

Sharon Brinkman Care Services LTD

# Sharon Brinkman Care Services Ltd

## 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

Sharon Brinkman care services Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were 15 people using the service.

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

People using the service were protected from the risk of abuse as staff understood their roles in keeping people safe. Risks to people had been assessed and reviewed and their care plans provided staff with guidance to meet their needs safely. People were supported with administration of their medicines when required.

People were supported by staff who had received appropriate training for their roles and who knew people well. Staff recruitment process ensured staff were suitable and safe to work with vulnerable people.

There were enough staff to provide consistent care for people. Staff received further training to increase their knowledge and awareness about specific health conditions that affect people. People were supported to maintain their health, and had received health care services when needed. Where needed, staff prepared food and drink to meet people's dietary needs and requirements.

Staff followed procedures to protect people from infection. They were supervised, and their practice was checked to ensure they provided care that people needed.

People made decisions about their care which were documented in their care plans and respected by staff. 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 were supported by kind and caring staff who they trusted and had built positive relationships with. People's privacy, dignity and independence was promoted. Their communication needs were met and understood by staff.

People received person centred care. The registered manager and staff had a good understanding of people's needs and their individual preferences. Care plans were personalised and took account of people's lifestyle interests. Staff worked flexibly to enable people to maintain their independence and contact with family and the wider community. People had the opportunity to express their wishes in relation to end of life care.

Everyone we spoke with felt the registered manager was approachable and responsive. There were systems and processes in place to assess and monitor the quality of care provided. The registered manager was aware of their legal responsibilities and notified the Care Quality Commission as required. The views of people, relatives and staff were sought. The registered manager shared information and learning with the staff team when things went wrong. People were confident complaints would be listened to and acted on.

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

#### Rating at last inspection

The last rating for this service was Good (published 27 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sharon Brinkman care services ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

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 safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

# Sharon Brinkman Care Services Ltd

## **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

This inspection was announced. We gave the service notice of the inspection. This was because we needed to be sure that there would be staff in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We also spoke with six members of staff, which included the registered manager, the quality assurance manager/administrator, a senior carer and three care staff. We reviewed a range of records. This included two people's care records and 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 audits, and policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from management to validate evidence found which included the updated staff training information. We received this information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

When we last visited the service there were improvements required in the recruitment processes in place, medicines records and the way the risks to people's safety were mitigated. At this inspection the registered manager had addressed these issues.

### Assessing risk, safety monitoring and management

- The risks to people's safety had been assessed and measures in place to mitigate these risks. Staff knew how to reduce risks and told us they used the information in people's care plans to guide them. Where people required equipment to support their mobility, this was in place. People told us staff used equipment that had been assessed for use safely.
- Staff were able to give examples of how they worked to reduce the risks to people. For example, one person required special support stockings and have their legs elevated to reduce their legs swelling.
- People's environment was assessed and particular risks identified. For example, if people smoked, the registered manager had worked with the local fire service to ensure specialist fire safety equipment had been provided to reduce risks. When people had reduced mobility their fire alarm was linked to their lifeline personal alarms they wore, which ensured a quick response in an emergency.

### Staffing and recruitment

- People were supported by a consistent group of staff. There were sufficient numbers of staff to allow them to undertake the daily calls required. People and relatives we spoke with told us there was enough staff and there had been no missed calls. One relative said, "Carers arrive on time for each visit and stay for the allotted time and beyond when necessary." Another relative said, "They (staff) give (name) enough time, are most reliable and very understanding."
- Staff told us the registered manager worked to ensure there was enough staff. They told us they worked together as a team. If they were held up on a call they used a group messaging system to let their colleagues know, and if their next call could be covered by one of their colleagues then this would be done. Staff also told us they would ring people to let them know what was happening if they were going to be late.
- Safe recruitment processes were in place to ensure people were supported by fit and proper staff. Staff files showed the registered manager had used the disclosure and barring service (DBS) to make checks to ensure potential staff had no criminal convictions which could affect people's safety.

### Using medicines safely

- The processes in place for supporting people with their medicines were safe.
- People and relatives told us staff had worked with them to provide them with the level of support they needed.
- Staff received appropriate training to safely administer medicines. We saw the records for administering

medicines were well managed and clearly completed. The quality assurance manager undertook regular audits of the records and fed back any issues from their findings to staff via staff meetings to reduce reoccurrence.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager had systems and processes in place to support staff to protect people from the risks of abuse.
- People and relatives had confidence in the staff to highlight and address any issues of concern they found.
- Staff had good knowledge of the types of abuse people could be exposed to. They understood their responsibilities in keeping people safe. Staff had confidence that the registered manager would deal with any concerns raised.
- We saw there was learning from events to prevent reoccurrence of risks for people.
- Issues of concern were discussed at staff meetings. The minutes of meetings showed issues had been discussed.

Preventing and controlling infection

- People were protected from the risks of infection as staff had received training in infection prevention and showed a good knowledge of safe infection control practices.
- People and relatives told us staff undertook safe practices when providing care for people. One relative said, "Gloves and aprons are always worn by care staff. We have separate soap and paper towels available for the team both in the bathroom and kitchen, the amount used suggests that hygiene is taken very seriously by the care team."
- Staff used personal protective equipment to protect people from acquiring infections. They told us there was always enough supplies of this equipment for them to use.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's physical, mental and social needs had been assessed by the registered manager. This ensured staff had the skills needed to provide care and if further training was required to meet specific needs. The registered manager had provided this when they had identified any specialist health needs.
- Assessments were complete in line with best practice guidelines and reflected the Equality Act. People were involved in this process to ensure their individual needs, their culture, age and disability were recognised and met.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training for their roles. People told us staff used equipment safely and in line with the instructions for use. One person told us they felt safe with staff. They said they had some moving and handling equipment and staff had had the right training to use it safely.
- Staff told us they received regular training, both face to face and on line, and were prompted to undertake regular updates to keep their knowledge current.
- Staff received regular supervisions and new staff told us they had been supported when they had first started work with an induction period. During this time they undertook mandatory training and shadowed experienced members of staff whilst they got to know the people they cared for. Staff told us the registered manager assessed their moving and handling techniques. We saw she had the necessary up to date training qualifications to provide this training.

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

- People who required support with nutrition received this support. People told us the support was tailored to their needs. Some people required help to make their meals, others just needed prompting. Relatives we spoke with told us staff were very good at encouraging people to eat and drink. One relative said, "Staff are very supportive with meals and mum enjoys regular meals."
- Staff showed good knowledge of people's diets and the need to ensure people were left with both hot and cold drinks before they left them. The daily notes showed staff kept good records of people's nutrition. The registered manager told us if the staff had any concerns about people's nutrition they would escalate their concerns and involve the relevant health professionals to ensure people's needs were met.

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

- People's healthcare needs were well managed by staff. They worked with relatives and health

professionals to ensure people received the support they needed.

- Relatives told us the staff were quick to let them know if their family member needed support. We were given a number of examples when the staff had called GP's or ambulances for people. One relative told us their family member was prone to acute infections and the staff had been quick to recognise symptoms and ensure the person received appropriate and swift help.
- Relatives also told us staff encouraged people to eat healthy diets and increase their activities to improve their health and wellbeing. One relative told us, "They (staff) ensure (relative) now has a healthy diet which has helped in their wellbeing, (it is) the best it has been for a number of years."

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.

- The service worked in line with the principles of the MCA. Where people's mental capacity had been declining the registered manager had worked with family members and health professionals to ensure assessments had taken place. Staff we spoke with showed an understanding of the principles of the MCA and their role in supporting people and monitoring their mental health.
- Staff asked people's consent before providing support and respected their decisions if they declined care.
- Staff encouraged people to make day to day decisions. A staff member said, "We can't just make decisions for people, we need to help them make their own decisions."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 who used the service were well treated by staff, all the people and relatives we spoke with told us the staff were kind and caring towards people. One person said, "The care is brilliant and the only concern I have would be if the service was stopped for some reason." A relative told us, "All of the staff have developed a very good relationship with [family member] and are very understanding." Another relative said, "Yes, the staff are incredibly caring, I feel that they have worked hard to bond with [family member], get to know them personally, and have established a trusted relationship. They go far beyond just turning up and performing duties."
- Staff we spoke with had good knowledge of the people they supported and they all told us they enjoyed working at the service. One member of staff said, "The main thing I have noticed since coming here, the staff all care about the people they are supporting." Another member of staff said, "Staff get on well with each other." They went on to say they were happy with the caring attitude towards people.
- The staff worked to support people with their cultural needs when required. For example, one person enjoyed going to church each week so the staff arranged their calls around this.

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

- People's views about their care were gathered when the registered manager assessed their needs prior to receiving support from the service. Staff told us they also worked with people to ensure their views were in the care plan. One person told us they were involved with putting together their care plan. The registered manager had gone through changes with them since then to ensure their views were in line with the information in their plan.
- Care plans described people's individual needs, daily routines and preferences such as how they wanted their personal care delivered or the timings of their meals.
- One member of staff told us a person who liked everything written down. They told us the person's needs were gradually changing as the person became more confident with staff, and these changes had been added to the plan. The person's relative confirmed this. They told us they and the registered manager spoke regularly and the care plan had changed in accordance with their family member's wishes.

Respecting and promoting people's privacy, dignity and independence

- All the people and relatives we spoke with told us staff treated people with respect and maintained their dignity when providing care.
- One person said, "The staff are caring and respectful, maintain my privacy when providing care. They are 100% caring." One relative said in relation to staff maintaining privacy and dignity, "Yes and that is very

important in making [family member] feel good."

- Staff gave examples of how they maintained people's dignity and treated them with respect. They told us they always knocked on people's doors, either took their shoes off or wore overshoes to protect people's carpets. They all recognised the importance of keeping people covered, and closing curtains and doors when providing care. All the staff we spoke with understood the need for confidentiality in relation to people's care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were cared for by regular reliable staff who understood how to support them. People and their relatives had been involved in planning and reviewing their care with staff. One relative said, "We sat from day one with (registered manager) and one of her team to plan out [Name's] plan of care." They met up at their family member's house with the registered manager if they felt anything needed changing. A further relative told us the daily reports completed by staff for each visit assured them their family member received the care as agreed.
- Care plans gave staff clear information about how people wanted their care delivered. This included the level of independence people wanted, and how staff should be led by people's choices and wishes. For example, one person used a wheelchair but often liked to make their own meals. Staff were aware of this and told us how they supported this. Another person with some short term memory loss liked to have notes around the house to remind them of the things they should do. Staff helped them write the notes and put them in prominent positions.

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

- Staff had good insight about people's family and interests. They worked to develop good relationships with people and their relatives. They supported people by working flexibly to enable people and their relative to maintain links with family, friends and the wider community. For example, the timing of visits were changed to enable people to attend medical appointments, places of worship, family gatherings or social events.
- People told us the registered manager had organised a Christmas party at the service's office for both people and family members. The registered manager also worked with health professionals to seek support for people to attend day centres or local clubs to prevent social isolation.

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.

- People's communication needs had been assessed and when required the registered manager provided information in a format people could understand. Although there was no one who presently needed information in alternative formats the registered manager told us how they had previously contacted the blind society and obtained equipment from them to support people.

#### Improving care quality in response to complaints or concerns

- People told us they knew who to complain to should they need to, but everyone we spoke with told us they had no need to complain as the registered manager was responsive to any issues they raised with her.
- We saw there was a copy of the complaints procedure at the office and all the staff we spoke with were aware of it. People had also been given a copy of the procedure as part of their service agreement pack. Staff we spoke with were aware of their responsibilities should anyone raise a complaint to them.

#### End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. However the registered manager told us they worked with the Macmillan nurses who referred people to them with end of life packages in place. This included people's wishes. The registered manager also told us they had recently developed their care plans to include this aspect of care.
- One relative we spoke with told us the registered manager had been extremely supportive when a relative who received care from the service died. They said, "I doubt we could have coped at that very sad time without [Name]."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 the people and relatives told us they were happy with the quality of service provided. They had developed good relationships with the registered manager and staff. One relative said, "(Registered manager) and her staff go above and beyond what could be expected. They do a difficult job for [Family member] professionally, efficiently and with human care." A further relative told us they felt the registered manager worked with them to achieve good care for their family member.
- People, relatives and staff felt the service was well-led. Staff worked flexibly when required to fit in with people's preferences and planned appointments. A member of staff told us they were happy with the leadership at the service. They said, "It works very well and I feel we can all talk to one another if there are any things we want to sort out." Everyone we spoke with knew who the registered manager was by name, knew how to contact them and were confident any concerns would be resolved.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and via their website, where a rating has been awarded. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.
- There were quality monitoring systems in place which had resulted in good oversight of the service and staff being aware of their roles in maintaining good standards of care. For example, the results of audits of medicines and daily records were discussed at the regular team meetings that took place. Where the quality assurance manager had highlighted areas for improvement these had been acted upon and improvements shown in subsequent audits. The registered manager told us her staff wanted to get things right, and responded well when issues were highlighted to them
- Minutes of staff meetings showed discussions had taken place about different aspects of the service provided for people. Staff were able to discuss issues openly and the registered manager worked with them and any relevant health professionals to address issues raised.
- Staff we spoke with told us the registered manager undertook regular checks on their practice, and discussed their performance at their one to ones which they found useful.

- The provider's policies and procedures were in place and accessible for staff to view. The registered manager and quality assurance manager had recently updated the business continuity plan. This ensured the service delivery would not be interrupted by unforeseen events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sent out questionnaires to people to get their views on the service provided. When people had raised issues about aspects of their care they wanted changing, the registered manager had worked with them to make these. People and their relatives gave very positive feedback about how the registered manager worked in a collaborative way. They told us the registered manager listened to and acted on their views.
- The registered manager worked in partnership with health professionals to improve the quality of the care people received. One health professional told us they, and colleagues they worked with, regularly requested care from the service because of the standard of care people received.