture of food they required and things to look out for when the person is eating, such as coughing or episodes of choking.

Mechanisms were in place to ensure people's care plans and packages of care were reviewed on a regular basis. One person told us, "I've had a review every six months and I did explain it all to them." Another person told us, "They come out every six months and she finds out things."

The registered manager told us, "When a package of care is first sent up, we review it after three months, and then we have another review after six months. We also review things sooner when required or there's a change." Care plans contained quality assurance reviews which demonstrated they were reviewed on a regular basis. At each review, it was considered what's working well and what's not working. One person's review identified that the person was not being offered a large variation of food. This was feedback to the care workers and the care plan updated.

Care workers recognised the importance of monitoring people's health and wellbeing and reporting any concerns to the office. The registered manager told us, "The staff are very good at reporting back to us." At each care visit, care workers wrote in people's daily logs. Information included how the person was and what care was delivered. On a monthly basis, daily logs were brought back to the office to be audited. This enabled office staff to ensure that care workers were staying the allocated time and that care was being delivered in line with the person's care plan.

The timings of the care calls were personalised to people's individual care needs. For people who required support moving and handling alongside repositioning or people assessed at high risk of skin breakdown. Care calls were organised at set times throughout the day (four hours apart), to minimise the risk of the person remaining in the same position for too long. Care workers recognised the importance of monitoring people's skin integrity and supporting people to change position at every care visit. One care worker told us, "We monitor for any changes in the person's skin and report any concerns back to the office." Another care worker told us, "We apply barrier creams and liaise with district nurses." Where concerns had arisen surrounding a person's skin integrity, care workers acted promptly, informed the office and advice from healthcare professionals was sought.

Good

Is the service well-led?

Our findings

People and care workers spoke highly of the registered manager and office staff. One care worker told us, "They are very approachable and friendly." Another care worker told us, "I feel able to talk to them and get along with them really well." Feedback from the questionnaires sent found that 100% of people agreed they were asked for their feedback on the service.

Brighton Community Care Services DCA is currently owned by the provider Care UK but is being taken over by the provider Mears UK. The registered manager told us, "We are in a period of transition but we are keen to keep our values and ethos in place." The registered manager added, "We have a strong ethos of supporting people in a way that makes them feel valued. I also believe that at times the social aspect of care is lost but we always try and be creative in how we deliver care so that the social part is not lost." Care workers firmly believed that the strength of the service was the quality of care delivered. One care worker told us, "We deliver good quality care." Another care worker told us, "We have a hard job but we do the best we can."

The service demonstrated good management and leadership. There was a manager who was registered with the Care Quality Commission (CQC) who was able to describe the history of the service and how they were managing the transition from one provider to another. Care workers agreed that were was a culture of openness and they had been informed of the transition and involved. Forums were in place to gain the views of care workers, share good practice, cascade learning and involve care workers in the running of the service. Team meetings were held on a regular basis. The registered manager told us, "We expect care workers to attend at least two team meetings a year." The last team meeting was held in July 2015. Minutes from the meeting identified key safes, MAR charts, infection control, uniform and rotas were discussed. Care workers confirmed they found the forum of team meetings useful.

The service delivered high quality care through having systems and processes which were designed to monitor the quality of the care provided and to ensure that people's experiences and views were used to help improve the service. Satisfaction surveys were sent on a yearly basis to obtain the views of people and their relatives. The satisfaction surveys sent out in 2015 only received three responses therefore the results were unable to be proportionally analysed for any emerging trends or themes. The registered manager told us, "As we received little feedback, we are now analysing the telephone reviews for feedback and will send those results out to people."

The forum of spot checks also enabled office staff to obtain people's feedback and make any necessary changes. Mechanisms were also in place to assess and review the quality of care delivered. Audits were undertaken on a monthly basis. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. The registered manager completed monthly quality assurance audits which considered the key lines of enquiry used by the Care Quality Commission. The service considered safe, effective, caring, responsive and well-led. A quality manager also visited the service assessing it against each key question. Where shortfalls were identified, plans of action were implemented. For example, a recent audit identified that not all care plans had evidence of reviews within them; this was actioned and taken forward as an area of improvement.

Care workers commitment and dedication was noticed by the provider and people. Four times a year, the service offered 'carer of the month'. The registered manager told us, "The care workers are chosen based on customer feedback and findings from audits and generally meeting required standards." Care workers spoke highly of the award and commented it was nice to have their hard work recognised.

A business continuity plan was in place. This considered what to do in the event of severe weather or IT failure. The registered manager told us, "We work on an electronic system but we keep a hard file folder which includes a list of everyone, their next of kin, medication and key information. Every night we print off a list of the rotas for the night and the following morning in case of the scenario of IT failure." In the event of adverse weather such as snow, the registered manager commented that most care workers were walkers and managed to continue providing care. The registered manager told us, "In the event of adverse weather we would prioritise people dependent upon their care needs, if they lived alone, medication and level of mobility." Systems were also in place to ensure care workers and people had access to on-call support at

Good

Is the service well-led?

weekends and during the evening. A rota was in place which ensured office staff providing on-call support to ensure support could be accessed in an emergency. One care worker told us, “It’s good to know that a member of the office is always on the end of a phone if needed.”