Brooklands Homecare Ltd

Brooklands Homecare Ltd - Worthing

Inspection report

17 Mulberry Lane
Goring By Sea
Worthing
West Sussex
BN12 4NR

Tel: 01903244424

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection was announced and took place on 12 May 2017.

Brooklands Homecare Ltd - Worthing is a small domiciliary care agency that provides personal care to people in their own homes. The agency provides services to people who live Worthing and Ferring. People who receive a service include those living with frailty or memory loss due to the progression of age, mobility needs and health conditions.

At the time of this inspection the agency was providing a service to 10 people. Visits ranged from 15 minutes to over one hour. The frequency of visits range from one visit per week to four visits per day depending on people's individual needs.

During our inspection the registered manager was present. 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 service is run.

People and care workers spoke highly of the registered manager and the company. People expressed satisfaction with the service they received. Despite this, we found that quality assurance systems were not being used to ensure accurate records were maintained at the agency office and to drive improvements. We have made a recommendation about this in the main body of the report.

Everyone that we spoke with said that they felt safe with the care workers who supported them. Care workers received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Recruitment checks were completed to ensure care workers were safe to support people.

People said that they received care visits at the agreed times and that care workers always stayed for the full allocated time. Care workers also said that they had sufficient time to care for people safely.

Safe medicine systems were in place. Risks to peoples safety were assessed and action taken to reduce any harm to people. Care workers understood the procedures that should be followed in the event of an emergency or if a person was to have an accident or to fall.

People said that care workers had the appropriate skills to meet their needs and that they provided effective care. A programme of induction, training and supervision was in place that equipped care workers with the skills and knowledge needed to care for people. Care workers were knowledgeable about the people they supported.

People were happy with the support they received to eat and drink and to manage any health needs they

had. Care workers were provided with information before they started to care for people and were kept informed when people's needs changed.

Care workers understood people's rights to be involved in decisions about their care and were able to explain what consent to care meant in practice. People were supported to express their views and to be involved in making decisions about their care and support.

People said that they were treated with kindness and respect by the care workers who supported them. People's privacy and dignity was promoted. Care workers understood the importance of building trusting relationships with people.

There was a positive culture at the agency that was open, inclusive and empowering. People said that they were aware who to speak to in order to raise concerns. The agency had a complaints procedure in place to respond to people's concerns and to drive improvement.

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.

Care workers stayed for the agreed time to deliver safe care. There were safe recruitment procedures to help ensure that people received their support from care workers of suitable character.

People's medicines were managed safely. Risks to the health, safety or wellbeing of people who used the service were managed safely.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support.

Is the service effective?

Good

The service was effective.

People confirmed that they had consented to the care they received. Procedures were in place to ensure people's legal rights were upheld.

Care workers said that they received sufficient training and support to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received. People felt that their care was provided in the way they wanted it to be and that they were involved in making decisions about their care and support.

People were treated with dignity and respect and were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received a flexible service based on their personal wishes and preferences. Changes in people's needs were recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

Assessment and care plans were focussed on the individual needs and wishes of people.

Systems were in place to make sure people's complaints and concerns were investigated and resolved where possible to the person's satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance processes were not being used fully to monitor the quality of service provided and to ensure robust records management.

The registered manager promoted a person centred culture. Staff were proud to work for the service.

Brooklands Homecare Ltd - Worthing

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 12 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector visited the agency office and the expert by experience spoke to people who received a service and their relatives by telephone.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We checked information that we held about the agency and the service provider. We used this information to decide which areas to focus on during our inspection.

During the inspection we spoke with six people who received care and support from the agency by telephone and three relatives. We also spoke with four care workers by telephone.

In addition to this, we contacted seven health and social care professionals to obtain their views of the agency.

Whilst at the agency office we spoke with the registered manager and the deputy manager. We also

reviewed a range of records. These included care records for three people and other records relating to the management of the domiciliary care agency. These included three staff training, support and employment records and policies and procedures.

Good

Is the service safe?

Our findings

Everyone that we spoke with said that they felt safe with the care workers who supported them and that they would know who to contact if not. One relative said, "My relatives are very safe with the carers. I am away quite a lot because of my job and it's reassuring that my relatives are in such safe hands. I have absolutely no worries at all about safety."

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care worker said, "I would report to office straight away. It's my responsibility to do this. To protect vulnerable people. I would report to CQC if I thought nothing was done."

The registered manager understood her responsibilities in relation to safeguarding people from harm. The registered manager said, "When we initially employ staff they are given a fully comprehensive training session, together with a written carers handbook. We cover many aspects of health and safety, bullying, harassment, harm and abuse. We also talk about human rights."

Care workers said that they had sufficient time to care for people safely. One care worker said, "If needed we can stay longer than planned. We never leave without doing all that is needed." The registered manager said, "We make sure that the customer has the correct length of call and the right number of staff to provide the best care possible and to give the best outcomes for their individual needs. We also make sure that if a carer is off work for any reason we make sure that we then cover that call with another member of staff and inform the customer of the change. This also applies if the time of the call is significantly different from time expected." A rota system was in place that ensured people received visits at the agreed times and dates. This also included allocating care workers that had the right skills to meet people's individual needs.

Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Other information obtained included proof of the person's identity, references, proof of identification and a recent photograph. Records were also in place that confirmed care workers vehicles were safe to use when traveling to visit people in their own homes and that they had the required insurance to drive. We did note that one person's records did not include proof of identity. A second person's record did not include references or an application form. This was supplied to us after our inspection and we have reported further on this in the well led section of this report.

People were happy with the support they received to take their medicines safely. One person said, "They sort out my tablets and they put cream on my legs and feet. They never touch the tablets with their hands but they still wash their hands before they give them to me. They make sure I've managed to take them with a drink of water and then write everything down." A second person said, "We have a bit of a joke when they do my tablets because they always check my name and they say 'Are you still (client's name) and then make

sure it's the right size* (dosage). It makes me laugh when they ask if I'm still me."

Care workers received medicines training and were able to describe how they safely supported people with their medicines. Medicine assessments considered the arrangements for the supply and collection of medicines, whether the person was able to access their medicine in their own home and what if any risks were associated with this.

Care workers that we spoke with were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident or to fall. This included checking for injuries, calling for medical assistance if needed and notifying the agency office and completing records. The agency operated an out of hour's system that people and staff could access to change aspects of peoples care package, raise concerns and notify of events.

Risks to people's safety were managed. For example, when a care worker visited one person they smelt gas. The person had attempted to cook and left the gas on. The care worker reported this to the agency office and action was taken to reduce this occurring in the future. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, one person had moving and handling needs. The assessment identified that two care workers were required to assist the person safely and this was provided. We did note that some assessments maintained at the agency office were not up to date. This is reported on in the well led section of this report.

Emergency contingency plans were in place to ensure people continued to receive a service in the event of staff shortages, severe weather or outbreaks of infection. People told us that information was provided when they first received a service that included emergency contact details. An on call system was in place along with procedures for reducing risks to care workers who worked alone in the community.

Good

Is the service effective?

Our findings

People said that care workers provided effective care. One person said, "They do their very best. I can't say more than that." A second person said, "They make sure that I'm clean and tidy in the morning and in my pyjamas and dressing gown at night. I get myself to bed when I'm ready but they never leave without asking if I need anything else doing. Try to do as much as I can for myself to try and be a bit independent but it's good to know they're there if I need them." A relative said, "They are just amazing. They always have a chat with (my relative) and explain what they need to do. My relative can be really fussy and has set ways of wanting things done but they know that and do things her way if they can."

People said that care workers had the appropriate skills to meet their needs. One relative said, "I think they are all amazingly well trained and know what they are doing. The only time there's been a different carer has been when one of the regulars has been ill but normally it's the same faces every time which is important."

Care workers were satisfied with support they received to undertake their roles and responsibilities. One care worker said, "We get good support from both of them (registered manager and the deputy manager). We have on line training. Three times a year they come out and watch us and work with us to check how we are doing."

All new care workers completed an induction programme at the start of their employment that helped them provide effective care. Care workers confirmed that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During induction new care workers received training and shadowed other staff until the registered manager assessed they were competent to provide care to people. Care workers were assessed in areas that included punctuality, knowledge of the job, quality of work and consistency of work. Training consisted of both on line and practical. The registered manager and the deputy manager were both qualified to provide practical moving and handling training.

Care workers received training in areas that included moving and handling, health and safety, food hygiene, fire safety and first aid. They were also provided with training that was relevant to the needs of people who received a service from the agency. This included dementia care. District nurses had also provided training in the application of eye drops and catheter care. In addition some care workers staff had completed a National Vocational Qualification in health and social care to further increase their skills and knowledge.

Care workers received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Supervision included formal spot checks of care workers when supporting people in their own homes.

People were happy with the support they received to eat and drink. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked

meals, snacks and drinks.

Care workers were available to support people to access healthcare appointments if needed. They also liaised with health and social care professionals involved in their care if their health or support needs changed. Information was included in people's care plans of healthcare professionals involved in their lives.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. One person said, "I think the carers are marvellous. They never do anything without asking me if it's alright even though they do the same things most days."

Care workers had received mental capacity training and understood people's rights to be involved in decisions about their care and were able to explain what consent to care meant in practice. One care worker said, "Before doing anything I always ask if they are happy for me to help. If they refuse I can't force them. I try and explain but if they still say no I record this and let the office know."

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's ability to consent was considered at the initial assessment stage of their care package. The registered manager said, "We get consent to care from every customer before we commence the care package by using our 'Customer Service Delivery Agreement."

The registered manager had completed MCA assessments for people when necessary for people who lacked capacity to agree to the care provided. During this process a record was also maintained of best interest decision making processes that involved people who were involved in the person's life. We did note that the assessments were not decision specific and this was not in line with the MCA code of practice. The registered manager said that she would address this.

At the time of inspection no person who received a service was subject to a Court of Protection Order. This gives a named person the legal right to make decisions about health and welfare or financial matters for a person who does not have the mental capacity to make these themselves.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect by the care workers who supported them. One person said, "I do have a preference for one carer over the others but that's just human nature but I wouldn't fault any of them. They are all very kind people." A relative said, "I have no concerns about this service. Care workers are reliable. This meant that care was always provided by people my mother was familiar with. She described her them 'very kind'. The managers have always been caring and attentive when I have contacted them."

Positive, caring relationships had been developed with people. One person said, "This is the best agency by far. We had another one before which was absolutely hellish. They really go the extra mile all the time."

Care workers understood the importance of building trusting relationships with people. One care worker said, "Because it's a small company the clients get used to us and see the same people which they like. Routines are important. Think how you or your mother would feel having people come into your home. Treat with respect and as an individual."

The registered manager said, "We do our best to try to match the right staff with the right customer and we try to make sure they are compatible." Care workers were provided with dignity and equality and diversity training on induction. Their practice was then monitored when they were observed in people's own homes.

People said that their privacy and dignity was promoted. One person said, "The carers help me to shower but they are very respectful. They hand me the washcloth to do my own privates which I appreciate."

Care workers were respectful of people's privacy and maintained their dignity. They were able to explain how they promoted people's privacy and dignity. One care worker said, "I treat how I would like a member of my family treated. So make sure they are not left naked, curtains are drawn when helping with personal care."

People were supported to express their views and to be involved in making decisions about their care and support. People told us that they and their family members had been involved when their care packages started. People also told us that they had been involved in reviews after this. One person said, "They came and talked to us about the care plan. They've made it very clear that if we find we need more support they can come and review things with us." A second person said, "I would recommend this agency to anybody. Somebody from the office came to go through my book (care plan)."

Good

Is the service responsive?

Our findings

People said that they received care that was responsive to their individual needs and preferences. A relative said, "While I was away one of my relatives was taken ill and had to go into hospital. The manager took my other relative to the nursing home (for respite care) in her own car and made sure the person in hospital was doing alright. I asked if I should come back and she was brilliant and said no it was fine and she would let me know straight away if anything changed. I can't speak too highly of them. They are just the best."

A second relative said, "My relative is not really verbal and it needs carers who can understand his 'noises' and his body language. The carers who come from Brooklands all do understand him which is great. They can tell whether he's happy for them to do things – like shaving him for example or if he's not in the right mood."

A third relative said, "They (care workers) use their initiative to make sure that shopping was done, repeat prescriptions were put in, washing was done etc. and alerted me about any concerns about my mother's health."

People also said that they agency was responsive to requests for changing pre-arranged visits when circumstances changed.

People's care and support was planned in partnership with them. People had care plans in place that had been developed with their involvement. People said that when their care was being planned at the start of the service a member of the management team spent time with them finding out about their preferences. This included what care they wanted or needed and how they wanted this care to be delivered. A system was in place to review the care people received. The review included consultation with people who received a service from the agency, their representatives and other professionals that were involved in the formulation of the care package. Elements of peoples care records maintained at the agency office did not always reflect the service they received. We have reported on this in the well led section of this report.

Care workers were knowledgeable about the people they supported. This enabled them to provide a personalised and responsive service. For example, records confirmed that care workers had noticed a change in one person's urine. As a result, they increased the amount of fluids offered to the person and arrangements were made for the person to be seen by their GP.

Care workers said that they always received sufficient information about people to provide responsive care. One care worker said, "If they take on a new client we always get lots of information before we visit them." A second care worker said, "They all have care plans that we read beforehand. They (management) give us these before visiting. If things change they let us know."

People said that they were aware who to speak to in order to raise concerns. People using the service and their relatives told us they were aware of the formal complaints procedure and that they were sure that the agency would address concerns if they had any. One person said, "If I was worried about anything I would

have no problem in ringing the office. I think the communication from them is excellent. I must say though that I've got no complaints at all."

The agency had a complaints procedure in place to respond to people's concerns and to drive improvement. No formal complaints had been received. The registered manager expressed the view that this was because issues were responded to quickly and this was confirmed by people who received a service. A relative said, "My relative is a bit OCD and has very light carpets. She was worried about carers coming in wearing their outdoor shoes so the manager arranged for all of them to have shoes at the house with their names on so they change into them as soon as they arrive."

Requires Improvement

Is the service well-led?

Our findings

People said that the agency was well led. One person said, "I have no complaints at all. This is by far the best agency around. I don't know what I'd do without them." A second person said, "I can't think of any improvements they could make. The manager is always available and if ever they are short staffed; through illness for example; she rolls up her sleeves and covers the calls herself." A third person said, "I wish there was some commendation they could be given because I think they are outstanding."

There was a positive culture at the agency that was open, inclusive and empowering. Care workers spoke highly of the registered manager and the company. Care workers were motivated and told us that they felt supported and that they received regular support and advice via phone calls and face to face meetings. They said that the management team was approachable and kept them informed of any changes to the service and that communication was good. One care worker said, "The bosses are very nice and communication is very good. We get together and discuss things. I'm happy in my work." A second care worker said, "They support staff really well. They are flexible with family commitments and very understanding."

The registered manager said, "As a small agency it is relatively easy to keep in very close contact with each member of staff on a daily basis and to have a fully comprehensive communication with all our customers. This assists us in promoting a positive and person centred culture and we actively involve the staff in developing our service. We have an honest and open culture. We always encourage customers and staff to approach us at any time with absolutely any query or concern."

Despite people and care workers speaking positively about the agency and management quality assurance systems were not being used to monitor the service and to drive improvements.

The registered manager was not aware if the agency had a quality assurance policy and procedure. The policy and procedure file did not contain one and referred to an 'Audit of services and operational procedures' manual. This manual could not be located and the registered manager did not know of its existence. The registered manager stated that the nominated individual for the service "Oversees the service." However, there were no records or reports of audits or checks having being completed. When sampling recruitment records we identified some missing information. This had not been identified by the registered manager due to a lack of formalised auditing at the agency.

The agency obtained the views of people who received a service in the form of questionnaires. However, those available at the agency office had last been obtained during February 2015. The registered manager confirmed that questionnaires had not been sent to people since then. This was not in line with the provider's policy that stated questionnaires should be sent to people every six months. The policy also stated that for some people questionnaires would be inappropriate. If this was the case the policy instructed that either a telephone call or visit should take place. People confirmed that the registered manager or deputy manager either contacted them by telephone or visited in person. However, the registered manager confirmed that a record was not always maintained of this.

Records maintained at the agency office were not always accurate or up to date. We examined three peoples care records and all had omissions. These included missing current care plans, MAR charts and visit records. Some of the records of care delivered used terminology that was not appropriate and were not always legible. The registered manager said that up to date records were maintained in people's homes but that they had not ensured these were in place at the agency office.

We found no evidence that the lack of audits and gaps in records had impacted on the quality of service people received. However, it is recommended that the registered person reviews and implements systems for monitoring all aspects of the service including record keeping.

Within 48 hours of our inspection we were supplied with the findings of questionnaires that were sent out and analysed by the provider during December 2016. Everyone responded positively about the service provided with no negative comments made. We were also supplied with up to date copies of peoples care plans and MAR charts.