

Berkeley Surrey Limited

Berkeley Home Care Surrey

Inspection report

Suite 1, Charter House
26 Claremont Road
Surbiton
Surrey
KT6 4QZ

Tel: 07508706817

Date of inspection visit:
07 April 2022
28 April 2022

Date of publication:
14 June 2022

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

Berkeley Home Care Surrey provides personal care to people in their own homes. 60 people who used the service received personal care at the time of this inspection. 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.

People using the service and their relatives said they were happy with the service provided. They told us they and their family members were supported by staff who understood how to keep them safe and were caring and respectful towards them.

People were supported by staff who were recruited safely, had appropriate training and were well supported by the registered manager. Staff understood how to safeguard people using the service and were confident any concerns they raised would be listened to.

Procedures were in place and followed for the safe management and administration of medicines and infection prevention and control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care was planned around their wishes, preferences and needs. People and their relatives understood how to complain and were confident that, if they contacted the administrative office, the management team would respond to them promptly.

Systems were in place to monitor the quality of care people received as well as their satisfaction with it. People, relatives and staff were enabled to share their feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This was the first inspection for the service.

Why we inspected:

This service was registered with us in October 2019 and this is the first inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well led.

Details are in our well led findings below.

Good ●

Berkeley Home Care Surrey

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 Health and Social Care Act 2008.

Inspection team

The 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 in the community.

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

This inspection was announced.

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

Inspection activity started on 7 April and ended on 28 April 2022. We visited the location's office on 7 April 2022.

What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and/or their family members about their experience of the care provided. We also spoke with three members of staff including the Operations Director, a field care supervisor and a manager from another branch. The registered manager was on leave at the time of this inspection.

We reviewed a range of records. This included five peoples' care records and risk assessments. We looked at five staff files in relation to recruitment. We reviewed a variety of records including accident and incidents, safeguarding records, complaints, quality assurance records and other documentation relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, audits and analysis and policies and procedures. We also received written feedback from two external care professionals, one staff member and one family member.

Is the service safe?

Our findings

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

This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff that knew how to protect them from the risk of abuse.
- People we spoke with told us they felt safe. One person said, "Its all fine. They treat me well."
- The provider had a safeguarding policy and procedure. Staff received Safeguarding training and knew to report any concerns they had.
- Staff told us they were confident to raise any concerns about people's safety. A staff member commented, "I think all the people using the service are safe. I am very confident that the office will do their best to deal with whatever there is to deal with."

Assessing risk, safety monitoring and management

- Risks to people were assessed, identified and kept under review. Key areas included mobility, skin care, medicines and moving and handling. The person's home environment was also assessed to make sure it was safe.
- The majority of people using the service and their relatives told us that they and their family members received consistent timely care from regular staff members who knew their needs.
- Senior managers met monthly to review any risks across the organisational branches including incidents and accidents, safeguarding alerts, complaints and missed calls.

Staffing and recruitment

- Staff were allocated sufficient times for visits. If staff were delayed the service undertook to ensure people or relatives were notified. The majority of people and relatives we spoke with confirmed this. A staff member commented, "All shifts are catered for every carer and clients. On my part I don't have problem with my rota."
- Senior managers acknowledged recent challenges in staffing through COVID19 absence and difficulties in recruiting staff. A care professional commented, "Staffing issues have been highlighted and the branch have been very honest about not being able to adhere to all client requests because of this. I think this is a good approach, as it shows transparency and awareness for their situation and lets family members know that they are trying to do the best they can with what they've got."
- The provider had safe recruitment processes in place.
- Recruitment records showed staff had been recruited safely to ensure they were of good character to support people in the community. This included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff managed people's medicines in a safe way. For people that needed support with taking their medicines, assessments were undertaken, and care plans put in place. This helped ensure this was done safely and that people received their medicines as prescribed and at the right time.
- Staff were trained in the administration of medicines and had their competency checked. One staff member told us, "Every year we have the refresher course just to make sure that we know what we are doing, especially medication."
- We saw audits of medicines were regularly carried out by senior staff to identify and address any issues.

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) to ensure they were protecting themselves and people using the service.
- Staff completed infection prevention control (IPC) training.
- The provider's infection prevention and control policy was up to date and regularly reviewed and updated to reflect current guidance.

Learning lessons when things go wrong

- Staff knew how to record and report any accidents and incidents.
- The management team regularly reviewed any reported accidents and incidents to identify if there were any themes and trends or any shortfalls that needed to be addressed to keep people safe.
- Where shortfalls were identified prompt action was taken and communicated to staff.

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 key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out a needs assessment prior to a person receiving a service to ensure they were able to meet their care and support needs safely.
- These assessments were detailed and looked across people's physical, emotional, communication and health needs. The information was then used to inform each person's care plan.
- A new electronic call monitoring and care planning system was due to be introduced that would help ensure staff had the information they required and any changes from planned care and support were flagged so that immediate action could be taken.

Staff support: induction, training, skills and experience

- People using the service told us staff were trained and competent in their roles. One person said, "There's nothing my carer can't do."
- Staff received a comprehensive induction, mandatory training, shadowing more experienced staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were required to undertake regular refresher training once their initial induction was completed. Records confirmed this.

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

- For people requiring support to remain healthy and well, care plans were in place for staff to follow. This included ensuring they were given the food and drink they liked and any concerns about intake flagged to prevent the risk of malnutrition and dehydration.

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

- Staff told us they knew what to do if they had concerns that required the assistance of a healthcare professional such as the GP and District Nurses.
- Staff supported people and their relatives to access appropriate healthcare services when required such as their GP and pharmacy.

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 MCA 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been considered in line with guidance and where they were able to, people signed to consent to the care and support they received.
- Care records contained information relating to whether relatives had lasting power of attorney.
- Staff received MCA training.

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

- People we spoke with were positive about staff typically describing them as kind and caring. One person said, "Very friendly. Very happy with them." Another person told us, "Yes they are polite." A third person commented, "Fantastic."
- Care records were written in a respectful manner that demonstrated awareness of people's equality and their diverse needs.

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

- People told us they were involved in their care and were able to express their views. Care records reflected this. One person said, "They act like my housekeeper. Does everything and more."!
- Care plans detailed people's background, likes/dislikes, preferences, relationships important to them and individual needs and routines so staff had guidance to follow. For example, "Ensure I have a bottle of juice."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. Observations of staff during spot checks included whether people's privacy and dignity was respected by staff.
- People were supported by consistent staff where possible. One person told us, "I have the same carer except for holidays." Another person said, "Yes I usually have the same carer."
- Staff understood the importance of supporting people to remain as independent as possible, so they can live safely in their own homes. A staff member told us, "I have always asked them first before I do something, anything you do should be in their best interest, the client."
- Care records helped to promote people's independence, highlighting what people were able to do for themselves. Outcomes required for one person stated, "I would like to maintain my independence and a high standard of personal hygiene."

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 and their relatives were involved in the care planning process. Care and support was personalised and tailored to meet individual needs and preferences. Care plans were written in the first person using phrases such as, "I like to wake up early" and, "I require my carers to..."
- People's care and support needs were regularly reviewed with people and any changes to people's needs documented.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Any communication needs were identified during the initial assessment and information would be provided to people in their preferred format. For example, large text or other language.
- People's communication needs had been assessed and were documented within care plans. Care plans described how people communicated for staff to follow.

Improving care quality in response to complaints or concerns

- People told us they could speak to staff or the office if they had any concerns.
- The provider had a complaints policy and procedure which people were aware of. Records showed complaints were dealt with appropriately in line with the provider's policy and procedure.
- Compliments were also recorded. Recent positive feedback for one staff member from other care professionals included the comment, "Indisputably one of the best carers we've ever come across in our careers."

End of life care and support

- End of life care planning was discussed as part of people's initial assessment. Where information was provided this was documented within care plans.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All people and relatives we spoke with were positive about the service and how it was managed. They told us they could raise any queries or concerns and that they were listened to. One person said, "I would recommend them." Another person said, "Yes they do respond to concerns." A third person said, "Recommend them? I already have."

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

- Senior managers were aware of their legal responsibilities under the duty of candour. They understood their responsibilities to notify external agencies and the Care Quality Commission (CQC) of certain events and their legal obligation of being open and honest with people who used the service.

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

- Staff spoke positively of the registered manager and the support they received to carry out their roles. One staff member said, "The registered manager is very supportive."
- There were effective quality assurance systems. These included audits of people's plans of care, medicine records and accidents and incidents. Any shortfalls were identified and used to drive improvements in people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for feedback on the service they received and anything which could be improved on. This included reviews, spot checks and telephone monitoring. All comments we saw were positive with people happy with the care and support being provided.
- Spot checks of staff and the support being provided were undertaken. Written records were kept of these checks and a process in place to action any changes required to improve the quality of service.

Continuous learning and improving care; Working in partnership with others

- Organisational audits were carried out which ensure the service was working in line with policies and procedures and identified any improvement needed.
- Internal focus groups, staff meetings and updates for staff were held internally to drive quality and

improvement.

- Managers and staff worked closely with health and social care professionals such as GP practices, district nurses and care managers to help ensure positive outcomes for people.