

Broomfield Care Ltd

Broomfield Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 between the 29 January and 4 February 2016 and was announced. This inspection took place on 24 and 26 November 2015 and was announced. Broomfield Care provides personal care to people in their own homes. At the time of our inspection there were twenty people receiving personal care from the service.

Broomfield Care 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.

At our previous inspection on 6 February 2014, the service met all the legal requirements assessed at that time.

People were happy with their care and the approach and effectiveness of staff. However, people were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied.

Staff and management understood how to protect people from harm and abuse. People and their representatives were involved in the planning and review of their care. People had their ability to consent assessed and their wishes respected. People were satisfied with any support they received to prepare food and drink. Risks to people's safety were identified, assessed and appropriate action taken. People were consulted for their views on the service and the care they received.

Staff received support to develop knowledge and skills for their role and appreciated this. One staff member told us how they were "really happy" working for Broomfield Care. The management were accessible to people, their representatives and staff. They set out and followed a direction for the service based on a clear set of values.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not as safe as it could be.

People were not always protected by robust staff recruitment practices.

Staffing levels were suitable to meet the personal care needs of the people who used the service.

Staff had the knowledge to safeguard people from abuse and there were safe systems in place for managing people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff received support and training to meet people's needs.

Staff were aware of the Mental Capacity Act 2005 and the importance of supporting people to make decisions and choices about their care.

People's dietary needs and preferences were catered for.

Where appropriate people were supported to meet their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People and their relatives were involved in reviews of the service provided.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care to meet their needs.

Concerns and complaints by people using the service or their representatives were investigated, responded to with Identified improvements made.

Is the service well-led?

Good ●

The service was well led.

The agency set out and followed its vision and values centred on providing personalised care for people.

The service benefited from an accessible and approachable manager.

Quality assurance systems which included the views of people using the service and their representatives were in place to monitor the quality of care provided.

Broomfield Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 January 2016 and was unannounced. One inspector carried out the inspection which included visits to the office of the service and visits to the homes of people using the service. People and their representatives were also spoken with on the telephone to gain their views. We spoke with seven people using the service and four relatives. We also received the views of a social care professional. We spoke with the registered manager, the business manager, the head of care and four members of staff. In addition we reviewed records for four people using the service and four staff files. We also looked at documents about the management of the service.

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not being applied. Four members of staff had been employed without checks on their conduct during all of their previous employment or verification of their reasons for leaving previous employment which involved caring for vulnerable adults. Information about conduct in previous employment for two members of staff had been received although it was not from persons in a suitable position to give such information. The registered provider's recruitment policy did not reflect the regulations relating to employment checks for staff working with vulnerable adults.

We found that the registered person was not operating effective recruitment procedures and did not ensure all the required information was available. People were placed at risk of being supported by unsuitable staff. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Where there were gaps in employment these were identified and discussed with the applicant. Identity and health checks had also been undertaken before staff started work.

Suitable staffing levels were in place to meet the needs of the people. We asked people if they ever experienced late visits. One person told us this did happen but "not so that you would notice". Another person told us when staff were late "it was not their fault". A relative of a person using the service told us that late visits were "not too often" and staff telephoned in advance to let the person know. Another relative said "they never fail to turn up and if they are late they ring". People had rotas supplied to them so they knew who would be delivering their care and at what time. Arrangements were in place to cover any staff absences with a 24 hour on call system in place to respond in the event of short notice absence.

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. A procedure was in place to follow in the event of any safeguarding issues, this included contact details for reporting to the local authority which were clearly displayed in the provider's office. Information given to us following the inspection showed all staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. One person told us they felt safe when staff visited them in their home. In a survey by the provider in November 2015 all respondents indicated Broomfield Care supported them or their relative to stay safe.

Part of the assessment of the needs of people using the service was the identification of risks through a general risk assessment. This addressed risks in two areas, risks to the person and risks to staff. Risks covered included, infection control, moving and handling and risks in the working environment. Staff used appropriate personal protective equipment such as gloves and aprons when providing personal care.

People's medicines were managed safely. Audits of people's medicine administration charts were carried out when they had been completed and returned to the office. The audit checked areas such as any signature gaps and reasons for omitting any medication if applicable. Staff received training in supporting people with their medicines. They described the arrangements for supporting people with taking their medicines. A relative of a person using the service commented on the good communication from care staff in relation to giving a person their medicines. Specific guidelines were in place for one person who staff supported to take their medicines via a gastrostomy tube.

Is the service effective?

Our findings

People using the service were supported by staff who had received suitable support and training for their role. People confirmed staff knew what they were doing when giving care and support. A relative of a person using the service was impressed with the knowledge and experience staff had of caring for people, stating "they give me advice, they come up with ideas I've not heard of". One person using the service told us staff were "very helpful" and another commented "staff know what they are doing and are well-trained." One relative told us staff showed "common sense" and another commented on the "good communication" from staff. A social care professional told us "They communicate well and in a professional manner".

New staff received an induction covering the first 24 weeks of their employment to ensure they were achieving the required skills and knowledge for their role. The registered provider had made arrangements for using the Care Certificate qualification for staff new to caring and supporting people. Staff told us they felt the training and support provided by the service was enough for their role. They were positive about the training they received, one member of staff described the training as "absolutely brilliant". Training was provided in subjects such as first aid, infection control and moving and handling. Staff also received training specific to the needs of some people using the service such as dementia and gastrostomy care.

Staff had regular individual meetings called supervision sessions with the manager or a - senior staff. Meetings covered such topics as training, health and safety and equality and diversity. In addition staff received 'spot check' observations of their practice by senior staff with feedback provided. Relatives confirmed 'spot checks' had taken place when people were receiving care. Competency checks were also carried out on staff performing certain tasks such as moving and handling and some aspects of personal care. Staff also received annual performance appraisals.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. Mental capacity care plans were in place for people using the service recording their ability to make decisions. Consent was sought from people in relation to the personal care they received and other aspects of the service such as holding keys. Signed records confirmed this and was reflected in our observations when we visited people. We heard staff seeking a person's permission before starting personal care and offering them choices about how they were supported. This approach was reflected in one person's care plan which stated "Broomfield staff will ask (the person) and (their relative) at each visit what support is required".

People's care plans described their support needs in relation to their diet including likes and dislikes. People had described their personal preferences and ways they liked food and drink to be prepared. No one receiving care had any special dietary requirements that staff needed to be aware of. One person told us the arrangements for supporting them with meals "works very well".

Arrangements were made to ensure people were able to access food and drink when left alone between visits.

People were supported to manage their health care needs. When staff noticed changes to their physical or mental health they contacted their family or in some cases health care professionals with the person's permission. Consent had been sought to contact relevant professionals where required. If emergency services were needed they were alerted and staff would remain with people until they had arrived.

Is the service caring?

Our findings

People and their representatives had developed positive relationships with staff. On one visit we saw how a member of staff was warmly greeted by a person's relative. They then told the staff member about changes to the person's care since their last visit. They told us "I've got to know all the carers". People we spoke with and their representatives confirmed staff were kind and caring, we heard comments such as "All very nice to me, very helpful", "very kind, very thoughtful" and "polite and respectful". One person told us "I've got to know quite a lot of the staff now they are very friendly so you relax". Another person described staff as "very cheerful". We also heard staff were "cheerful people, no doom and gloom". People also told us staff compared favourably with those from another care agency they had previously used. A relative of a person using the service told us staff were "kind and caring". Another appreciated the "more mature" staff providing care for their relative.

We heard how staff considered the comfort of people before starting personal care such as ensuring a bathroom was warm enough for a person. We witnessed staff using a warm and friendly approach when interacting with people and appropriate interactions were continued throughout the visit. On another visit we saw how staff were able to make appropriate use of humour in their interactions with people with positive results.

Reviews of people's care was carried out through consultation with them and their relatives. This was confirmed by people, their relatives and staff. As well as reviews of people's care plans, a review of the service provided as a whole took place. Reviews detailed the responses from people using the service. People were asked about the approach and suitability of staff, the level of care provided and things of importance to and for the person.

Information about advocacy services was provided to people by Broomfield Care and contained within their care documentation. This sign-posted people to a number of advocacy services suitable for different needs.

People's privacy and dignity was respected and promoted. People's care plans included the actions for staff to take to preserve their privacy and dignity and these were followed. Staff gave us examples of how they would act to promote people's privacy and dignity such as ensuring doors and curtains were closed and people were covered up. This was the practice we observed during our visits. One member of staff told us "it's about making sure no one else can see them". One person described how staff took account of tasks they were independent with. This was important to them and they commented on how staff allowed them time to complete these.

Is the service responsive?

Our findings

People received personalised care in response to their needs. The agency's commitment to personalised care was described in the statement of purpose. This included the statement "Our aim is to provide a person centred approach of the highest quality to promote independence for the service user." We saw how people's care followed their written plans for their daily routine. Staff had signed to indicate they had read and understood people's care plans. Care plans and associated risk assessments had been kept under regular review or reviewed in response to a change in circumstances. For example, one person had received a review when returning home after a hospital admission. Copies of care plans held at the office corresponded to those in people's homes. A social care professional told us "When looking at the care folder during review visit, there were risk assessments, protocols and care notes were up to date". One member of staff told us personalised care was about "planning a person's care specifically around them". Care plans described desired outcomes from providing care such as "for (the person) to receive a high standard of personal care which will support his self-esteem".

A relative of a person using the service confirmed the person received the care they needed. Another relative confirmed a person received "individualised care". Staff ensured that people were given choice when providing personal care such as checking that they were happy with selected items of clothing. One person told us "they listen to what I need". The agency were able to respond appropriately where there was a request for care staff of male gender. A social care professional told us "The service user wanted a male carer and Broomfield Care listened to service user and they were able to meet his wishes". In a survey by the provider in November 2015 all respondents indicated Broomfield Care supported them or their relative in the way they wanted.

There were arrangements to listen to and respond to any concerns or complaints. A relative of a person using the service told us "I've had no complaints although I feel I could complain and they would take it on board", they confirmed they had also received information from the service about how to make a complaint. People's care plan folders in their homes contained a form for recording compliments, comments or complaints. Information about where to refer a complaint if a complainant was not satisfied with the response from the agency was not accurate. We discussed this with the business manager who agreed to rectify this.

We looked at the responses to two complaints received by the service in 2015. These were investigated and appropriate responses given to complainants. One complaint was referred for investigation to an independent investigation officer by the registered manager who wanted a thorough and impartial investigation. This resulted in a plan for improvements to be made to the service with actions allocated to individual members of staff and deadlines for completion which were achieved. Actions included improvements to record keeping and medicines recording and the introduction of weekly management meetings. Another complaint had resulted in improvements to the way meals were prepared and presented for a person. During our visit to the office a person using the service contacted the office about a visit where the staff were late. This was dealt with appropriately with reassurances provided to the person that staff were on their way.

Is the service well-led?

Our findings

The provider had a clear set of values setting out the aims for the organisation as a whole. These were set out in the statement of purpose as "The aims and objectives of this agency are to provide an outstanding and unique support service in Gloucestershire for adults, who are in need of high quality care in order to live independently, in their own home". The registered manager added the values of the service were "treating people with dignity, being service user led", "being the best we can be." and always asking the question "would you let staff look after your relative?"

Staff demonstrated an awareness of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The service had a registered manager who had been registered as manager of Broomfield Care at its current location since January 2013. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The registered manager was supported by a business manager and a head of care.

The registered manager was accessible and approachable for people using the service and staff. Staff were positive about the management of Broomfield Care. One said "they communicate quite well and are always welcoming when you visit the office". They also told us the registered manager was approachable and accessible. A relative who had met the registered manager described them as "reassuring, warm and friendly". A relative described Broomfield Care as "One of the best well managed organisations I have ever been involved with". Another relative told us the service was "Well managed".

Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. Staff were informed about staffing and management arrangements, dress code and specific information about providing care for people who used the service. In addition management meetings were held where aspects of running the service were discussed and a focus set for the next month. In the case of the meeting held in October 2015 a focus for the following month was to audit, review and tidy up all files for people using the service. The registered manager recognised current challenges to the service such as "expanding to a comfortable size" and providing stability to the staff team through fixed term employment contracts.

People benefitted from checks to ensure a consistent service was being provided. Satisfaction surveys had been sent to people using the service, their relatives and staff. Results were analysed with a written response to the result from each question which was fed back to staff. Where any areas we identified for improvement or further investigation a clear action was set allocated to a named member of senior staff. Concerns raised by staff in their survey were followed up. Surveys were also conducted when people ceased to use the service.

Spot check supervision of staff practice was used with senior staff checking staff were using appropriate

personal protective equipment, were following care plans, maintaining standards as well as checking on training needs. In addition various audits were carried out such as a training audit and a medicines recording audit.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.</p>