Active Pathways Limited

Burrowbeck Community Care

Inspection report

The Mallards, Burrowbeck Grange
Scotforth Road
Lancaster
Lancashire
LA1 4XN

Tel: 01524846308
Website: www.active-pathways.com

Date of inspection visit:
23 March 2016
31 March 2016

Date of publication:
01 June 2016

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

This unannounced inspection took place on 23 & 31 March 2016.

Burrowbeck Community Care is a domiciliary care agency which provides support to adults living in Lancaster, Morecambe and surrounding areas. We were informed there were approximately 61 people receiving a service from the organisation at the time of inspection.

There was not a registered manager in place. 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. The registered provider had recruited a manager who had been identified as becoming the registered manager. They were on duty on both days of the inspection and told us they were in the process of starting registration. We saw evidence the registration process with the Care Quality Commission had commenced.

People spoke positively about the quality of service provision on offer. People told us staffing levels were conducive to meet their needs. However, people told us staff punctuality was sometimes a concern. We discussed this with the manager who provided evidence to show they were taking action to improve on this.

Arrangements were in place to protect people from risk of abuse. People told us they felt safe and secure. Staff had a knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Recruitment procedures were in place to ensure staff were correctly vetted before commencing employment. Staff retention was good and people said they benefited from staff who knew them well.

Suitable arrangements were in place for managing and administering medicines. People were encouraged to self-administer medicines where appropriate. Risks of self-administration were managed.

People's healthcare needs were monitored. Care plans were in place for people who used the service. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Training was provided for staff to enable them to carry out their tasks proficiently. Staff training was monitored using a training matrix. The organisation responded to the needs of people using the service and tailored training to meet their needs.

People said they were supported at appropriate times to meet their nutritional needs. Strategies were in place to promote healthy eating where appropriate.

The manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided.

Systems were in place to monitor and manage risk. Information regarding accidents and incidents was monitored so trends and themes could be identified and processes put in place to minimise risk. External consultants were commissioned to monitor and promote health and safety.

The registered provider encouraged people to live active lives within their community.

Staff were positive about ways in which the service was managed. Staff spoke highly about levels of training on offer and support from management. Staff described the working culture as positive.

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.

People who used the service told us they felt safe.

Processes were in place to protect people from abuse. The provider had robust recruitment procedures in place and staff were aware of their responsibilities in responding to abuse.

Suitable arrangements were in place for management of all medicines.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals, where appropriate. People who used the service told us their nutritional and health needs were met.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

Staff were caring.

People who used the service were positive about the staff who worked for Burrowbeck Community Care.

Staff had a good understanding of each person in order to deliver

person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system in place to ensure all complaints were addressed and investigated in a timely manner.

The registered provider worked innovatively to ensure people could be included in community activities.

Is the service well-led?

Good

The service was well led.

Systems had been put in place to support the staff during the absence of the lack of registered manager. A new manager had been identified and was in the process of applying to become the registered manager.

The registered provider had good working relationships with the staff team and all staff commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to improve service delivery.

Burrowbeck Community Care

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 23 and 31 March 2016 and was unannounced.

The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.
We contacted the local authority and received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with six members of staff. This included the manager, the registered provider, three members of staff who provided direct care and a care coordinator. We also spoke with one social care professional and the external consultant who was working with the organisation.

We visited three people at their home with their consent to seek their opinion of the service and spoke by telephone with an additional person who used the service. We also spoke with three relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care plan files relating to five people who used the service and recruitment files belonging to five staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification & training

records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Feedback included, "They help me feel safe. They remind me to lock my door," And "I feel safe with them."

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. Staff were able to describe different forms of abuse and were confident if they reported anything untoward to management it would be dealt with immediately. One staff member said, "I would inform the office immediately if I had any concerns. I know I could also speak to social services or the police." Staff told us they received regular safeguarding training to keep abreast of safeguarding matters.

We looked at safeguarding incidents identified by the provider and noted the registered provider took appropriate steps and actions following identifying safeguarding concerns.

Safeguarding awareness information was displayed in staff areas for staff to have quick reference to. The organisation had a confidential telephone hotline where concerns could be relayed and discussed with a senior member of staff.

We looked at staffing arrangements in place to ensure people received the support they required in a timely manner. People who used the service were happy with staffing levels and the reliability of staff. One person said, "My staff always come at 6:30pm. I've never had to complain."

Feedback from relatives in relation to punctuality of visits was mixed. Two relatives we spoke with said staff sometimes turned up late due to traffic and lack of travel time. We spoke to the manager about late visits. They said they were currently working with the team to allocate staff teams across different areas. This was aimed at improving staff attendance and punctuality. We saw evidence developments were occurring. Following the inspection one relative said punctuality had improved lately and they had not had to complain about this.

We noted the registered provider had a call monitoring system in place. This enabled the provider to track staff attendance at the homes of people using the service. The provider used this information to collect data about the number of late calls and would alert the provider to missed calls. The manager said this system was not wholly accurate as some people did not consent to partaking in the call monitoring system. The manager said they were keen to look at this system in the near future to see how it can be used more efficiently to monitor staff calls.

The care coordinator responsible for managing staff and rotas said people would phone the office or out of office on call system if a visit was missed. Systems were in place to provide cover for missed visits to people. The care coordinator said they would sometimes provide the support if a staff member had not turned up. Relatives and people using the service told us missed visits were rare.

People who used the service and relatives told us they received support from familiar staff who knew them well. Burrowbeck Community Care did not use agency staff. This promoted consistency of care.

The registered provider had an out of hours on call system in place. Staff said they were happy with the on call system and were confident management would support them if required. Systems were in place to protect staff from harm when visiting people in their own homes

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed five staff files. Full employment checks were carried out prior to staff commencing work. The registered provider kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. This was renewed every three years. A valid DBS check is a statutory requirement for people providing a regulated activity within health and social care. The registered provider verified this documentation prior to a person's employment being confirmed.

We looked at how the registered provider managed medicines. The registered provider promoted independence wherever possible. When people could self-administer they were supported to do so. For some people who could not be involved in ordering their own medicines, staff provided support to do this. People were encouraged to have their medicines pre-dispensed using a blister pack system from the pharmacy. This promoted safety and reduced any risks of error due to mis-administration. We noted from records that MAR sheets were not consistently completed by staff after administering medicines. We spoke with the manager about this. They showed us evidence this had been addressed in a staff newsletter, advising staff about the need to complete the documentation. This showed us the registered provider was pro-active in ensuring medicines were monitored and administered on time.

The registered provider had systems in place to assess risk. We saw a variety of risk assessments in place including falls risk assessments and assessments for skin integrity. We noted falls risk assessments referred to good practice guidelines, 'NICE, Falls, assessment and prevention of falls in older people."

The provider held management meetings to review health and safety across the organisation. The registered provider had commissioned an external consultancy agency to carry out a health and safety audit of the service in January 2016. The audit looked at systems in place for assessing risk, monitoring risk and the ways in which accidents and incidents were monitored. The organisation scored 98% and was rated as very good in the way it promoted health and safety.

The registered provider had a system in place for reporting all accidents and incidents with a designated health and safety lead within the organisation within a set time period. This allowed the registered provider to assess all accidents and incidents to look for emerging patterns. We saw action had been taken following incidents to reduce the risk of repeat events.

Good

Is the service effective?

Our findings

Two relatives we spoke with praised the effectiveness of the staff. One relative said, "I consider the staff to be well trained and knowledgeable." Another relative said, "Naturally some staff are better than others but they all seem to know what they are doing."

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Staff told us they were provided with training on a regular basis. They told us they had mandatory training which was provided by e-learning which was regularly refreshed. Mandatory training included safeguarding of Vulnerable Adults, Health and Safety, First Aid and Mental Capacity Act Awareness. We saw evidence new staff members had been enrolled on a nationally accredited vocational scheme to develop their skills.

Following a concern raised by a relative about lack of staff training to support one person with a health condition, we saw the registered provider had requested support from a health professional to provide training to staff. This showed the registered provider responded to individual needs of people who used the service.

Some training courses had been developed specifically to reflect the needs of the staff and the organisation. The registered provider was working with their local pharmacist to develop a training course on medicines which would be tailored and personalised to Burrowbeck Community Care's requirements. They were also working with the Fire service to develop a fire awareness training course for staff.

The manager told us they had been provided with a budget and they were planning on developing further training courses for staff including training on dementia, diabetes, end of life care and other health conditions.

We spoke with a member of staff who had been recently employed to work within the service. They told us they undertook an induction period at the commencement of their employment. This involved time in the office, completing e-learning mandatory training and learning about the organisation. They were supported on visits and shadowing experienced members of staff. The staff member said they were provided with a staff induction booklet which provided them with relevant information to assist them in their role. They said they had been provided with two supervision sessions since they commenced work. The staff member said they were more than happy with the support they received at the outset of their employment.

We spoke with staff about supervision. Staff confirmed they received regular supervision. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. One staff member said, "[Manager] is always at the end of a phone. I feel really supported." We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

Individual care records showed health care needs were monitored and action taken to ensure health was

maintained. A variety of assessments were in place to assess people's safety, mental and physical health. Assessments were reviewed regularly and outcomes were recorded after each reassessment. Changes in assessed needs were recorded within a person's care plan.

We asked staff how they supported people to maintain good health. Staff said they monitored health of people and would seek advice and guidance from other professionals if they were concerned. We saw evidence of District Nurses having input into people's care and evidence of Mental Health Nurse input for another person. The manager told us one support worker had recently completed a piece of work, liaising with voluntary agencies to support a person who was at risk of self-neglect to ensure they could attend health checks. This showed us the registered provider recognised the importance of health promotion.

People told us they were supported with diet and nutrition where appropriate. When people required support at mealtimes staff were allocated to assist them. Through care records we identified two people who were at risk of not eating. We noted staff offered encouragement and motivation to eat and recorded all nutritional intake in daily records. When people were at risk of malnourishment, risk assessments were in place to manage and monitor the risk.

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.

Care records maintained by the provider addressed people's capacity and decision making. When people lacked capacity we saw evidence assessments had been completed and good practice guidelines were followed.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. We were told staff had been given pocket guides in reference to the MCA to guide them with their practice. MCA information was displayed around the office for quick reference.

Good

Is the service caring?

Our findings

People were complimentary about staff providing care. One person said, "I've got a good crowd of carers. They are a good mob!" Another person said, "They are good. Very kind and thoughtful." And, "The girls are pleasant. They have a nice attitude and are kind and caring."

Relatives commended the caring attitude of staff. One relative said, "Most carers are really nice. They are caring and always chat."

Staff told us the organisation was a caring one and likened the organisation to one large family. One staff member said, "We have a strong identity and have a nice family informal feel." Another staff member said, "If it wasn't a caring organisation I wouldn't be working here."

Staff told us they were kept informed of people's health and well-being. If people were hospitalised they were told so they could send a card. Staff were encouraged to attend funerals of people who had died to pay their last respects.

Staff said they were encouraged to have a regular caseload of people they visited so that relationships could be built and maintained. This promoted continuity of care and created satisfaction.

We did not see any interactions between staff and people who used the service. People told us however that staff did not rush when they were on visits and always had time to sit with people and chat. One staff member said if people required extra time on a visit managers "bent over backwards" to re-organise schedules so the person was not left in need. The staff member said, "Its lovely having time to spend with people."

We spoke with a social care professional. They said they had no concerns in the way in which care was provided and felt staff would often go the extra mile when providing care.

Completed daily records demonstrated staff knew people's likes and dislikes and ways in which people liked to be supported.

Staff showed an interest in people who used the service. We were informed one person who used the service was described as 'Hard to reach." One staff member had taken time out to work with this person and had developed support around this person to stop them from being isolated. This showed us the staff member had gone above and beyond their role to have an impact upon the person's life.

Good

Is the service responsive?

Our findings

People who used the service told us care provided was person centred and responsive to individual need. One person said, "They don't do me any harm. They don't tell me what to do, they will always ask me what I want."

One relative said, "If on any occasion I have ever had to make suggestions; I have never had any back chat. They respond and take it on board." Another relative said, "They are very good at responding if needs change."

We looked at care records belonging to five people who used the service. We saw evidence pre-assessment checks took place prior to a service being provided to a person. Care records were person centred and contained detailed information surrounding people's likes, preferences and daily routines. This highlighted key points of their likes, dislikes and important factors to consider when supporting them. Peoples consent was consistently sought throughout the care planning process.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives involved wherever appropriate, within the care plan. Care plans were reviewed and updated at least annually. We saw evidence records were updated when people's needs changed. The registered provider ensured daily notes were completed for each person in relation to care provided. Care notes were audited by management and concerns identified within care records were discussed with staff.

The registered provider encouraged and supported people to be active. The manager said people were encouraged to be part of their local community. The registered provider said one member of staff had taken it upon themselves to develop a community activity sheet for people who used the service to raise awareness of what was going on in the local area. This was aimed at promoting inclusion and preventing social isolation.

People we spoke with had no complaints about the service. People were encouraged to speak out if they were unhappy with their care. Feedback included, "I've never had to complain." And, "If anyone complains there is something wrong with them."

Relatives we spoke with said they had never had to raise any formal complaints. One relative said, "I have never had to complain formally. Things get addressed as soon as they crop up."

On the day of inspection we were made aware by one relative they did not receive full information about their schedule of support visits. This could lead to frustration. The manager took time out to listen to the relative and agreed to resolve this situation for them.

Complaints were managed by the organisations corporate support manager. We noted when formal

complaints were raised they were dealt with in a timely manner, in line with the organisations complaints procedure. Letters of explanation were sent to people following investigation.

Staff told us they were aware of the complaints procedure and would inform the registered provider if people complained. We saw evidence that staff had raised complaints when care was deemed as unsatisfactory and not in the interests of the people using the service.

Good

Is the service well-led?

Our findings

There was not a registered manager in post at the time of the inspection. A manager had been identified and recruited by the Organisation and had started the registration process with the Care Quality Commission.

The registered provider said there had been a delay in identifying a manager as they were committed to finding the appropriate manager with the required skills to ensure care provided was of a high standard. In order to achieve this they had commissioned a service from an external consultant to support them with in recruiting for the post.

In the absence of the registered manager support had been provided to the location from other managers within the organisation and from the external consultant. Staff praised the knowledge and on-going support provided from the management and the external consultant within the interim period.

We spoke with the external consultant. They advised us they were continuing to support the registered provider, offering mentorship and support to the manager during their induction process as well as offering guidance on how to continuously improve service delivery.

Staff were given clear advice and guidance about their roles and responsibilities. Staff were provided with an employee handbook at the outset of their employment which set out key policies and procedures and principle rules within the organisation.

We noted policies and procedures were continuously reviewed and updated after significant events. Policies had been updated and referred to the CQC fundamental standards and other recent legislation including the Care Act 2014.

Staff told us staff retention was good and staff tended to stay once recruited. One staff member said this was down to the way in which the service was managed. They said, "I've worked in many places but this is the best place to work." Another person described the culture of the organisation as 'positive.'

Staff working for Burrowbeck Community Care described communication as good. One staff member said, "If you ask, management listen."

Communication with staff occurred through a variety of channels. We saw information was relayed to staff through staff newsletters, staff memo's and via regular team meetings. One staff member said communication sometimes occurred by text. The registered provider had allocated a space for support workers within the office which could be utilised in between visits. The office space had noticeboards present and displayed relevant information to assist staff within their roles. We saw evidence in house briefings were developed and circulated to staff as a means of information sharing to raise staff awareness.

Staff described an open and transparent culture where they could make suggestions and were listened to. One staff member said, "None of us are frightened to speak up." Team meetings were planned in advance

and staff were encouraged to be actively involved in planning of team meetings.

The registered provider had a range of quality assurance systems in place. These included health and safety audits, medication and documentation. Findings from audits fed back to the registered provider through operational meetings and actions were set when there was a need for improvement.

We saw evidence of partnership working. The registered provider attended provider forums to keep themselves up to date. They told us they were working with the nearby university in relation to a piece of research surrounding dementia care and the Fire and Rescue service to promote home safety checks with all people who received a service. They had a set of resources at the front of the office for members of the public to access. The manager said they viewed the service as a community resource with a point of access for information.

The registered provider actively sought views of people involved in receiving and delivering a service. We noted a client satisfaction survey had been undertaken in January 2016. A report was produced in response to the findings and an action plan had been developed to ensure any identified concerns were actioned. The registered provider had also carried out an anonymous on line staff satisfaction survey. This showed the registered provider was committed to listening to relevant parties as a means to make improvements within service delivery.

The registered provider said they were committed to continuous improvement and were working proactively to improve service delivery. This had recently meant turning down some packages of care as they did not have the capacity to manage them. They said, "Quality has to come first." We were informed they had recently held a recruitment event to recruit more staff in order to meet demand of the service. A member of staff said, "We want to grow and move forward."

The registered provider was aware of their responsibilities in notifying the Care Quality Commission of significant events. Records held by the Care Quality Commission demonstrated notifications were sent in a timely manner.