

Proxy Care Personnel Limited

Brentwood

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

About the service:

Brentwood is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, five people were using the service.

People's experience of using this service:

People received a service which was personalised and met their needs. The care provided enabled them to remain as independent as possible and to live in their own homes.

People were cared for by a consistent team of staff who were skilled and competent in providing care and support. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

Support was planned and delivered in a structured way to ensure people's safety and wellbeing. Staff had access to up to date information about how to support people and communication with health and social care professionals was effective in ensuring people received joined up care.

Systems were in place to audit the quality and delivery of care to people. The service was well led by an established registered manager.

Why we inspected:

This was the service's first inspection and rating and was comprehensive. The service was Good in all five key questions with an overall rating of Good.

Follow up:

We will continue to monitor the service through the information we receive.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Brentwood

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Brentwood is a domiciliary care service and is registered to provide personal care to people 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 registered manager 48 hours' notice of the inspection. This was because the service is a domiciliary care service and we needed to be sure that someone would be at the office to meet with us.

Inspection site visit activity started on 9 January 2019 and ended on 15 January 2019. It included making telephone calls to people who used the service and contact with staff and professionals via telephone and email to gather their feedback. We visited the office location on 9 January 2019 to see the registered manager and review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since they were registered with us in October 2017 such as notifications required by law. As this was the service's first inspection, we had very limited information about the service.

We spoke with two relatives of people receiving the service. We also spoke with one care staff and the registered manager, who was also the owner. We received information from a health professional.

We viewed a range of records including three people's care plans, their medicine charts and daily notes. We looked at three staff member's recruitment files and records relating to the management of the service and complaints and compliments that the service had received.

The registered manager sent us information we requested after the inspection and this included evidence of continued learning and development and confirmation that all gaps in staff member's employment had been accounted for.

Is the service safe?

Our findings

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

Systems and processes

- People were safe and protected from avoidable harm. Legal requirements were met by the service and people received safe care. One family member told us, "My [relative] is safe with [staff member]. They are starting to trust each other and that is important in building a relationship."
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Policies and procedures were in place which provided up to date guidance to staff. A staff member told us, "I follow all the instructions from [registered manager] and they are at the forefront on my mind when I am with [name of person]."

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to people's needs and wishes. These recorded the activity, the risk identified, the level, explained the actions staff should take to promote people's safety and the desired outcome for the person.
- Relevant documentation from health and local authority commissioners informed the person's plan of care. Information about any health risks and relevant factors were taken into consideration to ensure the service could meet the person's needs.
- Environmental risks in the person's home were assessed and support from professionals was obtained for the safety of people and the staff.
- Reviews of people's assessments were completed monthly or after any changes to their care, such as any admission to hospital.

Staffing and recruitment

- The registered manager followed a recruitment process for the employment of staff. All relevant information about applicants had been obtained and checked. However, there were some gaps in the employment history of the staff they employed. The registered manager agreed to improve this area and confirmed shortly after the inspection visit that this had been completed.
- Relatives told us that staff were punctual and stayed the full time. They usually had the same staff providing care.
- There were enough staff to support people safely. Recruitment for new staff was an ongoing process to ensure sufficient staff were always available.
- The registered manager considered the skills and experience that each staff member had when planning the rota to ensure that people were supported by competent staff. Also, when providing live in care for people, they considered the staff members personality and compatibility with the person they would be

caring for.

Using medicines safely

- The service had systems in place to manage people's medicines and people were supported to take them safely.
- Staff completed training in medicine administration. Checks on their competency to administer medicines were completed by the registered manager.
- Records showed that medicines had been administered as prescribed and in a way that people wanted them.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene to keep people safe from harm.
- Protective clothing such as aprons and gloves were readily available for staff.
- Relatives told us that staff were, "Vigilant and careful," when providing personal care and when helping with meals.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager to identify any areas where support could be improved to prevent re-occurrence. They told us of lessons they had learnt over the past year and how this learning had improved the service.

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

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 registered manager supported staff to provide care to people in line with best practice guidance and legislation.
- People's needs were assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support. However, people's protected characteristics under the Equalities Act 2010 such as their culture, religion, ethnicity, disability and sexual orientation were not routinely identified or recorded as part of their needs assessment. We saw in one care plan a note explaining that a person, 'Sometimes speaks in their local dialect' but no further information was available on the care plan. We spoke with the registered manager about the lack of recognition of people's history, backgrounds and who they were. They agreed to consider reviewing their assessment process for it to be comprehensive, person centred and effective.

We recommend that:

- The provider looks at best practice guidance on equality and diversity and people's human rights.

Staff skills, knowledge and experience

- Staff received an induction and shadowed experience staff before they worked with people on their own. The Care Certificate was used as part of the induction process as good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- Staff attended training in a range of topics central to their role and this was refreshed when appropriate.
- Staff felt supported and received supervision. One staff said, "I enjoy working with [registered manager], they are always there. If we need something, like extra training, then it will be provided."
- Checks on staff practice within the home were completed. Comments of one observation included, "Saw [staff member] assisting [name of person] with fluids, they showed dignity and respect, chatting and good standard of care delivered."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported with shopping, preparing meals and drinks of their choice.
- Staff supported and encouraged people to try and maintain a healthy diet.
- People's likes and dislikes were recorded and staff knew people's needs well.

Staff working with other agencies to provide consistent, effective, timely care

- We saw that advice given by healthcare professionals was acted upon and included in people's care records. One healthcare professional told us, "[Name of registered manager] is extremely professional and works with me to ensure a safe and timely discharge for people."
- Professionals, staff and families worked together to enable care to be delivered that was effective. For example, a joint training session for family members and staff to assist a person with their moving and handling needs had been organised.

Supporting people to live healthier lives, access healthcare services and support

- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and assessments.
- Records showed that referrals to health and social care were made in a timely way to enable people to maintain their health and independence.
- Communication with professionals was effective. Staff worked well with them to enhance and maintain people's independence and dignity.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- We saw evidence that the service was working within the MCA. Assessments were undertaken, people's capacity recorded and consent to care arrangements and the sharing of information obtained. One family member said, "They always ask [relative] if they can do something before they do, they [staff] are respectful like that."
- Where people did not have capacity, they were supported to have maximum choice and control of their lives. Details of their legal representatives were recorded.
- Staff had received training in the MCA and understood the importance of gaining consent before providing support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Family members told us that staff were kind, courteous and friendly. One person said, "My [relative] has now got used to the staff member and they get on well."
- Staff showed a good awareness of people's individual needs and preferences. They talked and wrote about people in a caring and respectful way.
- Evidence in the care plans and in the daily notes showed that staff provided support to people in line with good person-centred care. We saw comments including, "[Person's name] is happy with their care and staff turn up on time and in their uniform."

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

- People and their families were fully involved in their assessment and care arrangements. People's needs were recorded in a respectful and person-centred way.
- People's likes, dislikes and preferences were respected and considered. For example, "At lunch time, [person's name] usually has sandwiches and fruit salad, they also like grapes and oranges."
- People's views about the service were regularly asked. The outcome of a recent review of one person's care showed that they had rated them higher in December 2018 than in November 2018, stating, "The staff are very caring and friendly."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way. One family member said, "[Name of staff member] is very respectful of my [relative] and our home, they have fitted in well." Another said, "[Staff member] is always on time, respectful and polite and we are happy with everything."
- People's confidentiality was respected. Guidance was in place to ensure staff knew about protecting people's information.
- Information in people's care plans reminded staff about the service's core values when providing care. One plan said, "The support plan is a guide to [person's] care. Ensure their rights are respected, allow them to make choices, show dignity and respect and provide care based on their best interests."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People, their families and legal representatives contributed and consented to their care arrangements.
- Care plans contained information about people's diverse physical, social, sensory and mental health needs. Their likes, dislikes, personal preferences and the outcomes they wanted to achieve were recorded.
- Staff knew how to support people from the person-centred and descriptive way information about them was written.
- People's independence, dignity, choices and rights were promoted and respected. A family member told us, "[Staff member] is very gentle and kind with my [relative]. They work at their pace and this helps them maintain their dignity."

Improving care quality in response to complaints or concerns

- A system was in place to deal with any concerns that were raised. The service user handbook within the person's home included the complaints process.
- People told us they knew how to complain but had not needed to do so. No complaints had been received by the service.

End of life care and support

- Systems were in place to support people who may need palliative care. No-one at the service was receiving end of life care at the time of our inspection.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had the skills, knowledge and experience to lead the service. They were committed, caring and lead by example. A staff member said, "I get good support from [registered manager], they are a caring and concerned boss."
- People's needs were assessed and monitored and their rights protected.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.
- The registered manager understood their responsibility under the duty of candour that is to be open and honest and take responsibility when things go wrong.

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

- The registered manager and staff were passionate about the service they provided and were clear about their responsibilities to provide good quality and personalised care to people.
- The registered manager understood their requirements within the law to notify us of all incidents, deaths within the service and safeguarding alerts.
- Audits and checks took place to monitor the quality of the service delivered.

Engaging and involving people using the service, the public and staff

- People were involved in their care and they and their relatives were asked their views about the service. Comments noted included, "[Person's name] happy with care," and, "Staff listen to family members."
- Staff attended team meetings which involved them in developing the service through their views being listened to and acted upon. An employee survey noted that staff were happy working for the service.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support.

Continuous learning and improving care

- Management meetings showed how the owners and registered manager had clear oversight of the service and how they monitored and developed it in line with their statement of purpose and vision and values.

- Lessons had been learnt and new practices put in place for continuity and quality of care delivery.

Working in partnership with others

- The service worked in partnership with others for the benefit of the people they served.
- Referrals to professional health and social care services, follow up calls, updating care plans with advice and changes to people's care needs were undertaken. A health care professional told us, "[Registered manager] has built a good relationship with the staff and is calm and polite at all times. I have never received negative feedback about the service and will continue to use their services with confidence."