

Bridgnorth Homecare Co-Operative Limited

Bridgnorth Home Care Co-Operative

Inspection report

College House
4 St Leonards Close
Bridgnorth
Shropshire
WV16 4EJ

Tel: 01746762559

Date of inspection visit:
21 July 2016

Date of publication:
13 September 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

Bridgnorth Homecare Co Operative Limited is a domiciliary care agency registered to provide personal care to people of all ages living in their own homes.

The inspection of this service took place on 21 July 2016 and was announced.

There was a registered manager in post who was present at the time of the office visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received safe and effective support from the agency. Staff knew how to recognise and report any risks, hazards, problems or potential signs of abuse. Systems were in place to assess and manage risks. Staff only had minimal involvement in administering medicines but processes were in place to promote safe practice when required.

People were supported by staff who had sufficient time to carry out tasks required of them and people enjoyed flexible and responsive support. The provider's recruitment procedure ensured that people were safe to work for the agency.

Staff had the skills and knowledge to understand and support people's individual needs. They received training and support when they started working for the agency. Their skills were kept up to date through regular training which was reviewed and expanded. Staff felt well supported by the registered manager and their colleagues.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met effectively. They listened to people and responded effectively to suggestions for change. People's rights were protected under the Mental Capacity Act 2005. Staff promoted choice and encouraged involvement and decision making. People told staff how they wanted to be supported and staff responded positively.

People were supported to prepare food and drink as identified in their plans of care. Staff liaised with healthcare professionals when required to ensure people received support to maintain their physical and mental health needs.

People were supported by staff who were kind and caring. They were listened to and had trust and confidence in the staff who supported them. People received consistent support that enabled them to develop positive working relationships based on mutual respect. Staff were aware of people's individual preferences and respected their privacy and dignity. Staff promoted people's independence and care was

individualised.

People, and their relatives, worked closely with the registered manager and the staff team to ensure they received a responsive service. Outside agencies recognised this and this led to positive working relationships that ensured people received the best possible service. People were asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon.

There was a complaints procedure in place although no one had had cause to use it. People valued the informal approach to sharing worries or concerns.

The registered manager provided good leadership and there were systems in place to monitor and review the quality of the service provided. The registered manager was aware that they needed to develop and improve their record keeping to ensure that important information was written down should it need to be formally referenced.

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 were safe because staff knew how to protect them from the risk of potential abuse.

People's needs were met by sufficient numbers of staff who provided a flexible service.

People could be assured that staff were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's rights were currently being protected under the Mental Capacity Act 2005 and staff offered individualised support.

People were supported by staff who were trained and well supported by the registered manager.

Where needed people were supported to eat and drink.

External professionals worked with the agency to ensure effective care and support as and when required.

Is the service caring?

Good ●

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew how to respond to their changing needs.

People were confident that their complaints would be listened to, taken seriously and acted on.

Is the service well-led?

Good ●

The service was well-led.

People were supported by staff who had opportunities to review and discuss their practice regularly.

People's views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service although records were not always well completed.

Bridgnorth Home Care Co-Operative

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 21 July 2016 and was announced. We gave the agency 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

The inspection was carried out by an 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

As part of the inspection we spoke with six people who used the service about the care and support provided and two relatives. We spoke with the registered manager, the office manager, five staff and a social care professional.

We looked at extracts from three care plans, three staff recruitment files and other records relevant to the running of the service. We also looked at the provider's quality assurance systems.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and well supported by the staff who cared for them. Everyone thought the staff were competent to do their jobs and so could do it safely. Some people told us that they had had the same staff member for many years and had built up a trusting relationship with them that made them feel safe. People told us that they could trust staff in their homes. One person told us, "I feel absolutely safe and I trust them in my home". Relatives also told us they considered staff offered safe support.

People were protected from the risk of harm because staff were able to recognise potential abuse and knew how to protect them from this. We spoke with five staff members who said they would share any concerns of abuse with the registered manager. They told us they were confident that the registered manager would take the appropriate action to protect people from the risk of further harm.

Staff had received safeguarding training and they told us this had provided them with the skills and confidence about how to protect people. The registered manager understood their responsibilities in relation to reporting concerns and gave us examples of how they had referred concerns to outside agencies to ensure people's on-going protection.

Staff understood people's needs and knew how to keep them safe while delivering personal care. For example, one staff member told us "We use gloves and aprons to ensure people are safe from cross infection." They told us that they had helped the registered manager to identify hazards in their working environments. Risks were assessed and actions to reduce them were incorporated in care plans. Staff were satisfied that care plans directed them as to how people should be kept safe. The registered manager told us that there had been no accidents or incidents suggesting that people received safe support and the system for assessing and recording risks was effective. Staff gave us examples of things to look out for to ensure that the environment remained free from hazards as far as possible. They told us that they looked for trip hazards such as rugs and also that there was sufficient room to carry out tasks. One staff member told us that they took prompt action when they identified a hazard. They said how they had worked with a person who received a service to move some furniture thus reducing the hazard. Other staff shared similar examples. One staff member told us how a certain area had been assessed as hazardous for them and alternative arrangements were made in these circumstances. For example one home had steep cellar steps leading to the laundry. As a result the family supported the person with their washing and the agency staff did not. Other staff gave examples of how they promoted health and safety in everyday tasks in order to protect people from harm. For example they tied their hair up before preparing food and wore protective clothing such as aprons and gloves

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that staff never rushed them. Relatives also told us that people were never rushed and that staff stayed, at least, the time they were allocated. Everyone told us they were happy with the times that staff arrived. Two people said they chose their particular time for staff to visit them. Some people said staff were sometimes running behind but not usually too late. They told us that staff would ring to tell them in these circumstances. One person said "They are mostly on time sometimes it can run late but they would let me

know". Another person told me "I am happy with the time they come. If they are going to be late they will let me know. If my main carer is away they will send someone that has been before". This ensured they received continued care and support. No one said they had ever been let down by a call being missed. The registered manager told us that there were processes in place to ensure that this would never happen. Staff confirmed this meaning that people would always receive the support they required to meet their care and support needs.

Staffing levels were identified and agreed at the time of their initial assessment. Staff told us that if needs increased they would approach the manager who would review the support package and make changes if required. Staff told us that they thought staffing levels were appropriate and that they had the time to meet people's needs effectively, with sufficient time between calls to get to people on time.

People were supported by staff who had been properly vetted to check they had the right background and attributes to care for people safely. We looked at the recruitment files of three staff who worked for the agency. We saw that, overall, required information was available to demonstrate a safe recruitment process, although some information to support the process was still outstanding on one file reviewed. The office manager told us how they were chasing this up and the staff member confirmed this. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported even though staff were self-employed. Staff confirmed they had been through this process and understood why safeguards were in place. This meant that people were protected from being supported by staff who were not suitable.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage them safely. People told us they managed their own medicines with only minimal support from staff and the staff we spoke with confirmed this. One person told us, "I dictate what they do regarding my medicines." Relatives also told us that staff had only minimal input in relation to supporting people to take their medicines.

Staff told us that they had received training before they administered medicines and this gave them confidence to do it safely. They said that the registered manager had checked on their competence and they found this reassuring. We did not see how risks had been recorded as files seen did not contain formal risk assessments however staff told us how they ensured the process was carried out safely, as per people's care plans and that medicines were stored and administered as required to keep the person well. Staff worked with relatives to ensure that medicines were taken when required. We found however that for one person this joint working was resulting in staff prompting people to take medicines that were not in the original packaging. The registered manager made changes to the care plan immediately after consulting with staff and relatives to ensure the process was safe.

Is the service effective?

Our findings

People who used the service told us that they received effective support that met their needs. One person told us, "They [staff] are all very good. They know what they are doing and they do what is needed." Another person said, "Everything I need I get." Relatives told us that they had confidence in staffs' abilities to meet people's needs effectively. They told us that they had been involved in developing care plans and identifying what support people needed. One relative told us, "We build up a routine and it works."

One person who used the service told us, "Staff are well trained. They know what they are doing and training is on-going. Training is personalised to staff. I have a background in this. There is good staff development." Staff told us they felt well trained. One staff member told us, "Training is brilliant. It gives me confidence." Staff felt that training was effective and enabled them to meet the needs of the people they supported in a community setting. Staff said that when they felt that they needed more knowledge they requested training and it was arranged. For example one staff member had requested catheter care training to have a better understanding of the needs of one person they supported. The staff member responsible for arranging training told us that this was being sourced and they would also offer this to other staff who wished to develop their knowledge in this area

New staff received induction that enabled them to understand their roles. People who used the service knew that new staff were supported until they were confident and they were reassured by this. One person told us, "New carers come with experienced carers until they are confident to work alone." New staff 'shadowed' experienced staff in order to get to know people's individual needs. Staff told us that their induction had been good and they were either registered on, or had completed the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff described the certificate as being comprehensive and thorough meaning they received good information about their roles at the start of their employment.

Staff told us that they felt well supported by the registered manager and the office manager even though they were all self-employed. They told us that they had opportunities to discuss their performance and their personal and professional development. One staff member told us, "She is very supportive." Staff told us that communication with the registered manager was good meaning that information about people's needs could be shared effectively. One staff member told us how they had the opportunity to go to the office before they started supporting someone new. They were able to review assessments and discuss care and support. They said that this meant people who used the service felt confident that staff understood their needs.

A social care professional considered that the agency was effective and reliable. They told us, "I can honestly say that they are the most reliable, experienced provider team we work with. Wonderful if they were able to take on more packages. They will not overstretch their service to the detriment of current service users."

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. No one using the service lacked capacity however some people needed support to make informed choices and decisions. For example staff told us they always asked people what they would like to wear, what toiletries they would like used and how they would like them to leave things at the end of the visit. Care was individualised. People told us that their care was carried out in accordance with their expressed needs and wishes. The registered manager knew when a best interest decision would be required but had not had to make any.

One person who used the service told us, "Staff never take liberties they always check; they check my consent and always ask if there is anything else they can do before they leave". Another person said that staff would always check if they were ready to do things before they started a task.

The registered manager told us that mental capacity legislation was an area where more training was being sourced although staff we spoke with were all aware of the basic principles in practice. They told us how they supported people to make choices and decisions about how their care was delivered. They told us about one person who sometimes refused support. They told us how they respected their wishes but put alternative plans in place to ensure that their needs could still be met.

People were fully involved in decision making processes as far as possible. One person who used the service told us, "I am in control." Staff respected people's decisions and encouraged them to remain in control of how they lived their lives. This was evident in conversations with people and their relatives. Staff told us how they offered choices in relation to all aspects of care and support. For example, they asked what the person would like to wear, what they would like to eat and where they would like to go. People responded positively to this and remained in control of their lives as far as they possibly could.

People required only minimal support in relation to eating and drinking. Three people told us that staff would prepare something for them to have at breakfast time although no one required assistance to eat. Everyone said they were always asked what they fancied. Staff were aware of people's dietary requirements and told us how they offered choices and alternatives to encourage people to eat and drink. People's dietary needs were recorded in care plans.

People told us that staff would help them to access health appointments if necessary. Some staff told us how they rang for appointments for people upon their request. One staff member had escorted a person to visit their GP as they could not access the surgery without support. Staff told us that the majority of people had the support of family members to arrange and support medical appointments. Staff told us that information was shared effectively following health appointments and changes took place to routines to ensure people's needs continue to be met. For example, one person had an assessment for some equipment and staff supported them to get used to it. People's social needs were also met effectively with staff working with external agencies to support an individual. For example, one person needed more time to have their needs met. The office manager approached the funding authority to arrange this. We spoke with a social care professional who told us that they worked effectively with the agency staff to ensure people's needs were met and reviewed.

Is the service caring?

Our findings

People who used the service and their relatives spoke very highly of the staff who supported them. Everyone told us that staff were kind and compassionate. One person told us, "They are ever so kind to me." Another person told us, "They are always polite and caring. I certainly have nothing to grumble about." A relative told us, "Staff are kind. They all have different personalities." People told us that staff were more than just workers to them. People told us about close working relationships that had developed between them and their carers. One person told us, "I feel like they are part of my family. My family really know the carers too."

A relative told us, "The carers were kind and professional whilst having to be persuasive and efficient." Another relative told us, "The staff at home care were so kind to me and [name] in continuing to do their utmost to help to keep [name] at home which was so important to [name]."

People told us that they liked the way staff supported them. They told us that staff made them feel relaxed by using good humour and happy banter. One person told us, "We have a laugh and that they are all very good. I couldn't wish for any better." One person said, "They support me to keep going." Another person told us, "They are kind and caring. They have a sense of humour. It's changed my life having them."

The latest quality assurance survey reflected positively on the staff. One person commented on, "Lovely carers, kind and thoughtful." Numerous thank you cards praised staffs kindness and professionalism.

Staff told us that they provided good care. One staff member told us, "Everybody cares. Our reputation is important and we have a good reputation locally."

People received individualised care and they told us that staff carried out tasks as people preferred. One person told us, "[Carer's name] helps me with my shower. I can do most myself but need them there to steady me and do the bits I can't reach. They encourage me to do what I can for myself." Another person said, "Everything is done just how I like it. It's perfect." We saw that people's individual likes and preferences were recorded although staff told us that they always asked the person how they wanted to be supported. One staff member said, "Care plans are helpful but we ask people first and foremost." We saw how routines promoted independence. For example staff left toothpaste on one person's toothbrush so that they could brush their teeth when they wanted to after the staff had left.

Everyone we spoke with felt that they were listened to. They told us that staff supported them in ways that they preferred. They told us that they always asked them what they could do for them. They also told us that support was assessed and reviewed to ensure it continued to meet their needs. People who used the service and their relatives told us that they had been involved in initial assessments of needs and subsequent reviews. They said that they had shared information with the agency about their likes and dislikes, needs and preferences. They felt that the agency had listened to them and relatives felt that the agency valued their knowledge of the person. This information sharing meant that staff could support people how they liked to be supported. A social care professional told us that during these reviews, "Carers are complimented on their commitment as carers, kindness, common sense, provision of high standard of care, and problem solving in difficult situations."

People told us that staff treated them with dignity and respect by always speaking to them in an appropriate manner. One person said, "They always speak appropriately. When I am having my wash they are careful to make sure the bathroom is warm. They always treat me well; look after my modesty if you know what I mean." Another person told us, "I am always treated with the utmost dignity and respect. They are all very sensible very professional."

Staff told us, "We treat people with dignity. On staff member gave us an example of how they did this. They said that they made sure curtains were closed or that the room was not overlooked. They also covered people discreetly while doing personal care to make people feel less embarrassed and more comfortable. One staff member also told us, "We talk to people about what we are doing. This helps them feel more relaxed."

Is the service responsive?

Our findings

People who used the service told us that they received a responsive service. They told us how they could alter times to suit their needs and appointments. They said that they could arrange extra support at key times. One person told us, "If I need to change my time I can ring up or ask the carer. They can usually support me." A relative told us, "Whenever care needed to be increased the management team would advise me of the best way to move forward and duly arranged the shift cover." One person told us that the service was very flexible. They told us, "They are excellent. Very accommodating."

One person's relative told us, "They [the agency] are responsive as my relative has variable mood which will change." Staff told us how they offered flexible support dependant on how the person was feeling. One staff member said that when the person refused support, "We try a different approach, have a chat and try again. We don't just give up." This demonstrated that staff responded to people's changing needs to ensure they received the appropriate support.

A social care professional told us, "We can depend on the agency to highlight change in circumstances. Carers will always report to their managers if there is concern etc. and managers will always act on the information quickly." This joint working ensured that people's circumstances were reviewed and reassessed to ensure the agency continued to meet their needs.

People were supported to maintain relationships with people who were important to them One relative told us, "I was involved in [relative's name's] assessment. They asked me a lot of little questions, history, likes and dislikes. It gave me confidence that the agency could meet [relatives] needs." Staff told us that they worked closely with people's families to ensure continuity.

People were able to express their views and wishes about how their care and support was provided. They were confident that their needs were met as they preferred and any changes to routines were promptly implemented. In conversations staff demonstrated that they knew people well and were confident they could recognise and respond to any changes in the person's needs.

People had their needs assessed before they received a service from the agency. This enabled the staff team to deliver care and support as and when the person required it. The registered manager told us that assessments were carried out and we saw that support plans were in place. These supported staff's understanding about how to care and support the individual. People were not all familiar with their written plans of care although everyone we spoke with was positive about the staffs' abilities to meet their needs in ways that they preferred. A staff member told us, "We look at the plans but more importantly we start by asking people." Other staff told us also that they talked with people to identify the little details.

People told us they were confident that their concerns would be listened to and acted on. Everyone we spoke with told us that if they weren't happy about something they would be confident to raise it with the staff, the office manager or the registered manager. One person told us, "I have never really needed to complain. I have a number here though and would ring that. I feel confident to bring up issues and think

they would sort them." Another person told us, "I don't need to complain but if I did I would ring the manager." Good!

A social care professional told us, "I cannot remember ever receiving a complaint about the service provided." The registered manager told us that they had never had a complaint about the service and they prided themselves on this. Staff said that if anyone had any worries they would try to address them but if they could not they would refer them to the registered manager who they were confident would take them seriously and take prompt action. The registered manager told us that there was a procedure in place that they would follow in the event of receiving a formal complaint. It included recording the complaint and responding to it in within set timescales. They also told us that they would record the outcome including any actions to be taken to prevent a reoccurrence.

Is the service well-led?

Our findings

People who used the service considered the agency to be well run. They said that Bridgnorth Homecare had a good reputation locally and they would recommend them to others. One person told us, "It has been good for me I would definitely recommend it." Another person told us, "They were recommended to us and I would certainly recommend them to others. I am more than happy with the service I receive." One person told us, "We have used two agencies before. These are the best. They are amazing in comparison to the others." The registered manager told us that the agency's good reputation meant everything to them. They felt part of the local community. People told us that Bridgnorth was a close knit community. Most people who used the agency lived in Bridgnorth. The registered manager said that this was why their good reputation was so important.

People were actively involved in the development of the service. This was done through effective communication. People told us that they were asked about what could be done better and said they felt confident to make suggestions. Staff told us how people who used the service were encouraged to make suggestions as to how to improve the service. They told us that the registered manager listened. For example, one person requested name badges to help people remember names and this is being implemented as good practice for all.

Bridgnorth Homecare is operated as a cooperative. This meant that the staff were self-employed. They told us that they received good support from the registered manager and good training opportunities. The registered manager understood their roles and responsibilities in relation to supporting staff.

People told us that they had regular contact with the registered manager meaning they could discuss any issues or changes to their care and support. Everyone spoke positively about the registered manager and the office manager. People said they were knowledgeable and approachable. One person told us, "The Manager is very approachable. This company is very professional."

People could be confident that they were supported by staff who were performing well because the registered manager carried out regular spot checks. The registered manager told us that these observations meant that they could review staff performance and attitude. Staff said that they were positive experiences in relation to monitoring their values and attitudes.

Staff understood their roles and responsibilities within the service. They all told us that the agency provided good care and support. One staff member told us, "They are brilliant at the office. Whatever we need they provide. They are always there to offer guidance and support." Another staff member said, "We get good support. I can't fault the manager."

Staff told us that meetings took place to discuss the running of the agency. Staff told us that they worked well as a team and gave examples of how they helped provide cover during times of staff sickness for example. Staff also told us that they had appraisals of their work. They said that that they would be confident to raise any issues or concerns with the registered manager. They knew about the whistle blowing

policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

Staff told us that they provided a good service and were proud to be part of the cooperative. There were arrangements in place in the event of an emergency and staff were confident that support would be available for them if needed. One staff member said, "People absolutely receive a good service. Any problems are managed quickly and efficiently."

A social care professional told us, "I can honestly say that they are the most reliable, experienced provider team we work with."

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any such notifications but the registered manager was aware of their responsibilities in relation to this. A notification is information about important events which the provider is required to send us by law.

People who used the service told us that they felt consulted in the way that the agency was run. There were systems in place to monitor the quality of the service. One person told us "I think I've had a couple of questionnaires over the years. I would recommend them 100%." Another person said, "The manager checks that staff are doing a good job. I've done questionnaires and have regular informal contact." The office manager showed us the latest questionnaires that reflected people were satisfied with the care and support they received. It showed that 100% of people who took part would recommend the service. Outcomes had been audited and responses shared to reflect openness. Strengths and areas of improvement had been identified.

We saw that the office manager audited records to check that the service was running efficiently. Care plans were audited and reviewed to ensure they continued to reflect individual needs. Staff files had also been audited to ensure all required information was available. Actions had been taken where shortfalls had been identified suggesting the process was effective. The registered manager told us that record keeping was an area where improvement was required. In response to this they had delegated some responsibilities for maintaining and reviewing records and processes to key staff. We saw that this action had already resulted in positive changes to show how the agency was performing in key areas. The shortfalls in certain areas of record keeping did not affect the quality of the service in any way.