Briars Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The announced inspection took place on 22 and 26 January 2015.

The service was last inspected in September 2014. They did not meet the requirements of the regulations during that inspection. They breached regulation 10 of the Health and Social Care (Regulated Activities) regulations 2010, assessing and monitoring the quality of service provision. The service provider sent us an action plan explaining what they were going to do to rectify these problems. At this inspection we found appropriate action taken to meet the required standards.

Briars Homecare Services Limited is managed from a domestic residence located in a residential area of Thornton. Services are provided to support people to live independently in the community and the range of

Summary of findings

support includes assistance with personal care, shopping, activities and appointments. At the time of our inspection Briars Homecare provided services to 120 people.

The registered manager was on duty at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes.

During the inspection we were able to visit people and with their agreement spend some time with them in their own home, chatting about their experiences of receiving a domiciliary support service. At one of our visits, a member of staff was there preparing breakfast for the person. We saw the member of staff treating the person with respect and providing assistance in a kind and caring manner. It was quite evident that the person and the member of staff had an easy and friendly relationship.

People who used this service were safe. The staff team were well trained and had good support from senior managers. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service.

People were involved and consulted with about their needs and wishes. People were consulted about their care. Where people lacked the capacity to consent, policies and procedures were in place around the Mental Capacity Act 2005 (MCA). However staff did not understand the requirements of the MCA. We have made a recommendation about staff training on the subject of the Mental Capacity Act 2005.

Care records provided information to direct staff in the safe delivery of people's care and support. However records needed to be kept under review so information reflected the current and changing needs of people.

Staff had a good understanding of people's daily care needs and where necessary, ensured that people who used the service had access to community health care and support. A community professional we spoke with reported positive relationships with the service and felt staff were professional and cooperative.

Throughout the inspection, we consulted a variety of people, including people who used the service, relatives, and staff members. The majority of people we spoke with expressed positive views about the service and spoke highly of staff and managers. However one person and two relatives were not happy with the outcome of their concerns. All three told us it was work in progress.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. Overall satisfaction with the service was seen to be positive.

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?

Requires Improvement

Certain aspects of the service were not safe.

We received mixed comments from people who used the service and relatives as to if people felt safe. The main reason given for feeling uncomfortable was the number of different care staff that visited them.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. However for one person an assessment had not been updated following alterations at their home.

We reviewed medication administration and practices and saw that appropriate arrangements were in place for recording and monitoring people's medicines.

Is the service effective?

Requires Improvement

Staff had access to on-going training. However there was no system in place to monitor and ensure that only staff who had completed specialist training were tasked to support a people with specific health needs, such as stoma or catheter care.

People were consulted about their care. Where people lacked the capacity to consent, policies and procedures were in place around the Mental Capacity Act 2005 (MCA). However staff did not understand the requirements of the MCA.

Records showed people who used the service were assessed to identify the risks associated with poor nutrition and hydration. Where risks had been identified, management plans were in place.

We saw people's needs were monitored and advice had been sought from other health professionals where appropriate.

Is the service caring?

Good

The service was caring.

There was evidence people's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review. Staff responded quickly when people needed help in an emergency or when people's needs changed.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint. One person we spoke with and two relatives told us they had raised concerns with the registered manager about the number of care staff attending, and this was being accommodated but was work in progress.

Is the service well-led?

Good

The service was well-led.

There was a sound management structure in place and people we spoke with were fully aware of the lines of accountability and who they should speak with about specific areas. Staff spoken with felt well supported and were very complimentary about the way in which the agency was managed.

There was a good system in place for assessing and monitoring the quality of service provided, with lessons learnt from any shortfalls identified.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by an adult social care inspector on 22 and 26 January 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Prior to this inspection we looked at all the information we held about this service, such as notifications informing us of significant events, such as serious incidents, reportable accidents, deaths and safeguarding concerns. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to the commissioning department and safeguarding team at the local authority.

During our inspection we went to the Briars Homecare office and spoke to the provider, the registered manager and four members of staff. We reviewed the care records of eight people that used the service, training and recruitment records for five members of staff and records relating to the management of the service.

With their agreement we visited three people who used the service at their homes in order to gain a balanced overview of what people experienced accessing the service.

After the inspection visit we undertook phone calls to five members of staff, five people that used the service and relatives of two people that used the service.

Requires Improvement

Is the service safe?

Our findings

We received mixed comments from people who used the service as to if they felt safe. One person told us, "I absolutely feel safe." Another person told us, "I have no concerns about safety." Whilst another person told us, "I do feel safe with the carers but not always when being moved by people who have not been here before."

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who used the service. We looked at duty rotas and spoke with the registered manager about staffing arrangements.

The registered manager explained that staffing levels were determined by the number of people who used the service and their individual needs. The registered manager explained that Briars Homecare employ 35 members of staff (including office staff). Staff members who provide care and support work alternate weekends and cover a variety of shifts between the hours of 07:00 and 22:00.

The majority of people supported by Briars Homecare lived in Thornton, Cleveleys, Garstang and St. Annes. The service employed staff who lived locally. This, together with effective planning allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The registered manager informed us if staff were unable to attend an appointment they informed the office staff in advance and cover was arranged so that people received the support they required.

People we spoke with who used the service told us staff were generally on time and hadn't missed any visits, however three people told us they did receive visits from a lot of different staff. They told us this made them feel uncomfortable with the amount of new members of staff who they didn't know. One person told us, "I have four visits a day. Two of those visits I have two carers coming. The rota for this week shows that I have at least fourteen different people coming to me. I don't feel safe with everyone because they are new. I never know who is coming." Another person told us, "Staff seem to rush at the weekends because it is a regular situation for staff to have to cover shifts."

We spoke with the registered manager about how the service ensured continuity of care for people who used the service. The registered manager told us that where people had a high number of visits each week they provided a rota that detailed which staff would be attending and when. We saw evidence rotas were provided to two of the people we visited in their homes. The registered manager also told us the service was recruiting weekend staff to give better coverage at the weekend. We saw evidence recruitment was in process. The registered manager told us that where people had concerns about the number of staff visiting them, her or a member of the office team would work with the person to accommodate their wishes and preferences wherever possible. Two people we visited confirmed this had happened and was work in progress.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at records for five members of staff. Staff had completed an application form however the form could be improved to ensure a full employment history was captured. For two staff members there was no evidence that any gaps in employment history were explored and explained for each person. References were obtained before people started work however not always sought from the last employer.

We saw Disclosure and Barring Service (DBS) checks had been undertaken before staff had started work. A DBS certificate allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. This prevents people who are not suitable to work with vulnerable adults from working with such client groups.

The provider had policies and procedures in place for dealing with allegations of abuse. Staff we spoke with told us they had completed safeguarding training and the training records we looked at confirmed this. They were all able to describe the different forms of abuse. They were confident if they reported anything untoward to the registered manager or the person on call when the office was closed, this would be dealt with immediately. In our discussions staff told us they were aware of the home`s whistle blowing policy. This meant that staff were protected should they report any concerns regarding poor practice in the work place.

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk

Requires Improvement

Is the service safe?

assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. However we saw that alterations had been made to one person's home. The person required the use of a hoist. The risk assessment for the environment and new equipment had not been updated. Staff supporting this person might not have the information available on how the person was to be safely hoisted.

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person and the staff member.

We looked at the systems for medication management. At our last inspection in September 2014, an accurate audit of medication practices and medication record keeping could not be guaranteed. We were also aware that one safeguarding alert had been raised with the local authority in November 2014 relating to medicines records not always being clearly presented to support and evidence the safe management of medicines. We used this inspection to see what steps had been taken to ensure the provider's medicines policies were consistently followed.

The registered manager told us that in response they had held a staff meeting to remind staff of the correct procedures they should follow and had introduced weekly medication audits and spot checks. The registered manager explained that they had identified a further training opportunity for all staff, with training sessions starting in a weeks' time. We saw evidence these training sessions were booked.

During the inspection we saw clear audits were regularly conducted and detailed policies and procedures were in place at the office, which covered areas, such as ordering, receipt, storage, administration and disposal of medications. Records were clear and appropriately signed. Specific plans of care had been developed in relation to people's medication needs, including situations where people who used the service were prompted to take their prescribed medication, rather than staff administering it for them. These were supported by assessments, which identified any potential risks and outlined strategies, which had been implemented to protect people from harm. Records showed that all staff had received medication training and competency assessments were periodically conducted.

Requires Improvement

Is the service effective?

Our findings

The feedback we received from people who used the service was positive. People told us they felt members of staff understood their needs and said they received a good level of care and support. One person commented, "The staff that visit me know me so well. They are totally confident and know what they are doing." Another person told us "The staff are brilliant. They know what they are doing."

There was a training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide care for people who lived at the home. Each member of staff had a personal development plan in place which detailed the training they had received to date, and future training requirements.

Records showed that all new staff were provided with a detailed induction, which included learning about the organisation and what was expected of them when carrying out their role. Staff confirmed they had access to a structured training and development programme. One staff member told us, "The training is pretty good. I can ask if I want any updates because things change in our profession."

Staff training records showed staff had received training in safeguarding vulnerable adults, moving and handling techniques, health and safety, medication, food hygiene, and first aid. We did note that more could be done to ensure staff accessed a range of training which reflected good care practices for people who used the service. For example staff had not undertaken development training on the Mental Capacity Act. Where specific skills were needed to support a person's health needs, such as stoma or catheter care there was no was no system in place to monitor that only staff with this training attended the person.

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be disseminated to staff members. Records confirmed meetings had taken place. Staff told us they had regular individual supervision meetings and annual appraisals with the registered manager. Records showed these covered areas such as, work performance, concerns, team issues and staff training and development.

Staff told us their views were considered and they felt supported in their roles. One member of staff told us, "Anything I need, any questions I have or answers I need, I can always approach the manager." Another member of staff told us, "The staff in the office are great. Any queries or anything we want to report they will work it through with us."

The service had policies in place in relation to the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. We spoke with staff to check their understanding of MCA. Staff were unable to demonstrate an awareness of the legislation and associated codes of practice and confirmed they had not received training in these areas. Suitable arrangements were not in place to enable staff to assess people's mental capacity, should there be any concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were supported at mealtimes to access food and drink of their choice. They made their own choices around food and nutrition supported by family and care staff. Staff we spoke with informed us that they would prompt and promote healthy eating and drinking when required but in the end the final choice was down to the person they supported who had the capacity to make such decisions. However we noted that one person we visited was a diabetic. We looked at the care plan in their home and saw information was available about the person's food and drink preferences. Clear instructions were available to support the person manage their diabetes.

Staff had received training in food safety and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

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

Whilst visiting one person at their home, the district nurse called to provide treatment. Feedback from the district

Requires Improvement

Is the service effective?

nurse was positive. They told us relationships with staff from the service were supportive and any referrals regarding a person's health were timely. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people's health needs were met.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs.

We recommend the service finds out more about training for staff in relation to assessing people's mental capacity, should there be any concerns about their ability to make decisions for themselves, or to support those who lack capacity to manage risk.

Good

Is the service caring?

Our findings

People told us they had a good relationship with staff, who they described as "Caring, kind, friendly and patient." One person told us, "The staff respect me and take care of me. They take in my life generally. They are more like friends. Another person told us, "Staff are very caring, very kind. They don't talk out of hand. They are very respectful and very humane." Another person told us, "I couldn't be happier, the staff are like family. They are so very good."

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive and caring approach to their role. Staff told us they enjoyed their work because everyone cared about the people who used the service. One staff member said, "I like working here. Consistency is important. We get time to know the people we visit, to know how they like to be treated."

During one of our visits to people in their own home, a member of staff was there preparing breakfast for the person. The person was supported to express their views about what they wanted to eat. We saw the member of staff treating the person with respect and providing assistance in a kind and caring manner. It was quite evident that the person and the member of staff had an easy and friendly relationship.

We looked in detail at eight people's care records and other associated documentation. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff regularly sought people's views on how they wanted their care delivered. One person told us, "I am actually getting what I want. Strange little things like turning the tap on for me because otherwise I can't fill the kettle."

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, "We visited people in their own homes. It is important we treat each person as they would want to treated." People told us staff were very polite and always maintained their dignity whilst providing care. One person told us, "The care staff are pleasant people. They get on with their job but then talk to us as human beings." Another person told us, "The staff are so friendly. I feel comfortable with them. When I am having a shower the staff are very respectful."

Good

Is the service responsive?

Our findings

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. For example what days they wanted a bath and what their food preferences were. People's objectives and desires were identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We saw good examples where the service had responded to changes in people's needs. We saw timely referrals had been made to external professionals. For example a referral had been made to the community mental health team when one person had refused food and declined to engage with staff. Another example was where the service provided support to someone who had been served an eviction notice. Staff assisted the person to search for another house with access to the internet and helped them to receive an emergency food package.

People we spoke with told us the service was "very obliging" and responsive in changing the times of people's appointments and was very quick to respond if they needed an extra visit because they were unwell. One person told us, "I was really unwell and need help. I phoned the office and two of the staff came straight out." Another person told us, "The staff went above and beyond when I had an accident. They were fantastic. They came round at the drop of a hat."

We saw that as part of the care planning process, the case assessor would review and discuss the person's care and support with them. Records we looked at showed these reviews had taken place. We spoke with the case assessor. They were able to provide us with examples of where care plans had been updated following a change to a people's care needs. They told us about one person who had been in and out of hospital and refused to go to bed, preferring to sleep in a chair. The care plan had been updated to reflect the person's wishes.

However we noted on one occasion that where there had a change to a person's care and support needs between formal reviews, the care records had not been updated to reflect the changes and how best to support the person. One person's plan of care did not reflect changes to the person's home and routine.

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint. A member of staff told us, "We try and talk to people to see if they have any issues and deal with them straight away."

People who used the service and their relatives told us they were aware of the formal complaint procedure, but that they knew the registered manager and felt comfortable ringing them if they had any concerns. We saw that the service's complaints process was included in information given to people when they started receiving care. At the time of our inspection the service had not received any formal written complaints. The registered manager and provider told us they were looking at introducing a more formal system to capture informal comments. This was so they could monitor any improvements required in the delivery of care.

One person told us, I can't fault the staff. I've not got any complaints. Couldn't be happier." However one person we spoke with and two relatives told us they had raised concerns with the registered manager about the number of care staff attending, and this was being accommodated but was work in progress.

People and their relatives told us they had regular contact with their care worker, the office staff and the registered manager of the service. They felt there was good communication with the staff at Briars Homecare and there were opportunities for them to feedback about the service they received. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns.

Good

Is the service well-led?

Our findings

We spoke with people who used the service and relatives for their thoughts on the leadership of the home. All the people we spoke with told us they thought the registered manager was accessible and approachable. They told us they had good communications with the staff and always thought they were listened to. One person told us, "The manager always has time to talk things through. I've never felt that I couldn't approach her."

All staff we spoke with told us they had a commitment to providing a good quality service for people who used the service. Staff were aware of the lines of accountability within the service. They were confident about raising any concerns and felt that any concerns that were raised would be dealt with properly. Staff described the registered manager as very supportive. One member of staff commented that she had been well supported by the registered manager not only about work related issues but personal ones too. Another member of staff told us, "We have a really good team here. I enjoy working here. I enjoy the job, the people we work with and the people we work for."

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through, satisfaction surveys and care reviews with people and their family members. We looked at a sample of 21 client reviews that had been completed with people who used the service. People were asked a number of questions, which included, if they had any issues with the care staff, if they were happy with the service, did carers arrive on time. We noted that all responses were positive.

Within the client reviews we saw that any comments, suggestions or requests were acted upon by the registered manager. This meant people who used the service were given as much choice and control as possible into how the service was run for them. For example was saw that through the client review one person requested extra hours of care which had been accommodated.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Senior staff undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person who used the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. One person who used the service told us, "They pop in to see us and make sure we are alright." Staff told us senior staff frequently came to observe them at a person's home to ensure they provided care in line with people's needs and to an appropriate standard.

We also noted that any feedback from the spot checks was fed into the supervisions with staff. Generally the feedback was very positive. However if any concerns were identified during spot checks we noted these were discussed with individual staff members during one to one meetings with the registered manager. Staff told us their manager advised them of any changes they needed to make.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accidents and incidents audits, medication, care records and people's finances. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.