

Brindleys Quality Care Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 21 November 2018 and was announced. We gave the provider short notice before our visit to ensure the registered manager was available. This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection three people were using the service. The registered manager was also the provider. There were two staff who provided the care one of which was the registered manager.

There was a registered manager in post who is registered with us. 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.

People felt safe with the staff that supported them but systems were not in place to ensure staff had the skills and knowledge to protect people's rights and keep them safe. People were not always protected because management plans were not in place to manage risks based on people's individual assessed care needs but were reliant on staff knowing people well.

People were supported with their medication when required however staff had not received training to ensure people received their medication safely.

There were sufficient numbers of available staff to care for people who had been recruited following appropriate checks. Training and supervision was not always completed to ensure staff had the skills and knowledge to care for people

People were consulted about their care so their wishes, choices and preferences were known so they could receive care that met their individual needs. People could make decisions about their care and were actively involved in how their care was planned and delivered.

The registered manager had not completed training in the Mental Capacity Act MCA to ensure people's rights to make decisions were promoted and understood by the staff. People's privacy and dignity was promoted and maintained.

People said they would complain if they were unhappy but were not sure of the procedure. Staff supported people with their nutrition and health care needs. Referrals were made in consultation with people who used the service if there were concerns about their health.

The registered manager had some systems and processes in place to monitor the quality and safety of the service. However, some of these were not always implemented effectively to ensure information gathered was used to drive improvements within the service. The registered managers quality assurance practices had failed to identify the shortfalls that we found during our inspection and had the potential to

compromise the safety and quality of the service. Therefore, this was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we have taken at the end of the 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?

The service was not safe.

Staff had the appropriate employment checks completed to ensure that they were suitable to work with people using the service.

People were supported with their medication when required but staff had not completed training to ensure they had the skills and knowledge to support people safely.

Risk assessment had been completed so staff had information to minimise risk when supporting people.

People were supported by enough staff who knew people well and people told us they felt safe with the staff that supported them.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Staff were not monitored or supervised to ensure they had up-to-date training to ensure they had the skills to meet people's needs

People were supported to make choices and to consent to their care.

People received food and drink to meet their needs and were supported with their health care needs as required.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

The systems in place did not ensure that staff practice was monitored and so learning could be developed which meant that there was a risk that people may not receive good care.

People told us they had a good relationship with the staff that

**Requires Improvement** ●

supported them. People told us that staff was kind and caring.

People could make informed decisions about their care and support because they had the capacity to do so. However, the registered manager required training to fully understand the Mental Capacity Act.

People's privacy, dignity and independence was respected and promoted.

### **Is the service responsive?**

The service was not responsive

Processes were not in place to record, monitor the service provided so information could be used to improve the service.

People were involved in all decisions about their care and the care they received met their individual needs.

People said that they would speak with staff if they had concerns and staff would listen, but were not aware of the complaints process.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led

The provider was aware that systems to manage the service had not been well maintained and gave a commitment to improve these so people received a consistently safe service.

Systems were not in place to assess and monitor the service provided to people to enable the provider to recognise and make improvements where required.

All the people spoke positively about the staff and the service that they received.

**Requires Improvement** ●

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## **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 21 November 2018 and was announced. The inspection team consisted of one adult social care inspector. During the inspection we spoke with the registered manager who was also the provider of the service. We spoke with three people using the service and one member of staff who was the only other person employed as the registered manager also supported people.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Prior to the inspection we considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about and contacted the local authority and the local Safeguarding team to seek their views about the service. Before our inspection we received concerning information from commissioning authorities.

We reviewed three people's care records, one staff recruitment record, staff training and development records, records relating to how the service was being managed. Records for safety audits and a sample of the services operational policies and procedures.

## Is the service safe?

### Our findings

The registered manager told us that people using the service were not supported with their medication. However, when speaking with one person using the service they told us that staff did support them with their medication. This was confirmed by one staff member who said the person had difficulty using their hands, but did not know what the medication was as they had not completed training so they could be sure that they were supporting the person correctly. The provider informed us that she is scheduled to attend a course provided by Worcester County Council, and the one staff member would also attend.

People we spoke with told us that they felt safe receiving care from Brindley Care. One person said, "I feel very safe with [staff]; she is very good and I would recommend her to anyone". Another person told us, "I have never had any problems, I am happy for them to come in to my home". The registered manager told us to ensure people were kept safe a risk assessment was completed and if she felt that someone was at risk a safeguarding would be raised with the local authority safeguarding team.

The registered manager told us that there had been no incidents or safeguarding that had been reportable. The registered manager told us the action she would take in the event of an allegation being made. She described appropriate actions to ensure the safety and wellbeing of the person, and to protect them from further harm, for example by suspending the member of staff. Staff were their role and responsibilities in these areas, including what the reporting procedures were, to keep people safe

We saw that risk assessment were in place associated with people's care which included diet and fluids and their environment. Risk assessment did not include people's health care needs however both the registered manager and staff member knew the people well. People spoken with confirmed that the provider and staff member would ask how they were in relation to their health.

The provider made recruitment checks on staff prior to employment, to ensure they were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about criminal backgrounds and whether they are barred from working with people who use services. The registered manager told us she also provided care so felt that with the three people they support there was enough staff to meet people's needs.

The provider and staff member confirmed that protective equipment was provided to reduce the spread of infection in the form of gloves and aprons. One staff member told us "Infection control was part of the training completed in previous employment but said "I have not had updated training which I need to complete."

## Is the service effective?

### Our findings

People we spoke with told us that the staff who visited them seemed to have the knowledge and skills they needed to meet their needs. One person said, "Yes, they [staff] know what they are doing". One person told us, "They [care workers] are very efficient and certainly know what they are doing. They care without showing they are caring, they don't make a fuss they just get on with it". People told us they had developed relationships with both the staff who supported them.

The registered provider told us that staff attended training in line with the care certificate. Staff confirmed that they were working toward completion of the care certificate and had already completed a national vocabulary qualification [NVQ] in care during their previous employment. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The staff member told us they have yet to completed training in safe moving and handling, the Mental Capacity Act and medication administration. The staff member told us that no formal supervision took place with the registered manager, but that they spoke often about the people they supported and felt they could seek advice if needed.

The Mental Capacity Act (MCA) 2005 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests, for example, to keep them safe and when it had been legally authorised under the MCA 2005. To deprive a person of their liberty within the community, providers are required to notify the local authority who is responsible for applying to the court of protection for the authorisation to do so. The registered manager was not able to explain their understanding of their roles and responsibilities in this area, but said that I would tell the family if concerns were identified." The registered manager told us that as part of her level five in social care and health training this area would be covered so when she had completed this she would have more the knowledge about the MCA.

People using the service confirmed that staff gave them choices and respected their decisions

We looked at people's records in relation to the care that was provided. We saw that an initial assessment was completed to assess if the service would be able to meet people's care needs. The registered manager showed us an assessment form that was completed as part of the process, this identified any risks associated with people's care which gave an indication if the agency could meet the person's care needs. Both the registered manager and staff member were aware of the need to ensure people were supported with their nutritional needs. We found that people were supported to have sufficient to eat and drink and that staff prepared food that they enjoyed. One person we spoke with told us, "The carers ask me if I want anything to eat or drink". Another person said, "I can make myself a drink but the carers do always leave one out to make sure I have enough". A third person stated, "I am offered a choice [of what to eat or drink]". We found that where people were supported to eat and drink, this was in keeping with their care needs and preferences.



## Is the service caring?

### Our findings

Although people told us that staff were caring, kind, and considerate the monitoring systems in place did not ensure that steps were taken to ensure that people were protected and cared for. For example, the registered manager did not ensure that systems were in place to prevent people from inappropriate or unsafe care because staff were not trained, or had appropriate supervision that promoted good practice and safe care.

People spoken with told us that the staff that attended their home to support them were very caring, kind and considerate. People told us they were involved in their care and instructions of what they wanted doing was given by them. All three people were pleased with the support they had. One person told us, "They [staff] are on time, consult with me, and are very willing to do what I ask them to do. We have a chat and they ask about my health and support me when needed by contacting the Doctor to make an appointment." Another person told us, "I am very happy with the staff, and feel that they support me to stay at home."

We found that people were supported to maintain their independent living skills as much as possible. One person we spoke with told us, "They [staff] always encourage me to do things for myself, to do as much as I can for myself, not pushing me, but they know it is better if I can keep doing things". Another person said, "They [staff] help me to keep my independence and only help me with things I can't manage but let me do the things I can". Staff comments included, "I would only support [Name of person] in the areas they require help" and "I would allow [Name of person] to do the things they can do for themselves. For example, they would select the food they want to eat from the fridge." A staff member said, "We will always make sure people's privacy and dignity are respected as much as possible by closing curtains and doors, and for example by asking family members to leave the room if needed. The registered manager and staff member spoke with compassion about the people the agency supports, and could describe the importance of people's family and people faith. One person told us the staff wear shoe covers as I am exceptionally house proud.

People told us they were treated with respect and their dignity was maintained. Staff told us that they make sure when assisting people, they ask their views and enable people to do as much as they can for themselves. One person who used the service told us, "I am grateful to the staff because they respect me as a person, let me do what I can and wait for me to ask for assistance rather than just doing things." Another person who used the service told us, "Because there is just two of them [staff] they know me really well which I am pleased about, it's like having a neighbour pop in we have a good chat and I get help where I need it." A staff member told us, "It's very important to respect people's choices, and remember they are not your choices or what you would do, it's about people being treated as individuals."

## Is the service responsive?

### Our findings

We found that people were receiving personalised care that was responsive to their individual needs. People told us that they had a choice about aspects of their care including the preferred time of their care calls, the level of support they required. All the people who used the service told us they were involved in planning their care, so they decided how they wanted their care and support to be delivered. Care records looked at confirmed people's involvement in assessing and planning their care. People spoken with told us that staff asked at each visit what they would like help with. Care records confirmed people had agreed what care they needed when they started using the service.

The registered manager told us that she asked people what they could improve on and about the care they were receiving, people spoken with confirmed that they were asked how things were. However, none of the information the registered manager told us about was recorded because there was no system in place to record the information so improvement could be made if required.

The provider told us that there was a procedure for complaints but this had not been used as no complaints had been made. We asked people using the service if they were aware of the complaints procedure and we were told no. All three-people spoken with told us they had no complaint, but was not sure of the process if they did. One person told us, "I would tell the staff, "I am sure they would sort it out."

We looked at three care plans which contained information about the support and equipment people needed. All the people that we spoke with told us they were happy with the care and the way staff supported them. People spoken with confirmed that there were no missed calls. One person told us, "If my regular carer doesn't come the manager comes to me instead, never been left, someone has always come."

## Is the service well-led?

### Our findings

Before our inspection we received feedback from the commissioning authorities which advised a monitoring visit had taken place and concerns were identified in relation to the management of the service. Commissioning authorities had undertaken monitoring visits of the service in July and August 2018. They developed an action plan, for the provider, which consisted of 21 areas for improvement. These areas will be assessed at the next inspection by the commissioning authority as part of their service level agreement. We asked the provider about progress and they showed us the actions already taken. We saw that the registered manager had implemented some systems and processes to support them to monitor the quality and safety of the service but these had not been fully imbedded to establish their effectiveness.

Although the registered manager spoke with staff on a regular basis, meetings seldom took place to discuss best practices or training needs and there was no system in place to record these discussions. People's feedback was not recorded to ensure that any trends could be identified so action could be taken to improve the quality of the service.

There was no formal system to identify the training that staff needed, or what training staff had had, and when it was due for updating.

Systems in place to monitor the staff practices were ineffective. For example, during our inspection the registered manager was unaware that staff were supporting people with their medication. This meant a medication administration record and risk assessment had not been completed, or staff member trained to ensure that people received their medication safely.

The registered manager has a duty to ensure that systems and processes are in place to assess and monitor the service provided. During our inspection we found that there was not an effective monitoring system in place to assess, monitor and evaluate the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was not able to tell us of their understanding of this regulation and told us that this was an area that she needed to read up on.

We had not received any statutory notifications since the agency was registered. The provider was confident that no incidents or events had occurred that required notification and was aware of what should be reported to us for example, incidents that affect people's health and wellbeing and gave us examples, safeguarding, theft and injury.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager has a duty to ensure that systems and processes are in place to assess and monitor the service provided. During our inspection we found that there was not an effective monitoring system in place to assess, monitor and evaluate the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>