

Sharon Brinkman Care Services LTD

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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

Sharon Brinkman Care Services Ltd provides personal care to people living in their own homes in the Spalding area of South Lincolnshire. The service was first registered with the Care Quality Commission (CQC) in May 2015 and had been operating for about two years at the time of our inspection.

We inspected the service on 25 April 2017. The inspection was announced. At the time of our inspection 15 people were receiving a personal care service.

The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves. Staff also knew how to recognise and report any concerns to keep people safe from harm.

People told us that they were highly satisfied with every aspect of the service they received. In particular, the provider's careful approach to managing staffing resources which meant they were supported by the same staff on a consistent basis. Staff had established warm, friendly relationships with people and went out of their way to help them in any way they could. Staff worked together in a supportive way and participated in a varied programme of training appropriate to their needs. They enjoyed working for the provider and felt listened to by the registered manager and other senior staff.

People were involved in agreeing the type and amount of care they received and their needs and wishes were understood and followed by staff. Staff treated people with dignity and respect and encouraged them to maintain their independence. Staff had the knowledge and skills required to meet people's individual needs effectively and supported them to prepare food and drink of their choice.

We identified a small number of areas in which improvement was needed to ensure people received safe, effective care. These related to record-keeping and other administrative processes rather than the delivery of hands-on care. Improvement was required in the recording of medicines administration, the completion of people's individual risk assessments and in some aspects of staff recruitment procedures.

The registered manager displayed an open and responsive management style and was quick to acknowledge the areas for improvement we picked up in our inspection. She took personal responsibility for ensuring the required changes were addressed as a matter of priority.

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 consistently safe.

The provider assessed potential risks to people's safety but preventive measures to address these risks were not always documented.

The recording of the administration of some people's medicines was inconsistent..

Pre-employment checks on staff had not been completed consistently.

Staffing resources were managed carefully to ensure that people received the same staff on a regular basis. Staff had enough time to meet people's needs without rushing.

Staff knew how to recognise and report any concerns to keep people safe from harm.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

Staff were aware of how to support people who lacked capacity to make some decisions for themselves.

Staff worked well with local healthcare services and supported people to access any specialist support they needed.

Staff assisted people to prepare food and drink of their choice.

Is the service caring?

Good ●

The service was caring.

Staff at all levels in the service had warm relationships with people and supported them in a friendly, helpful way.

Staff encouraged people to maintain their independence.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their changing needs.

Staff knew people as individuals and provided support in ways that reflected their particular preferences and interests.

The provider responded effectively to any concerns or queries and formal complaints were rare.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had an open and responsive style and was well-known to everyone connected with the service.

Staff worked together in a friendly and supportive way.

Systems were in place to monitor and improve service quality.

Sharon Brinkman Care Services Ltd

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 registered persons were 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 announced. The provider was given notice of our inspection visit because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection team consisted 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. Our inspector visited the administration office of the service on 25 April 2017. On the same day our expert by experience telephoned people who used the service to seek their views about how well the service was meeting their needs.

During our inspection we spoke with five people who used the service, four relatives, the registered manager, two care workers and two community healthcare professionals. We looked at a range of documents and written records including two people's care records, two staff recruitment files, information relating to the administration of medicines and the auditing and monitoring of service provision.

We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Is the service safe?

Our findings

People told us they felt safe and secure using the service. One person said, "I am, hand on heart, 100% safe." Another person said, "I live alone. Knowing that somebody is going to call makes me feel safe."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Advice to people and their relatives about how the service's approach in this area was provided in the information booklet that was given to people when they first started using the service.

Staffing levels were determined by the number of people using the service and, in scheduling care calls, the provider took great care to ensure that, wherever possible, people received care from the same staff. The staffing rota was designed to provide people with regular lead and back up carers and the registered manager and other senior staff were available to provide relief cover whenever it was required. Describing her approach, the senior staff member who prepared the staffing rota said, "Our main aim in doing the rosters is continuity of care and ensuring the carers are suitable for the person." The provider's commitment to providing continuity of staffing was appreciated by the people who used the service and staff alike. For example, one person told us, "I have three or four workers who I'm used to on a rota so I'm happy. Prior to this company ... I never knew who was coming or when. But these are exceptional." One member of staff said, "We have two different weeks [on the rota]. A five day week and a two day week. We work back-to-back with someone else ... to keep the continuity. We don't keep chopping and changing. You get to know their requirements ... and meet their family. To send different people could throw them."

Reflecting this careful and conscientious approach to call scheduling, people were also satisfied that staff had sufficient time on each care call to meet their care and support needs. For example, one person told us, "My ladies are very busy but they don't make me feel rushed and give as much time as I need." Another person said, "They've always got time for me." One staff member told us, "I think the call times are long enough. It wouldn't be good to be rushed." Reflecting on other care companies she had worked for in the past, another staff member said, "It's completely different [here]. A lot more person-centred. We have much more time to spend with people."

People also told us that their care calls were never missed and that staff almost all always arrived on time. One person said, "Staff are very efficient, morning and evening. Arriving on the spot." If staff were delayed for any reason, the provider had systems in place to ensure people were informed and the call was covered if necessary. One staff member told us, "I have never been later than a few minutes. You apologise on arrival. If it was going to be longer, I would ring [the registered manager] to arrange cover. [But] I have never had [to do that yet]." Confirming their satisfaction with this approach, one person's relative said, "If staff are late it doesn't matter because I know in advance. For example if they have a poorly customer."

Despite existing clients' evident satisfaction with the service they received, the registered manager told us

that she was keen to avoid expanding the service too rapidly. Commenting on the development of the service in its first two years she said, "I have gradually increased staffing [but] I don't take on more than I can chew. I am in control. It's manageable." Describing her approach to recruitment, she said, "I am picky. I like to see ... that they care. If you care you don't let people down."

When we reviewed the provider's recruitment systems we found that improvements were required to ensure that staff were suitable to work with the people using the service. We examined staff personnel files and found that there had been delays in obtaining Disclosure and Barring Service (DBS) checks and references for some new employees. The registered manager knew almost all of her new recruits personally and we were satisfied that no one using the service had been placed at risk as a result of these administrative shortfalls. However, we discussed the issue with the registered manager who readily acknowledged our concerns and told us that she would take early action to ensure the provider's recruitment procedures were applied consistently and correctly in the future.

Some of the people who used the service took responsibility for managing their own medicines whilst others received varying levels of assistance from staff. People who were supported in this area told us they were happy with the service they received. For example, one person said, "Staff make sure my [medicines] are in front of me every day, ready to be taken at the appropriate time." Another person told us, "We make a list of medication on my bedside table. They go through it with me each time." For people who did receive staff assistance with their medicines, the provider had recently introduced medicine administration records (MARs) which staff used to record any medicines they had supported the person to take. However, although this was a positive initiative, when we reviewed some people's MARs we found several instances in which there was no staff signature to indicate that a person's medicine had been administered. Staff had also failed to record on one person's MAR that they had finished the course of a particular medicine. It was clear from the corresponding entries in each person's daily log that their medicines had been administered correctly in line with the prescription. However, improvement was required to ensure consistent recording of this administration to reflect good practice and national guidance. When we discussed this issue with the registered manager she was, again, quick to acknowledge our concerns and told us she would take immediate action to ensure consistent application of the provider's 'management of medicines' policy across the service. She also told us she would review and amend the MAR sheet design to make it easier for staff to note anomalies and any follow up action taken.

Before someone started using the service, the registered manager met with them to assess their needs and preferences and agree the support to be provided. As part of this process, a range of possible risks to each person's wellbeing was considered and assessed, for example risks relating to mobility and medication. However, when we reviewed these assessments we found that the design of some of the forms used by the provider meant it was not always clear exactly what risks had been identified and what preventive actions had been put in place. For example, although one person's 'pressure area risk assessment' had identified them as being at medium risk in three of the four elements of the assessment, there was no space to record the overall risk or any preventive measures put in place to address it. Similarly, although the same person had been identified as being 'unsteady' on their feet, there was no place to record of any action taken to address this further risk. Although there was no suggestion that anyone had come to harm as a result of these shortfalls, we raised the issue with the registered manager. Again, she welcomed our feedback and told us she would take early action to improve the way people's individual risk assessments were documented in the future.

Staff told us that they felt well-supported and safe when they were working on their own. For example, one member of staff said, "I feel safe. [The registered manager] is always the first port of call. I have no worries." Commenting on the availability of the registered manager, another member of staff told us, "I speak to her

day or night [about] anything I need advice on. She is a fantastic boss."

Is the service effective?

Our findings

People told us that they thought staff had the skills and knowledge to meet their needs effectively. For example, one person said, "[Staff] have the right skills to support me. In the beginning I was sceptical, some workers were young in comparison to me but even the younger ones [are] very capable." Talking of their individual support needs, another person said, "I can't stand up so I use a hoist which staff operate correctly."

New members of staff participated in a structured induction programme which included an introductory session with the registered manager and a number of initial training courses. This was accompanied by a period of shadowing an experienced member of staff before starting to work as a full member of the team. Commenting on their induction, one member of staff told us, "I was shadowing [the registered manager] for three to four weeks. I was never put anywhere on my own. The way [the registered manager] explains everything makes it understandable, precise and clear." The registered manager was aware of the national Care Certificate which sets out common induction standards for social care staff and had built this into the induction programme for new recruits.

The provider maintained a record of each staff member's training requirements and organised an annual programme of courses to meet their needs including safeguarding and first aid. Talking positively of the provider's approach to training provision, one staff member said, "We get as much training in as we can. We had six sessions in March. It's very thorough and easy to understand. I try to soak in as much information as possible." The provider also supported staff to study for advanced qualifications. One member of staff said, "[The registered manager] is always encouraging us to get more under our belt. I have [just] started NVQ 2." Another staff member told us, "I want to study again to better myself. I will be doing NVQ 4. I know that [the registered manager] will support me."

Staff demonstrated an awareness of the Mental Capacity Act 2005 (MCA). The 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. Commenting on the importance of respecting people's right to make as many decisions for themselves as possible, one staff member told us, "One gentleman's children have taken over his finances. [But] day-to-day he can still decide what he wants to eat, what to wear, whether he wants a shower."

Staff had not been involved in any formal best interests decisions for anyone using the service at the time of our inspection. However, the manager told us she was planning to obtain further training in this area for her and her team, to ensure they had a full understanding of the issues involved, in case this was ever needed in the future.

Staff told us that they felt well supported and supervised by the registered manager and other senior staff. Talking positively of the regular one-to-one supervision sessions she had with a senior colleague, one

member of staff told us, "I do find it helpful. Two pairs of eyes are better than one." Senior staff also conducted regular 'spot check' supervisions of each staff member's care practice in a person's home. Again, staff told us they found this helpful to them in further developing their knowledge and skills. One staff member said, "It makes you better at what you're doing."

Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including district nurses, occupational therapists and palliative care specialists. Describing their response to any concerns they might have about someone's health, one member of staff said, "I call [the registered manager] if I have any worries. For instance, one lady had a terrible cough and chest infection. [The registered manager] arranged for the GP to come out and [now] she's on a course of antibiotics." Confirming this proactive approach, one person told us, "Staff make sure doctors home visit me because I can't get out much." Talking about the effectiveness of the provider's network of relationships with local health and social care services, one healthcare professional told us, "We get very positive feedback from other healthcare providers. Some professionals request that [the service] is involved [with their patients]."

Staff assisted people to eat and drink whenever this was required. Staff had received training in this area and were aware of each person's particular likes or dislikes and the importance of offering people choice. For example, one person told us, "I make my own choices at breakfast, lunch and tea time. Each day staff ask what I'd like for the following day." Another person said, "My favourite meal is poached egg on toast [and] I cook home-made soup which carers heat in the microwave." People's care records detailed any risks that been identified in respect of people's nutritional requirements, for example the risk of dehydration. Talking of their approach in this area, one staff member said, "To encourage them to drink... I leave lots of cold drinks [out] so they have lots of choice."

Is the service caring?

Our findings

People told us that the staff who worked for the service were caring and kind. For example, one person said, "Staff are very kind. They want us safe and well." Talking of their relationship with staff, another person said, "I feel completely at ease."

The motto of the service which was written on each staff member's name badge was 'where care comes first' and staff told us how they tried to reflect this ethos in their work, going out of their way to help people in any way they could. One staff member said, "I can't think there is anything that we wouldn't do if required. We do shopping for people. Put the washing in. It's not in their care plan [but] so what! We are there so we just do it." Describing a new initiative she had introduced recently called 'Fish and Chips Friday', the registered manager told us, "[All the staff] meet at the chip shop on a Friday. We pick up what people have ordered and then deliver it to them as quickly as we can. One lady doesn't like her batter soggy! We ask them what they want in the morning and they get very excited. About five do it now [and] we've just introduced potato scallops on a Wednesday."

The registered manager told us of other ways in which she and her team fulfilled their commitment to the provision of a truly person-centred service which went above and beyond the formal requirements of the homecare contract. For example, the registered manager said, "[Every year] I do them an Arum lily each. They come from [one of my relatives]. I have just given them out for this year. Something so simple and they love it." She also told us, "I am trying to get them all reading. I pass my husband's books on. I circulated one book and now I'm circulating the DVD. I also pass round jigsaws, trying to get them interested." Talking proudly of the support they had provided recently to one person who had been in hospital, a staff member told us, "Last week the senior called to say one client was coming home from hospital. I went to get her flat ready for her coming home. It was 10.30 at night." This attention to detail and determination to put people's needs and preferences at the very heart of the service was clearly appreciated by people and their relatives. For example, one person told us, "I've had a wonderful couple of months and would recommend [the service] to others like myself." Another person's relative commented, "The team are just wonderful."

Staff were also committed to helping people to maintain their independence and exercise as much control over their lives as possible. Describing the encouragement they gave to some people they worked with, a member of staff said, "They ask you to pull them up but you know they can do it themselves. So I just say, 'How do you get up when I'm not here?' And they bounce up! It keeps them in control. Not giving up and letting us do everything for them." Another staff member told us, "We don't want to take their independence away. If you don't use it, you lose it." Confirming the approach of staff in this area, one person said, "I know their job is to help me get as independent as possible." Another person's relative told us, "My wife walks with her walker. Staff oversee this whenever possible. To encourage her to be independent."

People told us that staff supported them in ways that maintained their privacy and dignity. For example, one person said, "They are always so polite and because of the nature of what they have to do for me, dressing and undressing me, they ask permission and whether I'm comfortable or not." Another person's relative told us, "They treat [people] with friendliness and respect. Which is a difficult balance to get right."

Describing their approach to providing people with personal care, one staff member said, "You have to be sensitive to make them feel comfortable. I wouldn't want to get naked in front of someone I hardly knew." I always use a towel to keep things covered. And I always shut the curtains, just in case."

The manager was aware of local lay advocacy services and told us she had used them to provide people with advice and support in the past. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

The registered manager told us that she took the lead in handling all new enquiries and referrals to the service. Stressing the importance of managing this process carefully she said, "I go out for an initial chat. I say to people, 'I would like to get to know what is important to you and chat about what we can do.' I try my best to meet everyone's needs [but] it doesn't always work out [and] I wouldn't want to take something on if we can't do it properly." If she felt the service did have the capacity to meet someone's requirements, the registered manager told us she then prepared an initial outline of the person's key needs and preferences which was given to care staff before they started working with the person. Over time, in consultation with the person and their family, this was developed into a full personal care plan. Talking positively of the provider's approach in this area, one person told us, "[The registered manager] sorted my care plan as soon as I was discharged from hospital. She sat down with my daughter and I [and] we went through the requirements. I was totally involved. It was put in place and then assessed soon after."

We reviewed people's care plans and saw that they were well-organised and set out the detail of each person's particular needs and wishes. For example, one person's plan stated, "[Name] will choose her breakfast. Usually cereal and she likes this heated in the microwave." The registered manager told us that she was planning to update the format of the care plans to provide more information on people's life history. Nevertheless, staff told us that they found the existing plans helpful when providing people with care and support. For example, one member of staff said, "They are so individual to the clients. We always revert to the care plans. It tells you on a daily basis what is required. They are always specific to each person and each call."

Staff kept each person's care plan under regular review to make sure it remained up to date and accurate. People told us they felt involved in this process. For example, one person's relative said, "It's an exemplary service. [With] every single ... change [to the care plan] discussion has been initiated." Another relative commented, "We have care plan reviews occasionally." Despite this positive feedback, the registered manager told us she was planning further developments to the care planning system. Following a suggestion from one of the people using the service, she was in the process of introducing a keyworker system to give each person a named member of staff who would take the lead in maintaining their care plan. She also told us she intended to introduce a further annual care plan review meeting to include the person, their relative and any professionals involved in their care.

Staff clearly knew and respected people as individuals. For example, talking of the people who used the service, one member of staff said, "It's all about communication. Sitting down and chatting. Letting them tell their own stories. They are all individuals [and] you can't have a 'one size fits all' approach." Staff used this knowledge to provide support in a responsive way that reflected each person's particular preferences. For example, one staff member told us, "One lady is very particular in the bathroom. This flannel for this and that sponge for that. It's very important to her." The provider's approach to call scheduling also gave staff time to interact socially with people in addition to meeting their core support needs. This responsive, person-centred approach was clearly appreciated by the people who used the service. For example, one person said, "I'm a chatty person. We always engage in conversation. Staff are good at keeping me cheerful."

Another person told us, "Staff watch telly with me, read and cook for me."

People also told us that they found it easy to contact senior staff by telephone if they needed to make any changes to their scheduled care calls or discuss any other issue. For example, one person said, "This company is easy to contact, I can call [the registered manager] and if she is unavailable or with another client, I leave a message and she calls as soon as it's convenient." Another person told us, "Previous companies I had were poor on communication. But with [this company] this never happens."

The registered manager and other senior staff all delivered care to people on a very regular basis. They told us that this meant they picked up any issues or concerns without people having to raise a formal complaint. One senior member of staff said, "Service users see us very often and will raise any issues with us. [For example], I went in a week ago and a girl had forgotten to move the commode." Reflecting this approach, we saw that there had been only one formal complaint in the two years that the service had been in operation. This had been managed correctly in line with the provider's procedure.

Is the service well-led?

Our findings

People told us how highly they thought of the service. One person told us, "I recommend the care of this service, definitely." Another person said, "Everything is running and managed to a fine standard. This company has been a good change in my life." One community healthcare professional told us, "Out of all the agencies [we deal with] we would have most regard for this one. When [our patients] tell us they've got Sharon Brinkman we usually think things will be okay."

Throughout our inspection visit, the manager demonstrated an extremely open and responsive management style which set the cultural tone for the service. She told us she had been looking forward to our inspection visit as an opportunity to gain feedback on the operation of the service at a relatively early stage in its development. She was quick to acknowledge the shortfalls we identified in staff recruitment, individual risk assessments and medicines management and took personal responsibility to address these issues as a matter of priority.

The registered manager was clearly well-known to, and respected by, everyone connected with the service. She provided care herself on a regular basis and this enabled her to keep in close contact with people who used the service and staff. Describing her approach, the registered manager said, "I have cared for all the clients, except one [new] person. If a [staff member] was to ring me and say she was delayed I will fill in. I [also] have my own rota. I love the care side. I couldn't imagine not doing it." This hands-on, supportive approach was clearly appreciated by people and staff alike. For example, one member of staff told us, "[The registered manager] works with us [and] she is so approachable. No matter what time of day. She tells us, 'Don't hesitate to contact me however minor you think it is.'" Another member of staff said, "[The registered manager] is great. I have huge admiration for her. She has an amazing reputation. [For instance], I was in the Co-op [recently]. One lady came up to me and told me she had heard so much about her from the district nurse." One person said, "[The registered manager] is very reassuring. I would miss her ... if I ended my care package." Another person's relative told us, "[With previous companies] I felt they were a machine doing a job. Very little human contact or sympathy. [The registered manager's] approach is totally different."

Staff worked together in a friendly and supportive way and were proud to work for the service. One member of staff said, "There is a brilliant atmosphere in the staff team. We are very close knit [and] very open with each other. [Joining this company] is the best thing I have ever done." Another staff member told us, "It's a brilliant company to work for. My daughter works for another [homecare] company and says she wishes her's was like mine. It's like one big family. I've been here nearly a year and I can't think of a single negative issue." There were regular staff meetings and daily logs were also used to ensure effective communication. Talking positively of their experience of attending staff meetings one member of staff told us, "They are helpful because it is the only time we are all together under the same roof. Everyone has to be there [and the registered manager] does her own cooking and feeds us at the meeting!"

The provider had a number of systems in place to monitor the quality of the care provided. For example, senior staff had recently audited the daily logs used by care staff to record details of each visit. A number of issues had been identified and feedback provided to staff to improve the quality of their entries in the future.

Reflecting the importance of care calls being on time, the registered manager said, "I keep my eye on [staff] to make sure they start on time. I drive past to check that they are there. It's part of my checking processes." The registered manager also reviewed any accidents or incidents to identify any learning for the future. For example, following a recent incident involving a new piece of equipment, the registered manager had brought her team together to deliver some refresher training to ensure everyone knew how to use it correctly. The provider was aware of the requirement to notify CQC or other agencies of untoward incidents or events within the service.

The provider conducted regular surveys of people and their relatives to measure satisfaction with the service provided. We reviewed recent survey returns and saw that these were overwhelmingly positive. For example, one person had commented, "Thank you so much. Your girls were prompt, caring and cheerful. They made it possible for [name] to stay at home in more comfort instead of going into a home which he would have hated." Invited to suggest any areas for improvement, another person had written, "Nothing – hard to improve on perfection." The registered manager told us that she valued people's feedback and when suggestions for improvement were received she always considered them carefully. For example, the recent suggestion of a keyworker system which she now planned to introduce.