

Community Health Action Trust

Brookes Homecare Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this announced inspection on 24 February 2017. Brookes Homecare Services provides personal care and support to older people living in their own homes. At the time of the inspection, the service was supporting 12 people.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

At our last inspection the service was in breach of Regulation 9. The provider had not ensured that people received personalised care that was responsive to their needs. People's assessments were not reviewed regularly. At this inspection we saw that people's individual needs had been routinely reviewed to ensure care plans provided the most current information for staff to follow. We saw any agreed changes arising from discussions between staff and people were written down with updates on how progress was being made. People confirmed their needs were being met.

Risk assessments and risk management plans to reduce the likelihood of harm were in place. 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.

Care workers had received training in relevant areas of their work. This training enabled them to support people effectively.

People were supported to eat and drink in a safe manner. Their support plans included an assessment of their nutrition and hydration needs.

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

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

The service encouraged people to raise any concerns they had and responded to them in a timely manner.

There were 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.

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.

People were protected from risk of harm. The service had an effective approach to safeguarding, whistle blowing, and staff recruitment.

Health and welfare risks to the person receiving care were assessed and managed.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

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 ensured people's rights to privacy and dignity were maintained while supporting them.

People were positive about the caring attitude of the staff.

The service ensured they provided the same care worker whenever possible so people had continuity of care.

Is the service responsive?

Good ●

The service was responsive.

The service had made some improvements since the last

inspection.

Care plans had been personalised and regularly reviewed to meet the needs of the people. People told us care staff provided care and support that met their needs.

People receiving care knew how to make a complaint and complaints were responded to and resolved appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided staff with support. Staff were complimentary about the support they received.

People were given the opportunity to provide their opinions about how the service was run.

There were effective quality assurance systems in place to monitor the quality of care. We saw that this was used to drive improvements.

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 23 February 2017 and was announced. We gave the registered provider 48 hours' notice as it was a community based service and we wanted to make sure people would be in.

The inspection team consisted of an adult social care inspector. Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people. We also checked to see if any information concerning the care and welfare of people had been received.

The registered 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.

During our inspection we spoke with a range of people about the service. They included the registered manager, a field supervisor, care workers and a healthcare professional.

The registered manager identified the names of people who used the service or their families and a list of staff. We spoke with three people receiving care over the phone.

Is the service safe?

Our findings

Risks to people were minimised because the service had procedures in place to protect them from abuse and unsafe care. People and their relatives told us they felt safe and trusted staff. One person receiving care told us, "I am happy with the care I receive." Another person told us, "I receive fantastic care."

There were appropriate procedures in place to help ensure people were protected from all forms of abuse. There was a safeguarding policy. Care workers had received training on how to identify abuse and understood the procedures for safeguarding people. They told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information.

Risk assessments were in place to reduce risks to people's safety. These were reviewed regularly to ensure appropriate action was taken to mitigate the risk. Risk assessments for the environment had been drawn up. The assessments contained action for minimising potential risks such as risks stairs, electrical items, uneven floor, obstacles and infection control.

People and their relatives were pleased with the staffing levels they or their family member received. One person told us, "I am never short of help." We looked at a sample of rotas to check that enough staff were available and deployed to calls throughout the day. Each rota contained a list of staff with times of calls, people's details and the type of support to be provided. People told us they had not experienced missed visits and would be informed if their carer was going to be late or needed to be replaced. There was an on-call rota so that staff could call the registered manager to discuss any issues arising.

People were protected from unsuitable staff because the service followed its recruitment procedure. Before staff began to work, they underwent a recruitment process. Recruitment records contained the relevant checks, including Disclosure and Barring Service (DBS) checks.

People's medicines were handled safely and according to the service's own policy and procedure. There were suitable arrangements for the recording and administration of medicines. There were no gaps in the medicines administration charts examined. All staff had been trained in the management of medicines. They had all received a competency assessment.

Is the service effective?

Our findings

Care workers had the right skills and knowledge needed for their role. This was confirmed by people receiving care. People thought care workers understood their care needs and knew what they were doing. One person told us, "I receive care from well trained staff."

Care workers received regular training to enable them to provide safe and effective care. All new care workers were required to complete the 'Care Certificate' during their probationary period of three months, after which they were required to demonstrate competency in relevant areas.

Mandatory training along with other more specialist training, designed to help care workers to meet people's individual needs were in place for all staff. We confirmed care workers had undertaken training such as, medication competency, manual handling, health and safety, food hygiene, fire safety, dementia and infection control. Care workers were knowledgeable about people's individual needs and preferences and how to meet these.

Care workers told us they received regular supervision and annual appraisal and records confirmed this. They told us they discussed performance and development and the support needed in their role. This ensured that people were supported by care workers who were also supported to carry out their duties. Care workers told us they felt well supported by the manager.

We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated. The service supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, and other specialist services.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. 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.

The service understood their responsibilities in making sure people were supported in accordance with their preferences and wishes. We confirmed from records care workers had received training to help them understand how to protect people's rights.

People were supported to eat and drink well. The registered manager explained that food preparation was dependent on whether the person receiving care lived with family and if food and nutrition tasks were part of the support required.

Is the service caring?

Our findings

People were pleased with the care and support they received. They told us they were treated with kindness, respect and dignity. One person told us, "Staff respect my dignity and they are kind."

People told us staff treated them with respect and maintained their dignity while supporting them with personal care. Care workers told us 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.

The registered manager told us he tried to provide people with the same regular care workers so they could get to know their needs and build up trusting relationships. People confirmed the agency always sent the same staff; and were notified in advance if a different carer was booked. Similarly, care workers confirmed they had a regular schedule, which meant they could get to know people they supported so their needs could be met.

People were supported to continue as part of the local community, attending church services and a variety of social clubs and social events in the area. The registered manager told us she looked at how the likes and hobbies of staff would match and complement an individual's likes and types of activity. This helped them develop meaningful relationships and enhanced the knowledge of the person's likes and preferences and share social and leisure time together.

People's spiritual or cultural wishes were respected. Staff told us how people's wishes were respected and accommodated. This included whether people wanted personal care to be delivered by same gender staff or how they preferred their food cooked. There was information about the different faiths and religions including relevant aspects of care. Staff referred to this when they needed guidance as and when people of different faiths moved into the service.

Is the service responsive?

Our findings

People told they were fully involved in their care. They said the service was responsive to their needs. One person told us, "I take part arranging in arranging my care."

At our last inspection the service was in breach of Regulation 9. The provider had not ensured that people received personalised care that was responsive to their needs. People's assessments were not reviewed regularly. At this inspection we saw that people's individual needs had been routinely reviewed to ensure care plans provided the most current information for staff to follow. For instance, a review for one person indicated time allocated for care was not sufficient for care workers to complete their work, and we saw time was increased. In another example, a hoist was made available to one person whose needs had deteriorated. Any agreed changes arising from discussions between staff and people were recorded with updates on how progress was being made.

People had their needs assessed prior to receiving care and support. The assessments identified people's support needs and care plans were developed outlining how these needs were to be met. For example, one person was not able to take medicines on their own, and their care plan outlined how staff would support this person. Each care plan considered the person as an individual, with their own unique qualities, abilities, interests, preferences and challenges. This meant if the person accepted to receive support from the service, staff were ready to meet their needs.

Care plans were person-centred, including personal histories of people, their likes and dislikes. The files also contained risk assessments and like care plans, they were also personalised. The information in both care documents was clear, easy to follow and complete. For example, the medicines plan of one person stated, "[Service User] will be up and around on care worker arrival. [Service user] should have taken their morning medicines. Please check the blister pack to ensure all medicines has been taken." Such clear and concise instruction meant that any new care worker would have a relevant amount of information about the person before providing care.

The service had a complaints policy in place. People using the service and their relatives told us they were aware of the complaints procedure or who to contact in the office if they had concerns. Where complaints had been made we found they were investigated and dealt with appropriately and within the timescales stated in the complaints procedure. For example, the service had received one complaint in the past year. This complaint had been investigated and responded to in line with the complaints procedure. This meant the registered manager listened to people who used the service and their relatives and acted promptly regarding any concerns.

Is the service well-led?

Our findings

People told us the service was well led. People and their relatives made positive comments about the management and the staff. They complimented management and staff for their dedication and kindness. Comments from people included, "The manager is very good."

People knew who the registered manager was and found her to be helpful. 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.

There were clear management structures in place. The registered manager was supported by team leaders and a service director. Staff were aware of their roles and responsibilities and the reporting structures in place within office hours and out of hours.

People, relatives and staff told us that they were involved in making decisions about the service and that suggestions were listened to and acted upon where possible. People's opinions were sought through their participation in assessments, care planning, care reviews, and surveys. This was evident in their care records.

We looked at the survey results which related to the period between November 2016 and February 2017. People commented positively regarding easy access to information; flexibility of the service; involvement, and independence. Where areas for improvement emerged, the service recognised and took corrective action.

There were procedures in place to monitor the quality of the service. Any shortfalls were quickly acted upon and lessons learnt helped improve the service. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. Care workers had received regular 'spot checks' where the manager observed them providing care to people and assessed areas such as their punctuality, the quality of logs, medicines and how they worked. We saw that recent audits had prompted action in areas such as staff punctuality and communication.