

Briars Homecare Services 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

This inspection visit took place on 15 & 16 November 2016 and was announced.

Briars Homecare Services Limited provides support people to live as independently as they can in the community. This includes personal care shopping, activities and appointments to people who live in their own homes. The office base is located in a residential area of Thornton Cleveleys. At the time of our inspection Briars Homecare provided services to over 100 people.

At the last comprehensive inspection on 16 & 30 November 2015 the service was rated overall as requiring improvement as the safe and effective domains required improvement to risk assessments, the number staff who supported individuals and staff training.

There was a registered manager in place. 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 told us they had been visited by senior staff before their support began who carried out an assessment of their needs.

We spoke with people who received a service and their relatives. People we spoke with told us they felt safe. They told us they received patient and safe care and they liked the staff who supported them. They said staff were friendly and respectful, punctual and conscientious. There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments were in place which provided guidance for staff. This minimised risks to people.

People told us they were supported by the same group of staff who they knew and liked. They told us they had confidence in their staff team as they were familiar with their needs and preferences and gave them the care and support they were supposed to provide.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working for the service. Staff had the skills, knowledge and experience needed to care for people.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff had not needed to make an application when we inspected.

Staff supported people to have a nutritious dietary and fluid intake, assisting them to prepare and eat food and drinks as they needed.

Staff supported people with medicines safely. People able to manage their own medicines were encouraged

to do so.

Staff received training to carry out their role and were knowledgeable how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in making decisions about their care. Their consent and agreement were sought before providing care.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise any concerns.

Senior staff monitored the support staff provided to people. They checked staff arrived on time and supported people in the way people wanted. Audits of care records and risk assessments were carried out regularly. People and their relatives were encouraged to complete surveys about the quality of their care.

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 suitable procedures in place to protect people from the risk of abuse.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medication processes were in place to reduce the risks of poor medicines management and where the service administered medicines.

Is the service effective?

Good 

The service was effective.

Staff were sufficiently trained, skilled and knowledgeable. This helped them to provide support in the way the person wanted.

The registered manager and staff were aware of and understood their responsibilities and the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink and have good nutrition and appropriate healthcare.

Is the service caring?

Good 

The service was caring.

People were praising of the care and support they received and were treated with kindness and compassion.

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

Staff knew and understood the likes, dislikes and preferences of people who received care and support. They were aware of and met each person's diverse cultural, gender and spiritual needs.

Is the service responsive?

Good 

The service was responsive.

Care plans were in place outlining people's care and support needs. These reflected their preferences, needs and wishes.

Care plans were personalised, involved people and where appropriate, their relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

The registered manager encouraged people they supported and where appropriate, relatives to give their views, suggestions and comments about how the service could improve.

Systems and procedures were in place to monitor and assess the quality of service people received and to monitor the health, safety and welfare of people.

Briars Homecare Services 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 checked 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 visit took place on 15 & 16 November 2016 and was announced. The provider was given 24 hours' notice because the location provides a personal care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 15 & 16 November 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people who were supported had been received.

During our inspection we went to the Briars Homecare office and spoke with a range of people about the service. They included 4 people who used the service and the relatives of four people, the registered manager and five staff members.

We looked at the care records of three people, training and recruitment records of three staff members and records relating to the management of the service. We contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

People and their relatives who spoke with us told they felt safe and comfortable with the staff who supported them. They told us they were supported by staff they knew and who were familiar with their needs and preferences. One person said, "I am very pleased with my carers. They really look after me." A relative said, "I know [family member] is safe with the carers. I can relax a bit knowing they have been."

At the last comprehensive inspection on 16 & 30 November 2015 people expressed concerns over the number of different care staff that visited them. Also we found an assessment had not been updated following alterations at the person's home. At this inspection people told us they had the same group of carers to support them so they were familiar with them and the carers knew how people wanted to be supported.

The service had procedures in place to minimise the risk of unsafe care or abuse. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. They told us they would report any unsafe care or abuse if they became aware of this. We could see they had the knowledge to reduce the risk for people.

Risk assessments were in place for each person who received support and their home environment. These provided guidance for staff, assisted them in providing the right care and reduced risks to the person and to staff. There were procedures in place for dealing with emergencies and unexpected events. We saw emergencies, accidents or incidents were managed appropriately. Senior staff evaluated the situations for any lessons learnt and shared these with the staff team.

We looked at the procedures the service had in place for assisting people with their medicines. Staff told us they prompted people to take their medicines and were also involved in administering their medicines. Records were completed appropriately and staff had recorded the support they had provided. People told us the arrangements for receiving their medicines were satisfactory.

Staff received medicines training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained to support people to take their medicines.

We looked at recruitment procedures and the files of four staff who had been employed by the agency. Application forms had a full employment history including reasons for leaving previous employment. We saw evidence that gaps in employment had been explored and recorded. A Disclosure and Barring Service (DBS) Check had also been received. These checks are made by an employer to reduce the risk of employing unsuitable staff. References had been received and all checks completed before the new member of staff was allowed to start work.

When we spoke with staff they confirmed their recruitment had been robust. They told us they had to wait for all checks to be completed before they began to work for the agency. One person said, "My recruitment checks were thorough and I had a good induction."

We looked at how the service was staffed. We did this to make sure there was enough staff supporting people in their care at the times they needed. We looked at staff rotas, spoke with people supported and their relatives and with staff. They all told us the staff support met their needs and the staff stayed the full agreed times.

We asked people and their relatives if staff had enough time on visits to support them as they needed. They said the visits were not rushed and staff had the time to carry out agreed tasks and support. Staff said they were given enough time to provide the care and support people needed at each visit and to travel from one visit to another.

Is the service effective?

Our findings

People told us staff understood their support needs and preferences and were happy with the care and support they received. One person said, "They train the staff properly so they know what they are doing." Another person told us, "They know what they are doing. I am well satisfied." A relative said, "We have the same few carers who are very good."

We also spoke with five staff and looked at staff training records. They told us they received training that was interesting and informative. One member of staff told us, "We get a lot of really useful training." Another member of staff told us, "I have learnt so much more than in my last job I have had extra training and good support." However one member of staff would have preferred more practical training."

Staff new to care work were expected to complete the Care Certificate. One member of staff told us they were working through the Care Certificate. They felt it was very helpful. We saw staff had achieved or were working towards national qualifications in care, other staff training included; health and safety, medication, safeguarding, moving and handling and the Mental Capacity Act. Staff felt this training provided them with the skills to support people effectively

At the last comprehensive inspection on 16 & 30 November 2015 there was no systems in place to make sure only staff who had completed specialist training supported people with health needs that required extra support. The registered manager informed us there was no one supported with specialist needs when we completed this inspection but a system was in place ready for when they did.

Care plans seen confirmed people's dietary needs for health or culture had been assessed and any support they required with their nutrition documented. Visits were arranged with people so staff could assist with preparation of meals where needed. They encouraged people to eat a varied and nutritious diet, while respecting their preferences. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

People said staff supported them to attend healthcare appointments. One person said, "My carer attends appointments with me. They are so good." Another person told us, "They are so helpful and support me with hospital visits. This makes me feel safe."

At the last inspection staff did not understand the requirements of The Mental Capacity Act 2005 (MCA) However at this inspection, staff we spoke with were able to explain how it affected people and their responsibilities in relation to it.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). In settings such as domiciliary care, the deprivation of liberty safeguards cannot be used. Where there are restrictions to people in the supported houses, an application must be made to the Court of Protection who can authorise a person to be deprived of their liberty. Staff were aware of the process to assess capacity and the action they needed to take where a person lacked capacity to make a significant decision. This meant they were working within the law to support people who may lack capacity to make their own decisions.

Records seen and staff spoken with confirmed they received regular formal supervision. This is where individual staff discuss their performance and development with their manager. The registered manager explained supervisions were carried out by observing the way a member of staff supported a person as well as one to one formal discussions. Staff told us they were encouraged to make suggestions about improving care, their training needs and any support they needed in their role. They told us they were well supported by senior staff and could 'pop' in the office anytime.

Is the service caring?

Our findings

People we spoke with told us staff were polite, caring and considerate. They said they were happy with the support they received. One person said, "I have a good carer who I can always rely on." Another person said, "We have the same group of carers. They are like friends and family now." One person told us they always had the same group of staff in the morning but could be different staff at night."

We saw the agency's recent survey responses. People's comments included, 'I would be lost without the girls. They are brilliant.' and 'They go out of their way to sort anything out.' And 'All the girls work really hard and always give their best.' A relative commented 'I can go on holiday with no worries. It relieves pressure on me.'

People told us they were satisfied staff who supported them had up to date information about their needs and they were supported in the way they wanted. When asked, staff were aware of people's personal care needs and preferences. One person told us they had the same carers for some time. Adding "They are great, they've got my care off to a T now." Another person said, "I have a great relationship with the carers. I couldn't do without them. They know exactly how I like things done."

We looked at three people's care records. We saw people had been involved in developing and updating their care plans. The plans contained information about people's care needs and their likes and dislikes. One person told us, "We have been involved in deciding [family member's] step by step care routine. It is clear to everyone." We talked with staff and saw in records they made sure people's requirements in relation to their human rights were upheld. They respected people's family, personal and sexual relationships and the right to make choices about their daily life.

People told us staff were aware of people's individual needs and were person centred in their approach. Staff were aware of and responded to each person's diverse cultural, gender and spiritual needs and met them in a caring and compassionate way. This included their preferred form of address, their food choices, the way they wanted their care delivered and the level of information they wanted family and friends to have. We saw their personal information was confidential but accessible to them.

Staff were aware of people's individual needs around privacy and dignity. People told us staff spoke with them in a friendly and polite way and respected their privacy. One person we spoke with said, "All the carer's are nice, polite and friendly and respectful." A relative told us, "We have a few different carers. They are all very polite and lovely with [family member] and they respect their privacy."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

People we spoke with told us senior staff met with them before they started supporting them to make sure they could meet their needs. We saw assessments had been carried out to check staff could meet people's needs before it was agreed to provide care. The assessments were instructive and provided enough information for staff to begin to support people as they requested. Relatives we spoke with told us that they had been included in discussions about their family member's care.

People told us their carers helped and encouraged them to enjoy the best quality of life they could. They told us staff supported them to manage tasks they could no longer do and stay in their own home. People told us they were able to make changes to the care and support they received. They told us they found senior staff were agreeable to changing the times of their visits or their carers if they were not comfortable with them. One person said, "I told [registered manager] that I didn't want a particular carer and they swapped them straight away." A relative said, "We tell the office staff if [family member] doesn't want one of the carer's and they stop them coming." We saw people had expressed their choices and preferences about their visit times and the level of support they required. Two people said they would like an earlier or later visit; one person also wanted the same carer. The registered manager was aware of this and trying to arrange a change of times when we inspected.

We saw the service had procedures in place to respond to emergencies. A relative told us about a recent situation where a member of staff had responded to a person who had fallen when they visited. We saw staff had contacted the ambulance service and remained with the person until they had received medical attention and were settled. The relative said this had given them so much confidence in the service. Another relative told us, "Our carer knew straight away that [family member] wasn't 'right' and told me. When the doctor checked they had an infection."

We looked at three people's care records. Care plans had been developed from the initial assessment. These were personalised and provided guidance on how staff were to support people with their daily routines and personal care. Care plans were regularly reviewed and updated in response to any changes in care or circumstances. We saw from entries in care records, staff had supported and encouraged people to express their preferences. This enabled people to make informed choices and decisions about their care and support.

We asked people if staff were on time for their visits, if they stayed the amount of time they should or missed a visit. Six people or relatives spoken with told us that staff were usually on time, rang if they were going to be delayed and had not missed any visits. One person said, "They usually arrive at the right time but let me know if they will be late so I know they are coming." A relative told us, "There used to be problems but not now. The carers are always on time." Two people said staff were sometimes late but that this was because of a recent traffic problem. We saw most people in the agency's recent survey said carers were almost always on time.

The service had a complaints procedure which was made available to people they supported and relatives

involved with the person's care. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. When we carried out this inspection no complaints had been referred to CQC or received by the service.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. Everyone we spoke with said they were satisfied with the care they received and had no complaints. One person said, "I would ring [registered manager] but all my carers are good." A relative told us, "I have no complaints. But if I had I would ring the office and speak with [registered manager]."

Is the service well-led?

Our findings

People were complimentary about the support they received. They told us staff and managers were approachable and easy to talk to. One person said, "[The registered manager] checks everything is alright on a regular basis." Another person said, "Communication is excellent. I just ring the office if I want anything." A relative told us, "I call in or ring and speak to the staff in the office if I have a query." Comments received from people were positive about how the service was managed. One person said, "The manager is helpful and the staff are polite and professional dealing with my questions."

The registered manager had systems in place to assess and monitor the quality of their service and the staff. They sought the views of people who received support and their relatives where appropriate. These included telephone contact and satisfaction surveys to see whether people were satisfied with the staff and the care provided. Most responses were positive. Where people asked for a different time for support or where staff were late arriving the manager spoke with people and took appropriate action.

The service had a registered manager who understood their responsibilities and was supported by the provider to deliver what was required. The registered manager had been in post for several years. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered provider had delegated individual responsibilities to members of the management team. This included a registered manager, care coordinator, scheme manager, four team leaders and senior carers.

The agency had systems and procedures in place to monitor and assess the quality of their service. Telephone contact and monitoring visits were carried out by senior staff. These were in place to confirm staff were punctual, polite and respectful. Also that they stayed for the correct amount of time allocated and they were happy with the service. People told us they felt able to talk with the staff or managers at any time and they would be listened to. The registered manager carried out monitoring checks on medication, care plans and risk assessments. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings were held to involve and consult staff. Staff spoken with told us the team meetings were held on a regular basis. They told us they were able to suggest ideas or give their opinions on any issues.