

Broadstone Care Limited

# Broadstone Care Limited

## Inspection report

Unit 414, Houldsworth Mill  
Houldsworth Street  
Stockport  
SK5 6DA

Tel: 01618833690

Website: [www.broadstonecare.co.uk](http://www.broadstonecare.co.uk)

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Broadstone Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection the service was providing personal care to 13 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

The provider's auditing processes needed improvement to ensure records contained enough information to guide staff. We have made recommendations about this below. People told us medicines were administered safely and staff told us they had received relevant medicines training.

People who used the service were happy with the care and support provided by Broadstone Care. People and relatives told us they felt safe and staff were very caring. Risks to people had been assessed including the environment in which people were being cared for. People's care plans had been personalised and included some prompts to support staff to care for people.

People felt safe and protected from the risk of harm. Staff recruited to the care provider had robust background checks in place, prior to starting work.

People spoke positively about the registered manager who they found to be supportive and responsive. The registered manager worked in partnership with health care professionals and local authorities responsible for monitoring people's packages of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff received the training and support they needed to carry out their roles effectively.

People and their relatives were very positive about the staff who supported them. One relative told us, "I really like the carers, they are encouraging but they don't tell him (my relative) what to do. We're delighted with the service."

Staff spoke highly of the registered manager and how the service was run and organised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This service was registered with us on 10 October 2018 and this is the first inspection.

This was a planned inspection based on the date of registration.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Broadstone Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one Inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted Healthwatch for feedback on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People spoke positively about how staff supported them to take their medicines. One person told us "They're really lovely, they explain things in a simple way so I understand."
- Staff had medicines competencies in place. However, this did not involve an observation of practice.
- Medicine administration records did not always contain enough information to guide staff on how to support people to take their medicines. For example, medicines in blister packs had been signed for but there was no indication of which medications were given at each call throughout the day. The provider had not identified the need for this clarification in their auditing process. This is highlighted in the well-led section of the report.
- Medicine recording required further improvement. For example, one person's medicines included multiple medication patches, and it was not clear what precautions had been taken to prevent placement of patches in a recently used site.

We recommend the provider seek guidance to ensure the safe management of patch medicine.

### Systems and processes to safeguard people from the risk of abuse

- People told us the service they received was safe. One person told us "I definitely feel safe with staff." One relative told us "Besides me, the care staff are the people my relative trusts the most."
- Staff received safeguarding training and had a good understanding of the ways to keep people safe from abuse. Staff told us they felt confident to raise concerns and that the registered manager would act on them promptly.
- Policies and procedures in relation to safeguarding and whistleblowing were in place.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed, including an assessment of the home environment where care was provided.
- People's needs were communicated to staff and people told us they felt safe when staff provided care to them. One person told us "The staff know how to look after me."
- The service had an electronic call log system. This allowed the registered manager to monitor that staff had attended calls on time, completed the required support and stayed for the duration of the visit.

### Staffing and recruitment

- Staff recruitment processes were robust. Staff told us about their training completed as part of their induction and how they worked with experienced staff members until they felt comfortable to work alone.

All staff had regular refresher training and were encouraged to complete the Care Certificate.

- The registered manager had matched people with staff depending on their needs and the skills of staff.
- There were enough staff to support people's needs and people told us they saw the same carers frequently.

Preventing and controlling infection

- The service had a covid-19 specific policy and all staff had received training in infection control.
- People who used the service told us staff always wore personal protective equipment (PPE) during visits and staff confirmed they had access to adequate supplies.

Learning lessons when things go wrong

- We saw records for recording incidents and any lessons learned had been shared with the staff team through meetings and supervisions.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of their responsibilities under the MCA and the role this might play in care delivery. Staff received training in MCA as part of the Care Certificate.
- People consented to their care and treatment and were involved in decisions about their care. One person told us "They are excellent, it's my choice when they help me."
- There was a lack of written evidence of capacity assessments in care documents to guide staff when supporting people who lacked capacity.

We recommended the provider document the assessment of people's capacity and update people's care plans accordingly.

Following the inspection, the provider agreed to look at their documentation for recording capacity and ensure all discussions were documented accurately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the service starting. This was to ensure their needs could be met by the service. Relatives were involved to confirm care needs and wishes were discussed with them before care was commenced.
- People's care plans described the support required for each call and reflected their personal choices and preferred routines.
- Staff considered care plans to be clear and informative about people's needs. The service was pro-active in contacting health and social care professionals when a reassessment was needed, for example when

people's mobility deteriorated.

Staff support: induction, training, skills and experience

- Staff we spoke with told us the training was thorough and provided them with the skills to undertake their role. One care worker told us they could shadow other staff until they felt comfortable to work alone and commented "I was offered lots of support."
- The training matrix for the service showed staff were up to date with mandatory training. People told us they felt staff had the appropriate skills and one person said "They know what they're doing."
- Spot checks on staff were undertaken by supervisors on a regular basis. Spot checks are when a senior member of staff calls at a person's home during a visit by a care worker, so they can observe them and check they are working to the required standard.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the support they received with food and drink and said, "The staff know what I like, they make my coffee strong" and "Every morning they ask me what I want."
- Care plans contained good detail about people's likes and dislikes and the level of support they required with the preparation of meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well and effectively with external health and social care professionals. This was confirmed by professionals who all spoke highly of the service and the care provided.
- Staff knew how and when to contact other agencies.
- People told us that staff would support them to access medical assistance if required. A person said, "They would ring my GP if I needed them to."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received a range of positive comments from people and their relatives. Comments included "They're a brilliant company. They really get on (my relative's) level" and "They have been above and beyond".
- People told us they had formed good relationships with their regular care staff. One person told us, "It's good to be able to have a laugh (with staff)." Staff understood the importance of establishing good relationships with people and knew how and when to offer support. One relative told us, "I really like the carers, they (my relative) have favourite carers, of course, but all the carers are nice."
- The provider told us they had spoken to one person, who received care, about his religious and cultural needs and staff learnt how to greet this person in his first language, to make him feel at ease during calls.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were in control of their care. One person commented "They (staff) are always asking what I'd like to do next, it's my choice."
- People were supported to maintain their independence and were encouraged to use the skills they had. People told us they were encouraged to manage their own medicines, where they were able, and had support from staff if required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a respectful and dignified manner.
- Staff knew how to promote people's privacy and dignity whilst providing care and support. One person told us how staff made sure they were comfortable while getting dressed and didn't rush them.
- Staff respected people's choices and encouraged people to be as independent as possible. One person told us "it doesn't feel like carers are coming in, it's like a friend calling by."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care from staff who understood their needs well.
- Care plans were reviewed regularly and there was evidence of people's involvement and updates made to reflect changes to required care and support.
- The service was responsive and flexible to people's needs. People's comments included "They take care of you so nicely. For instance, they ask when you are ready to go to bed." A relative told us, "They're always on hand to help if my relative needs. He varies each day but they are always willing to support as much as he needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed.
- The service provided care to people who were hard of hearing. Staff recognised the importance of speaking slowly and giving people time to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff and management team were mindful to help prevent social isolation for people living in the community. The service attempted to match people with care staff who shared similarities or interests.
- One person's care record told staff this person liked to play the piano and staff were encouraged to request songs and sing together.

Improving care quality in response to complaints or concerns

- Records showed there had been two formal complaints in the last 12 months. The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how the service could improve and what they were doing well.
- Feedback obtained from people and their relatives indicated that they knew how to raise complaints and

were confident they would be dealt with promptly.

- One person who had raised an issue told us "As soon as I raised the problem, it was sorted straight away, they're so approachable."

#### End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care. However, the management team and staff told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.
- Staff complete the Care Certificate as part of their induction which contains an end of life care element.
- The service had supported one person to the end of their lives and received compliments from the family for their support during the end of the person's life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had knowledge of all aspects of care. However, this was not always clear in the care plan documentation. Care plans were not always up to date with people's changing support needs and did not contain accurate information about people's medicines.
- Staff had good knowledge of people's current care needs but care documents did not consistently reflect this knowledge. For example, one person required support with her medication, however the care plan stated she self-administered all medication. This discrepancy had not been picked up during the audit process.

We recommend the provider reviews their auditing processes to ensure they are suitably robust to identify any gaps in practice and to ensure all care records are accurate and up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt positive about the culture of the organisation and valued by the management.
- The registered manager told us their aim was to provide the highest quality of care and to do this, they would only employ staff who shared their vision.
- Staff working for the company told us they felt valued and frequently received praise, when compliments had been expressed by people and relatives.
- Staff told us they felt confident to raise issues and that they would be dealt with straight away and told us, "The registered manager's always at the end of the phone".
- The provider asked for people's feedback about the quality of the care they provided by meeting with people and their families. One person told us "they often ask if I want anything doing differently, they've been super." The provider also carried out spot checks of care visits to assess staff performance and behaviour.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the service. People, relatives and staff were confident

that if they raised any issues or concerns with the registered manager, they would be listened to and these would be addressed.

- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Working in partnership with others; Continuous learning and improving care

- The service had established good working relationships with professionals including social workers and commissioners of care.
- Feedback received from professionals was entirely positive. Professionals commented on the pro-active actions of the management team and staff to ensure appropriate and timely professional involvement for people.
- Lessons learned had been shared with staff during team meetings and supervisions. Staff told us they felt encouraged to share ideas that would impact on improving a person's care.