

Brentwood Homecare Limited

Brentwood Homecare

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

We carried out an inspection of Brentwood Homecare on 18 and 19 January 2016. We gave the service 48 hours' notice of our intention to carry out the inspection.

Brentwood Homecare is registered to provide personal care to people living in their own homes. The agency's office is located in the centre of Rosegrove, close to all local amenities. The agency provides a service to people residing in Burnley and Pendle. At the time of the inspection 68 people were using the service.

The nominated representative for Brentwood Homecare Ltd was acting as the manager of the service and is referred to as the manager throughout the report. There was no registered manager. 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. Following the inspection we received correspondence from the manager to confirm he had begun the process to register with the Commission.

We last inspected this service on 14 January 2013 and found it was meeting the regulations that were applicable at this time. During this inspection we found the service was meeting the current regulations.

People and their relatives were happy with the service they received from Brentwood Homecare. They told us they felt safe using the service. Potential risks to people's health and well-being were assessed and managed effectively. Staff showed awareness of how to keep people safe and understood the policies and procedures used to safeguard people. Staff were also aware of the procedures to follow to ensure that medicines were handled safely.

No new staff had been recruited since our last inspection. We were therefore unable to check recruitment records.

The manager ensured there were sufficient staff available to cover for emergency absences and other leave in order to ensure that there were no missed visits.

There were policies and procedures relating to the Mental Capacity Act 2005 and the manager had prepared information for the staff in order to increase their knowledge on this legislation. Staff understood their responsibilities in relation to gaining consent before providing support and care.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. People were supported as necessary, with meal planning, preparation, eating and drinking.

There were systems in place to ensure all staff received regular training and supervision.

Staff were respectful of people's privacy and maintained their dignity. All people spoken with told us the staff were kind and caring. People were actively involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. People told us they usually received care from a consistent group of staff.

People, their relatives and staff spoken with had confidence in the manager and felt the agency was well managed. We found there were systems in place to assess and monitor the quality of the service, which included feedback from people using the service.

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.

Risks were identified and managed to help protect people and staff.

Staff were knowledgeable with regard to safeguarding policies, procedures and reporting requirements.

There were sufficient staff to provide safe, effective care.
Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

There was appropriate information on the Mental Capacity Act 2005 and the manager had made plans to develop the staff knowledge of the legislation.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care.

People were treated with kindness and respect. They were encouraged and supported to be as independent as they wished to be.

People's choice and their preferences were respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences. People were involved in their care planning, decision making and reviews.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

A complaints process was in place and people and their relatives told us they felt able to raise any issues or concerns.

Is the service well-led?

The service was well led.

People, their relatives and staff told us the agency was well managed and ran smoothly.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Good ●

Brentwood Homecare

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 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.

This inspection took place on 18 and 19 January 2016. We gave the manager 48 hours' notice of our intention to visit to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We also sent a satisfaction questionnaire to 50 people using the service and 50 relatives; we received 24 completed questionnaires from people and two from relatives.

During the inspection, we spoke with eight people using the service and three relatives over the telephone. We also spoke to five members of care staff and three staff based in the office as well as the manager.

We spent time looking at a range of records during our time spent in the agency's office, this included five people's care plans and other associated documentation, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

People spoken with told us they felt safe and reassured by staff who provided their care. One person said, "They are always so pleasant. I really look forward to their visits" and another person commented, "I trust them completely and I find them all thoughtful and considerate." Relatives spoken with also expressed satisfaction with the service, one relative said, "'I'm very satisfied with everything." People and their relatives thought staff delivered care safely. Staff told us people's safety was of key importance and described clear explanations of the steps they took to maintain people's safety. For example staff told us they made sure people were safe before they left their property and ensured all doors were secure.

Prior to the inspection we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they felt safe from harm or abuse from the staff.

Risk assessments were carried out before any care was provided. Individual risks to people were identified. For example, those associated with moving and handling and medicines. The home environment was also risk assessed and where risks had been identified, they were recorded in people's care files. Information on measures to be taken to reduce or manage those risks were documented and reviewed regularly. Staff told us they made observations at each visit to identify any changes or new risks that may occur. They told us these would be reported to the office immediately. They also confirmed whenever they had reported a change, action had been taken immediately to reassess the risk and amend the care plan. We saw documentary evidence during the inspection to demonstrate risk assessments were reviewed at least every six months or sooner if necessary.

Staff had received training as part of their induction in safeguarding vulnerable adults and this was refreshed every three years. Information was available in the office to remind staff of their responsibilities with regard to keeping people safe and the reporting procedures for any concerns. Staff were knowledgeable about safeguarding processes and were able to describe the signs that may indicate a person had been abused. They explained the actions they would take if they were concerned someone had suffered abuse and how they would report it. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and told us they felt able to raise concerns without fear of discrimination.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with the arrangements in place. There were records of all financial transactions and the staff obtained receipts for any money spent. The office staff audited these records when they were returned to the office.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance and the manager told us new care packages were not accepted unless there were enough staff available to cover

the visits required safely. Staff said they usually had adequate time to travel between visits without rushing. People confirmed the staff usually arrived on time and did not cut the visit short. One person said, "They arrive in good time and they never give the impression they are rushing." Some people were sent a weekly schedule which set out the times of their visits and which member of staff was due to provide their support. Four people told us they had used the service for some years and had received care from the same care staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. Staff confirmed they signed in and out of people's homes and if they thought they were going to be late for a call they would let the office staff know, who in turn let the person know. At the time of the inspection there was no history of missed visits in the preceding months. Visits were monitored via a computer system, which could be accessed remotely. This meant a prompt response could be made in the event of a late arrival time.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and a record was completed after dealing with the situation. The manager viewed all accident and incident records, so he could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. This included referrals to health and social care professionals including occupational therapists.

There were policies and procedures in place for the recruitment of new staff, however, the manager confirmed there had been no new staff recruited by the agency since the last inspection. We were therefore unable to assess the recruitment records and processes.

There was a system in place to manage medicines safely. People told us they were happy with the support they received and confirmed staff administered their medication at the correct times. A full list of people's medication was included in their care plan. We noted appropriate records had been maintained for the administration of medication. The records included details about the type, strength, frequency and dose of medication, with spaces for the staff to sign after giving each dose. All records were checked by senior staff when they were returned to the office and during spot checks in people's houses. The records had been designed to enable staff to access relevant information quickly. We saw from staff training records the staff had received training in the safe management of medicines, which was refreshed every three years.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "I think they are all well trained. I can't fault any of them. They are always happy to help" and another person commented, "I find they are very thorough in their work. I have no problems at all."

We looked at how the provider trained and supported their staff. The manager explained there were appropriate arrangements in place to provide new staff with induction training. This included the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. However, the last member of staff recruited by the agency started work in July 2013, so we were not able to assess how the current arrangements worked in practice.

There was a training programme in place for staff, which included safeguarding vulnerable adults, principles of care, the role of a home carer, health and safety, moving and handling, food hygiene, fire safety and medication. With the exception of moving and handling training, most training was completed by staff on the computer. The training included a test of each member of staff's knowledge to ensure they had understood the content of the course. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff said they were supported by the manager and the office staff. We saw records of supervision had been entered onto the computer when staff attended the office. We noted all staff had received an annual appraisal of their work performance. This had given them the opportunity to discuss the operation of the agency and any future training needs.

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. We checked whether the service was working within the principles of the MCA.

We found the agency had detailed policy and procedures on the MCA, however according to the staff training records staff had not received specific training on the Act. We also found staff had a limited knowledge of the purpose and application of this legislation. The manager explained the staff had been given a copy of the policy and procedure and he had prepared additional information which he intended to

discuss with staff to ensure they had an understanding of the MCA. We noted people had signed their care plan to say they agreed with the contents and consented to the care provided in line with it. Staff also told us they sought permission from people before providing personal care.

People were supported to maintain a healthy diet where this was part of the care plan. Staff told us they assisted people to choose what they wanted to eat and drink before preparing it. People were satisfied with the support they received, one person told us, "They (the staff) cook a very decent meal according to our tastes and we always enjoy it."

We looked at the way the service provided people with support with their healthcare needs. People's care plans contained important telephone contact details. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. For example, they contacted people's GP if they had concerns about a person's well-being or called the emergency services if it was a medical emergency. We saw from looking at people's care records and speaking to the office staff that healthcare referrals were made as necessary. We also noted staff were provided with guidance in people's care plans, on how to monitor and respond to specific healthcare symptoms.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "They (the staff) are brilliant, they always ask me how I'm feeling and I feel like they really care about me" and another person said, "My carer is lovely, she goes above and beyond to try to help me." Similarly relatives spoken with told us they were pleased with the service, one relative commented, "If there is anything my (family member) wants or needs, they will do their best to sort it. I really couldn't ask for better." During our time spent in the agency office we observed staff answered people's telephone queries in a sensitive and understanding manner.

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices. One member of staff told us, "Wherever I can, I think it's important I encourage people do things on their own". This approach was reflected in people's comments, for instance one person told us, "My carer is very patient and kind. She doesn't fuss and lets me do things for myself. I always know she is there for support." The staff were also knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. Wherever possible people were involved in decisions about their care and their views were taken into account. This told us people's comments were listened to and respected.

We noted each person's file contained information about their living circumstances and preferred social activities. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person told us, "The girls (staff) are very good. They know what I want and ask me how I want it doing."

All people spoken with told us the staff respected their rights to privacy and dignity. One person told us, "After I've had a shower the staff always make sure I'm covered up so I don't feel uncomfortable." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and support.

People enjoyed visits from the staff. One person told us, "The staff are very friendly and sociable. I feel my spirits are lifted after they've visited." A relative also commented, "When the staff have finished they will sit and have a chat. It really cheers my (family member) up." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I love my job. I like helping people and know I've done a good deed if I can put a smile on someone's face."

People told us they were able to express their views on the service on an ongoing basis, during care plan reviews and the annual satisfaction questionnaire. People were given an information file, which contained a statement of purpose / service user guide as well as their care plan documentation. The statement of

purpose provided a detailed overview of the services provided by the agency. We noted this document contained information on people's rights and what they could expect from the agency. For example it stated one of the aims of the service was, "To provide and maintain the highest standard of care and support, within the comfort of your home, whilst recognising the privacy, dignity, independence, rights and choice of every individual and their family members."

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "It's really good if I want anything they will help me" and another person said, "They really take care and respond flexibly to any requests." Similarly a relative commented, "Every so often I need to change the visit time and they always do their best to be flexible."

An assessment of needs was carried out before people used the service. People spoken with could recall meeting with a representative from the agency to discuss their needs and confirmed they were asked how they wished their care to be delivered. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care plan was developed with the full involvement of people using the service.

We looked at five people's care plans and other associated documentation during the inspection. This information identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided. All people spoken with were aware of their care plan and confirmed they had discussed their plan with a member of staff from the agency. There was documentary evidence to demonstrate the plans had been reviewed at least every six months or more frequently if there had been a change in need or circumstance. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan.

Staff told us they used the care plans to help them understand people's needs and confirmed they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also said there were systems in place to alert the management team of any changes in needs in a timely manner.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. The records were returned to the office at regular intervals for archiving. The manager confirmed a member of staff read the records to check if there were any concerns with the person's care. We looked at a sample of the records and noted people were referred to in a respectful way.

People using the service had been provided with clear information about how to contact the agency during the day and out of hours. This meant that people and staff had access to support and advice whenever necessary.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of the care staff, the manager or office staff if they had a concern or wished to raise a complaint. One person told us, "Whenever I ring the office with a query they always deal with things promptly." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the statement of purpose / service user guide and included the relevant timescales for the process to be completed. We looked at the complaints record and noted the manager had received 12 complaints in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

The manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For instance in the event of a medical emergency occurring whilst providing care, essential information including the care plan was given to ambulance staff.

Is the service well-led?

Our findings

People and staff spoken with told us the agency ran smoothly and was well organised. One person told us, "I think it runs like a well-oiled machine. I have no qualms or concerns" and a member of staff said, "I have always been proud of the way Brentwood is run. The rotas are well organised and staff know what they doing."

At the time of the inspection there was no registered manager in post. The nominated individual for Brentwood Homecare Ltd was acting as the manager and told us he intended to apply to the commission for registration as soon as possible. Following the inspection we received written correspondence from the manager to confirm he had begun the process to register.

The manager was knowledgeable about people's needs and circumstances and was committed to maintaining people's rights and freedoms. He described his achievements over the last 12 months as putting in place arrangements for out of hours assessments, retaining the staff and identifying where the service could be improved by carrying out an in depth analysis as part of a tendering process. The manager said his challenges and objectives for the next 12 months were to improve the staffs' knowledge of the Mental Capacity Act, expand the service and develop care packages for people requiring reablement support.

Staff spoken with made positive comments about the manager and the way he managed the agency. One staff member told us, "I find him supportive and approachable" and another staff member commented, "I think he is a good manager and the agency runs smoothly." There was a management structure in place and staff were aware of their roles and responsibilities. Staff told us they had received the training they needed and were well supported by the manager and the office staff. We saw and were told by the staff the manager had an "open door" policy and staff were encouraged to call into the office at any time.

We saw regular unannounced spot checks were undertaken to review the quality of the service provided. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

The manager and senior staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete an annual customer satisfaction questionnaire. We looked at the results of the survey carried out in 2015 and noted people indicated they were satisfied with the overall service provided. People had also made positive comments about the service, for instance one person had written, "I am very pleased indeed with your help and care." Prior to the inspection we sent a questionnaire to people and seek their views on the service. From the responses received we found the vast majority of people indicated they were treated with dignity and respect and would recommend the service to others in the same position.

The manager and senior staff carried out regular checks and audits. These included checks on files,

medication records, daily communication logs, staff training and supervision. Visits to people's homes were checked using the telephone monitoring system.