

Community Health Action Trust

Brookes Homecare Services

Inspection report

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Date of inspection visit:
12 February 2016

Date of publication:
19 April 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Brookes Homecare Services provides personal care and support to people living in their own homes. When we inspected on 12 February 2016, two people were using the service. The last inspection took place on May 2014, at which two breaches of legal requirements were found. Following that inspection provider wrote to us to say what they would do to meet legal requirements in relation to staff recruitment and people's care records. At this comprehensive inspection, we found that improvements had been made and that breaches in regulations had now been all addressed.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Regular care staff understood the needs of people they supported. They were able to tell us detailed information about people's needs. The registered manager told us that care plans were reviewed on a quarterly basis or more frequently if required. People also confirmed reviews took place, however, we found no evidence in their care plans to confirm this. As a result there was no central track record to establish when people were due for their periodic reviews. This is important to make sure care plans remained up to date and reflect changes. This remained an area that needs improvement.

People told us they felt safe. There were arrangements in place to help safeguard them from the risk of abuse. There were appropriate policies and procedures in place to inform staff how to report potential or suspected abuse. Staff understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff told us and we saw from their records that they had received training in relevant areas of their work. This training enabled staff to support people effectively.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People told us they were involved in making decisions about their care. We saw their consent was sought and documented.

People had capacity to choose and eat nutritious meals. People told us they chose what they ate and staff occasionally supported them with meals.

People told us they were treated with dignity and respect. Staff understood the need to protect people's privacy and dignity.

The provider had a system in place for responding to any concerns and complaints and people knew how to raise concerns.

Staff gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

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

Good 

The service was safe.

Staff understood how to protect people from abuse and harm.

Risks to people's health and welfare were assessed and managed.

People were protected through the staffing arrangements, which were flexible to meet their needs.

The recruitment practice protected people from staff who might not be suitable to work with vulnerable adults.

Is the service effective?

Good 

The service was effective.

People received individualised support that met their needs.
People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

Care staff were supported to fulfil their roles and received supervision and appraisals.

Staff had a clear understanding of the Mental Capacity Act 2005.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good 

The service was caring.

Staff told us how they upheld the privacy and dignity of people using the service.

People told us care workers were kind and caring. People felt they were supported to be as independent as possible.

Is the service responsive?

The service was not always responsive.

Although people's needs were assessed before the provision of care, there was no track record of reviews to ensure care plans remained up to date and reflect changes.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Staff felt supported by the registered manager who they described as approachable.

There were systems in place to ensure that the quality of the service people received was assessed and monitored.

Good ●

Brookes Homecare Services

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 12 February 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting care staff or visiting people who use the service. We needed to be sure that the registered manager of the company would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

During the inspection we went to the provider's head office and spoke with the registered manager. The registered manager identified the names of people who used the service or their families and a list of staff. We spoke with one person receiving care over the phone.

We also spoke with two care staff.

We reviewed the care records of two people who used the service, and looked at the records of staff and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection of May 2014, we found the service was not meeting some legal requirements. The service did not operate an effective recruitment procedure in order to ensure that people employed were of good character. This was a breach of the Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at staff files and noted the service had made improvements since our last inspection. People were protected from the risks associated with the recruitment of new staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure staff were suitable and not barred from working with people who used the service. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

People told us they felt safe. One person told us, "I have one carer, who I have known for a long time and I feel safe with [the carer] in my house."

The files of people contained an individualised risk assessment and management plans. The risk assessments identified the risks and the actions required of staff to minimise the risk. For example one person's risk assessment gave detailed instruction about how to mitigate their risk of falling. Other areas covered by the risk assessments included, the environment, moving and handling and infection control. The risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual. For example, one review had established a mobility aid for one person was no longer fit for purpose and this was replaced. Staff told us and records showed that all staff had received training in moving and handling. The registered manager told us copies of risk assessments were kept at people's homes to ensure staff were able to access them as required.

A policy on safeguarding adults was available so care staff had access to important information to help keep people safe. This ensured care staff were able to take appropriate action if concerns about people's safety were identified. We spoke with care staff and they demonstrated they understood the procedures they needed to follow to ensure people receiving care were safe. Care staff described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

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There was an adequate number of staff deployed to meet people's needs. Rotas were set up in response to people's preferred times and days. People told us they had enough staff support and visits were never rushed. One person told us, "My carer only attends my property when I have asked the agency depending on my needs. For the times he attends, he is always on time. If I ask him to do shopping for me, he returns within reasonable time." Staff were available when people needed to attend medical appointments, social activities or other events. A care staff told us, "If clients need support with escorting to hospital, we support that". This showed that sufficient staff were provided to meet people's needs.

There was an on-call rota so that staff could call the registered manager to discuss any issues arising. This meant the management was available to provide practical help, support and advice to staff, if necessary.

Appropriate policies were in place for the safe administration of medicines so care staff had access to important information. Care staff confirmed they had undertaken training on medicines administration. The staff training matrix showed all care workers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health. One person told us, "I take my own medicine at the moment and do not need assistance from staff. However, they collect the medicine prescriptions for me."

Is the service effective?

Our findings

People who used the service stated that the service was effective at meeting their assessed needs. They told us staff knew their needs and how to provide support to them. One person said, "I feel that staff have been provided with enough training. I have no concerns with their work."

People were supported by care staff who had the right skills and knowledge. Care staff were knowledgeable about people's individual needs and preferences and how to meet these. They were provided with mandatory training along with other more specialist training, designed to help them to meet people's individual needs. Care staff confirmed they had attended mandatory training, including moving and handling, health and safety, food hygiene, fire safety, dementia and infection control. This was supported by the records we looked at.

Staff completed an induction to ensure they were aware of their roles and duties, and that they were able to undertake them competently. The registered manager informed us that care staff induction and training was in line with the new 'Care Certificate' award which replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers must adhere to in their daily work. One care worker who had already been inducted using the old method, had enrolled to complete the 'Care Certificate' standards. The registered manager told us that as part of the induction, new care workers would be required to shadow more experienced staff before they could work independently. This showed there were systems in place to assess the competence of new staff before they could work unsupervised in their role.

People's care records documented how their needs were met. Some people using the service had complex needs and required individual care and support to meet these needs. For example, some people needed care and support with mobility issues and medicine administration. We saw from people's care records that individual plans were in place for these areas and specialist input from other professionals had been obtained. People's care records contained information on hospital appointments and consultations with relevant healthcare professionals.

Staff told us they felt well supported by the management. There was a system in place for individual staff supervision. Staff told us and records confirmed they were supported through regular supervision. Appraisals were undertaken annually to assess and monitor staff performance and development needs. This ensured that people were supported by staff who were also supported to carry out their duties.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When providing care, the service carried out assessments of capacity to consent in line with relevant guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. A care staff told us, "Our 'clients' have capacity. We have a document, which 'clients' are asked to sign to accept what we will be asking of them." Records confirmed people's consent sought before they received care. Care staff had received training in this subject to help them understand how to protect people's rights.

People were supported to eat and drink sufficiently to maintain a balanced diet. People told us they were able to have food and drink they wanted and staff supported them to prepare their meals and had capacity to tell staff what they wanted. Staff mainly supported people with shopping and occasional reminders if they felt people's food lacked certain ingredients such as vegetables.

Is the service caring?

Our findings

We checked to see if care staff were courteous and helpful to people and whether they treated people with dignity and respect. One person receiving care told us, "Staff care about my needs. Care is about what I need. Care staff always make sure my needs are met."

People told us they felt involved in decision making about the care they received. They also told us they felt listened to and supported by staff and had sufficient time during calls to make an informed decision about choices. Results from a survey that was carried out in December 2015 showed people responded positively to questions about their involvement in planning and making decisions about their care and treatment.

Care staff told us how they respected people's privacy. For instance, they ensured doors and curtains were closed when providing personal care. They told us they knocked on people's doors before they could enter their homes. This was confirmed by people receiving care. This showed that care staff had an awareness of the need to respect people's privacy and dignity. One person told us, "Staff respect my privacy and dignity. They have asked me how I prefer to be called. They always phone and ring the bell before entering my home."

Care plans contained information about people's preferences. The plans were devised through discussion with family members and people using the service. They focussed on promoting independence and encouraging involvement safely. Care staff encouraged people to be independent and make choices. A care worker told us, "We let people do as much as they can for themselves, unless they say otherwise". The records included information about individuals' specific needs. This meant the service was planned and delivered taking into account what people needed and what they wanted.

The service had an up to date policy on equality and diversity. Care staff had received training on equality and diversity, as part of their induction. The registered manager explained this was important in order to meet people's needs with regard to equality and diversity. For example, the assessment form covered people's preferences in terms of language, culture, religion and lifestyle. A section on dietary requirements also gave room for the service to indicate a variety of food types based of the person's needs. The registered manager told us when required care staff supported people to attend places of worship so that they could practice their faith.

The registered manager said they tried to provide people with regular care staff so they could get to know their needs and build up trusting relationships. The registered manager told us every person receiving care had a main carer, and a shadow carer that is known to the person. When the main carer was unable to work the service arranged to send a replacement (shadow carer) who had worked with the person before. One person told us, "I have only ever used one staff and I prefer it that way as I find it difficult to deal with change." Care staff told us if there was a change of carer for any reason people were notified in advance about that.

Is the service responsive?

Our findings

People told us they received care that matched their needs. They said they were involved in all aspects of their care and that staff worked with them to determine the support they needed. One person told us, "I have been involved in drafting a needs support plan and it is updated when my needs change."

The service undertook individual assessments. The care plans contained information that covered aspects of the support people needed, including the person's interests, hobbies, likes and dislikes so that support could be tailored to these needs. However, the service did not always take action to make sure each person received appropriate person-centred care that is based on their changing needs. We noted that the care plans contained limited details about actions required of staff to make sure people's needs were met. As a result, it was not clear if people's care was designed to make sure all their needs were met. For example, one person's care plan indicated they needed help with personal care and mobility but there was no breakdown of what staff needed to do to ensure this need was met. This was important to ensure there was a consistent approach between different staff and to ensure that people's needs were met in an agreed way each time. Therefore, the lack of detailed information may have posed a risk if regular staff were not available to work.

In addition, we noted people's assessments were not reviewed regularly. The registered manager told us that care plans were reviewed on a quarterly basis or more frequently if required. This was to check if a person's needs had changed in order to enable the service to respond to those changes. Although people confirmed reviews took place, we found no evidence in their care plans to support this. It is important to include information about reviews, including dates of future reviews in order to establish a central record to track when people are due for their periodic reviews. This is important to make sure care plans remained up to date and reflect changes.

The above evidence is a breach of Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that people received personalised care that was responsive to their needs

However; we saw that regular care workers understood the needs of people they supported. They were able to tell us detailed information about people's needs. They told us their understanding of people's needs was enhanced by working with them regularly, which meant they were able to build good relationships with them and got to know their support needs. This was also confirmed by people receiving care. In a recent survey, people had confirmed care workers were competent and were knowledgeable of their needs.

The service sought feedback from people who used the service through a range of means including surveys, spot check visits, telephone monitoring and meetings. Surveys included questions about the care people received, whether care staff were on time, and whether they stayed for the allocated times. Findings from the surveys were always reviewed and used to implement changes within the service to improve the support provided to others.

Where people had activities outside of their homes such as for shopping, attending healthcare

appointments or going to a day centre and they needed support to continue with these activities, appropriate support was provided according to their preferences.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. People using the service told us they were aware of the complaints procedure or who to contact in the office if they had concerns. One person told us, "I have a complaints policy from the agency but I have never needed to complain. They told us they could raise any concerns and felt confident these would be addressed. This showed that people were provided with important information to promote their rights and choices.

Is the service well-led?

Our findings

At our last inspection of May 2014, we found the service was not meeting some legal requirements. Some records relating to the care and treatment of people were not fit for purpose. We found some records relating to people's care were not accurate and complete. This was a breach of the Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people's records were accurate and complete. Each person receiving care had a care plan and risk assessment.

People told us they thought the service was well managed. They told us the registered manager was open and approachable. Care staff also described the management team in complimentary terms; including 'approachable', 'easy to talk with' and 'supportive'. The service had a 24 hour on-call system which meant there was always a senior member of staff available to talk to if required. Care staff confirmed the on-call system was reliable.

There was a mission statement which was displayed in the reception area of the office and staff knew and understood the service values. The set of values included person centred care, dignity, independence, respect. Care staff told us they consistently put these into practice. People had commented positively to questions regarding the application of these values by staff in a questionnaire exercise that the service carried out in January 2016.

The service had a 'statement of purpose'. This clearly outlined the underpinning principles of the service and the service's commitment to ensuring people were provided with care and support in their own homes which was convenient to them and in way which they found most agreeable. The set of values included person centred care, dignity, independence and respect. Care staff told us they consistently put these into practice. We saw from talking with people, care staff and reviewing relevant documents that these principles were adhered to. For example, people had commented positively to questions regarding the application of these values by staff in a questionnaire that was sent out in January 2016.

The service had an audit system in place. The registered manager told us they employed a range of systems to monitor the effectiveness and quality of the service provided to people. Spot checks on staff conduct were carried out on a monthly basis. Spot checks included observing the standard of care provided and obtaining feedback from people receiving care.

The service also sent questionnaires to people on an annual basis. We looked at the questionnaires that were completed in January 2016. People had given positive feedback, including, 'I am happy with the service I receive from Brookes'; 'I feel happy because the carer respect me'; 'The carer understands what my needs are' and 'The carer is always punctual and helpful'.

We saw evidence that staff meetings were held regularly. These meetings were used to discuss any issues

and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate.

Care staff told us the registered manager, was always available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us they would raise any concerns with the registered manager or the deputy manager. They said they felt listened to and if they had an idea they could share it with the registered manager and she would listen.

Care staff recorded incidents and accidents when they occurred. We saw records were kept of accidents and incidents. The branch manager regularly analysed records of incidents which took place to review any patterns of incidents. The registered manager told us they discussed any incident and accidents during staff meetings so that the service could improve practice and implement any lessons learnt from the outcome of any investigations.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure people's assessments were reviewed regularly and whenever needed. This was important in order to make sure people's plans were being met and still relevant.</p>