Breckland Care at Home Community Interest Company

Breckland Care at Home

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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Breckland Care at Home is registered to provide personal care to people living in their own homes. At the time of our inspection a service was being provided to older people, people living with dementia, younger adults and people with a learning disability or autistic spectrum disorder. There were 91 people receiving personal care from the service and there were 28 care staff employed.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 scheme is run.

People were not always assisted to be as safe as possible because risk assessments had not been completed for all risks. Staff did not have the necessary information they needed to reduce people's risks.

There were no systems in place to monitor and audit the quality of the service provided. There was a system in place to record complaints but outcomes of complaints had not been used to improve the service.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. People's care plans contained person centred information. The information was up to date and correct.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. However, no training had been provided by the service and this limited staff's ability to keep aware of current information and regulations regarding people's care.

Staff had completed all training required by the provider. However, there was no effective system to ensure that staff received further training to update their skills.

The risk of harm for people was reduced because staff knew how to recognise and report abuse.

The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

People's privacy and dignity was respected by staff and staff treated them with kindness. There was a complaints procedure in place.

Staff meetings, supervision and individual staff appraisals were not completed regularly. Staff were supported by supervisors, a care co-ordinator and the registered manager during the day. An out of hours on call system was in place to support staff, when required, in the evening.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement

The service was not always safe.

Risks to people's safety and welfare were not robustly assessed and managed.

People were protected from harm because staff understood what might constitute harm and what procedure they should follow.

The recruitment process ensured that only suitable staff were employed to work with people living in their own homes.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had completed most training to enable them to meet people's needs. Training in the Mental Capacity Act 2005 had not been provided nor had updated statutory training.

People's health needs were met because issues were reported to the appropriate health professionals.

Is the service caring?

Good

The service was caring.

People's dignity, privacy and independence were respected.

People commented favourably that the care they received had been compassionate, kind and caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a system in place to receive and manage people's concerns and complaints, but outcomes from complaints had not been used to improve the service.

People were involved in the assessment of their needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no system in place to monitor the quality and safety of the service so that improvements could be made.

No regular audits were in place and this meant improvement of the service was not made.

Staff were supported by the registered manager and staff in the office.

Breckland Care at Home

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 12 and 13 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Questionnaires from CQC had been sent to 50 people using the service in March 2015. Twenty two people had responded. We used this information to help us in the planning of the inspection.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We requested information from health and social care professionals. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in this to assist us with our planning of the inspection.

During the inspection we visited the agency office where we spoke with the nominated individual and the care co-ordinator. We spoke with four care support staff, four people who were using the service and two relatives.

We looked at four people's care records; complaints and records in relation to the management of the service.

Requires Improvement

Is the service safe?

Our findings

During this inspection we found that the level of risk to people was not always managed effectively. The nominated individual and the care co-ordinator agreed that where risks had been identified in people's care plans there were no individualised risk assessments in place for people. For example, we saw one person had a wheelchair and it had been noted that there was a risk they could fall out of the wheelchair. However there was nothing in the file that would help staff minimise and manage the risk or to inform them of what should be done in the event of an incident occurring. Another person had received an overdose of medication. There was no risk assessment in their file for staff to minimise the risk to the person or what action they needed to take.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Nineteen out of 20 people who responded to our questionnaire told us that they felt safe using the service. One person we spoke with said, "I feel safe because they [staff] are well trained (in how to keep people safe from harm) and they have an understanding [of my needs]." One member of staff explained how they kept people safe and said, "People have key safes and we make sure we lock up on our way out. Any problems we just call the [staff in] the office."

The care co-ordinator said all staff had received training in safeguarding people from harm; however refresher training had not been completed to keep staff up to date. Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One member of staff said, "I would definitely report any abuse. It doesn't have to be physical it can be mental. I did report something last week. I phoned the supervisor on call and they said there would be a follow up. They phoned safeguarding and they wanted my report." Another member of staff said that all staff had the telephone numbers for the office, out of hours and the local authority safeguarding team should they ever have a need to report any safeguarding concerns.

People were kept as safe as possible because staff were aware of their responsibilities in protecting people from harm. We saw that where safeguarding concerns had been raised these had been referred to the local authority safeguarding team. The care co-ordinator said that investigations had been undertaken by the safeguarding team but the service had not been informed of the outcome. The concerns had not been about the care provided by the service, but this showed that staff knew what abuse was and knew how to report appropriately.

Although people and staff told us there were not sufficient staff numbers to meet the needs of people, we found there had been no occasions when people had not received their care. People confirmed staff had sometimes arrived 10-15 minutes late but had always provided the care they needed. The nominated individual and care co-ordinator said that there had been staffing issues recently and the local authority had been asked to arrange another agency to provide care for a number of people who were receiving care

packages from Breckland Care at Home. Staff said the geographical area was part of the issue as people were spread across it. One staff member felt there had been some improvements since the new supervisors had been appointed and staff were not having to travel so far.

Measures were in place to cover unplanned staff absences such as sickness. One member of care staff said, "We have some bank staff or if you're on a day off they [office staff] will phone [to see if you are available to cover the shift]. We work well as a team and help out when we can." The care co-ordinator told us that where care staff were unable to cover, then she and the supervisors would provide cover to ensure people were not left without the care they needed.

People told us they received a weekly rota which showed the name of the member of staff who would be providing their care. However people also said there were constant changes week to week and it was difficult to remember staff. One person, who said they were living with dementia, said they found that without regular care staff they did not recognise new faces and it worried them.

The provider had staff recruitment procedures in place and these were followed. The provider told us in their PIR that staff recruitment checks were undertaken before staff were considered suitable to work. These included a DBS [Disclosure and Barring Service] check to ensure that staff were suitable to work with people who used this service and three references were taken for all staff. Staff confirmed that checks that had been completed prior to their employment with the service. For example, a satisfactory employment history, DBS check and proof of previous employment.

Requires Improvement

Is the service effective?

Our findings

Information from the provider showed that new staff received an eight day induction including training, followed by shifts undertaken with a more senior member of staff. One member of staff said, "I had training in the office including moving and handling, first aid and all the company policies and procedures. I went out and shadowed for a couple of shifts and then I was on the rota."

There was no effective system to provide staff with updated training. Staff said they had received the basic training necessary to provide safe and effective support for people. However, they said there had been no updated training to ensure they were up to date with new or changing methods. The care co-ordinator said that although staff had completed training at induction there had been no further training available for any staff. People and relatives told us the service "trains their staff" and that most staff "were fine". Twenty people out of 21 who completed the CQC questionnaire in March 2015 thought that staff had the skills and knowledge they needed to provide their care and support. People who required staff to move or transfer them using specific equipment told us staff understood what was needed to transfer them safely and they (the person) was able to tell staff if they needed to make changes.

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.

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 were being met. We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. At the time of our inspection the care co-ordinator said that people who received a service had the mental capacity to make decisions about their care. People we spoke with confirmed this.

The care co-ordinator and all staff said they had not received any training in the application of the MCA and DoLS. One member of staff said, "I haven't done the MCA and DoLS training here but I know that we should always treat people as if they have capacity, give them choices. You put the person first. A family might say about their [family members] preferences, but you would talk to the person and check their folder [for the decisions a person could or could not make]." People and relatives we spoke with said they were able to make choices for themselves or in the best interest of any family member who was unable to do so. For example, with a family member having a lasting power of attorney for health and welfare to make lawful decisions for the person.

The provider told us in their PIR, and staff confirmed that they received one-to-one supervision but not on a regular basis. One staff member said, "I have it [supervision] every six months. We discuss illness /absences, grievances and training that you would like."

People's nutritional health needs were met. People told us that they were able to make choices about what they wanted to eat and drink. There was information on one person's file that showed they arranged for a food delivery to be made from the local store. One staff member said they always offered choices of sandwich filling when providing a snack for one person. They said, "You have to look in the fridge and then offer [name of person] and ask what [person] wants."

We found that people's health needs were being met. Staff said they were aware of people's health and welfare and would report any concerns to staff in the office. One person said, "They [staff] are very good at noting anything like [deterioration of] skin. They record if there are changes and tell me so that I can have it checked by the GP. Then they remind me in case I have forgotten."

Good

Is the service caring?

Our findings

The provider told us in their PIR that, "We ensure the services we provide are respectful of people's privacy and the personal choices they make in their lifestyle and cultural beliefs. Guaranteeing the service they [people] receive is of a high quality, designed to respond to their needs – they should never feel rushed or unimportant."

People made a number of positive comments about the staff who provided their care and support. One person said, "On the whole [the service] is very good. It's much better than other's I've had in the past. The staff are caring and helpful and treat me with respect." A relative agreed and said, "[Staff] who know [family member] better, who are regular, will notice if [family member] is having a good or worse day and adapt." Information from the CQC questionnaires showed that all 20 people said the staff were caring and kind, and treated them with respect and dignity.

We asked people about their experiences and received a number of positive comments. For example, one person said, "They [the service] attract very caring staff." One member of care staff said, "I love it [the job] it's very fulfilling. It's lovely when they [people using the service] are pleased it's you. It's nice knowing I'm enabling people to be in their own homes and to remain as independent as possible."

People told us that their privacy and dignity were valued by the staff who cared for them. One relative told us that the care staff ensured their family member's dignity. They explained that staff left their family member in the bathroom but remained outside to ensure the person was safe. One person told us that they had been asked if they were happy with a male or female staff member for their personal care and had no objections. Another person told us, "I'm not really happy with male staff but they [office staff] said there was nothing they could do." The care co-ordinator said that there were a high number of male staff and people were informed before the care package was agreed that the service would not be able to provide gender specific staff to provide personal care. One relative confirmed that their family member had been told at the start of the package that both male and female staff would provide their personal care.

People or their relatives were involved in the development and review of their planned care. This was through meetings with staff and management as well as relatives providing information on people's day to day preferences such as a favourite toothpaste, food or a time to get up or go to bed.

One person said, "I like all of them [staff]. They seem to know what to do. I like the company and having a chat about any worries." They added, however, that they would have liked to have the same 'regular' staff as they "sometimes see one [staff member] I haven't had." One staff member said, "Our aim is to give people the dignity and respect they deserve. We make sure people eat and drink and are comfortable in their own homes." People and their relatives told us they were provided with a rota so that they knew the staff they should expect to provide their care.

The care co-ordinator advised us that none of the people required representation from general advocacy services at the time when we visited. However, they were aware of organisations who offered this type of

service. Advocacy services are independent and support people to make and communicate their views and wishes.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they were involved in the assessment and reviews of the care and support being provided by the service. One person told us they were very independent and had written their own care plan. One relative told us that a care plan was in place. They added that they were "due for an update", which took place yearly. They said, "The supervisor comes out with the carer [staff member] and we go through it [the care plan]." This meant people had regular opportunities to talk about their changing needs or any concerns about the service. The information in all the support plans we looked at were individualised but some were more detailed than others. For example, there were details that staff needed to ensure one person had worn their personal alarm at all times and another where a soap substitute needed to used when providing personal care. However there were no details of people's abilities, the things they found difficult or their preferences. This meant that there was a risk of people being provided with care that was not based upon their needs.

One staff member said, "The supervisor will have done the assessment and we would be told about the person before we went in to provide the care. If there are updates needed we would have received a phone call." Another member of staff told us they received new information sheets if information had been updated in relation to people's care needs. There was evidence on care files we saw during the inspection that this was the case. This meant staff were aware of the current guidance for each person and could provide the consistent support that people needed.

The provider did not respond to complaints in a way that improved the service. There was a policy and procedure in place from the provider on how to deal with concerns or complaints. People and their relatives knew how to make a complaint and had the necessary telephone numbers to enable them to do so. Information from the CQC questionnaires showed that five people out of 19 commented that complaints or concerns had not been responded to well.

We saw that there had been three complaints about the service recorded in the log since the last inspection. We looked at the information in relation to the complaints and saw that they had been investigated. However, we found that in one complaint the provider had not taken the views of the person on board. This was because they had responded by informing the person that the contract was with the local authority commissioner and that the service was contracted to provide a 'care worker' to the person. They also commented that removing and replacing members of staff was not possible due to the geographic area covered by the service. In another complaint the Local Government Ombudsman had been involved and found in favour of the service. However, it had commented that the person had not had their needs reassessed before changes had been made, which prevented them from deciding how their needs should have been met. The care co-ordinator said that the shortage of staff meant there were limited changes that could be made in relation to the rota or staff rounds. This was confirmed in the PIR, which said, "…due to financial constraints we had to look at how much time we had care workers waiting in gaps to do calls."

Requires Improvement

Is the service well-led?

Our findings

There was no system for monitoring the quality and safety of the service people received. This meant that there was a risk that areas for improvement would not be effectively identified and actioned. People and relatives we spoke with said they had not been asked their views about the care they received. However, 12 out of 20 people who responded to the CQC questionnaire said they had been asked about the service provided by Breckland Care at Home. The care co-ordinator and later the registered manager confirmed that there were no systems in place to check the quality of the care provided to people. This meant that people had no voice in improving the service as well as limiting the provider's ability to identify when improvements may be needed.

The nominated individual and care co-ordinator said there had been no audits completed and this meant they had failed to identify a number of issues in the service. For example, reports of information about incidents had not always been recorded and had therefore not been referred to the appropriate authorities to keep people safe. We saw that there were no regular audits for medicines administration, daily notes, care plans or incidents and accidents. This also limited the provider's ability to respond to situations as effectively as they could have.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care co-ordinator told us that there was a system of spot checks to observe the care provided by staff but these had not been regularly completed. One relative and two staff confirmed that spot checks did occur occasionally. There was information that individual discussions with staff about any specific issues had been recorded. There had also been ad hoc 'check and chat' visits made to some people. These had been completed infrequently but we noted that staff were 'well thought of' by people who use the service.

There was a registered manager in post, but they were not available at the time of the inspection. Although the registered manager understood their responsibilities they did not have the support systems in place to enable them to demonstrate good management or leadership within the service. This was because the resources they needed to run the service were not available. The provider was open and transparent with information about the service, because people, their relatives and staff were aware of the changes that were taking place.

The registered manager had support staff including the care co-ordinator and four care supervisors. Information from the provider in the PIR showed that "the registered manager attended the local managers' network meetings where good practice and ideas were shared."

Staff said there were no regular team meetings and that they "would like more". One member of staff said, "When we have a team meeting we can air grievances, bosses talk about things they want to highlight to us. People [staff] also have the chance to get together and share information." Another staff member told us that there was a communication book in the staff room where messages and other information were

recorded so that important issues were shared.

Staff told us that the service had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice. One staff member said, "If you think something is bad practice or see it you have to report it. I'd go to the supervisor first and think I would have to write a report."

The provider shared information about changes to the service. People who used the service, their relatives and staff said they had been informed that there were to be changes in the ownership of the service but were not aware of the impact that was likely to have. One relative said, "It was set up by the surgery and we felt you could trust them better [than other services]. Now they're selling out." They were not aware of what the changes of ownership would mean for their family member.

Staff told us they felt supported by the registered manager and other staff in the office. Staff told us they liked the service because the (office) staff cared. They explained that at the end of their shift the on call member of staff expected a phone call to say they had arrived safely at home. All staff said they were sure that if they did not do so then action would be taken to ensure they were safe. One staff member said, "You can always get a supervisor on the end of the phone…day or evening. It's back up and it's reassuring that they're there." Staff confirmed they were paid between care calls and there were no zero hours contracts. We saw that staff came into the office between visits to have a drink, talk with supervisors or have a chat with other members of staff. This was so that information was shared and this helped staff to keep up to date with events occurring at the service.

The care co-ordinator was aware of the incidents that occurred within the service that they were legally obliged to inform the CQC about. Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way. People's risks of moving and transferring and medication administration were not properly assessed and managed. Regulation 12 2(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were no systems or processes in place to assess, monitor or improve the quality of the service. Regulation 17 2(a)