Community Health Action Trust

Brookes Homecare Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Brookes Homecare Services is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were 51 people using the service. Everyone using the service lived within the London Boroughs of Harrow, Brent and Lambeth Council.

People's experience of using this service and what we found
People were safe and protected from avoidable harm. Care workers had received training and they knew how to identify and report concerns. There were effective systems and processes in place to minimise risks to people. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately. Care workers had been recruited using appropriate checks and thorough assessments. There were systems in place to ensure proper and safe use of medicines. People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

Care workers had received regular training and support, so they could carry out their roles effectively. They had also received an induction before they could provide care and support to people. People's care was tailored to their needs. There were arrangements to ensure people's nutritional needs were met. People had access to healthcare services. The service worked with a range of health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People's privacy and dignity was respected. Care plans described how people should be supported so that their privacy and dignity were upheld. Individual care plans considered people's values, beliefs, and wishes. This meant there were established ways of working which were person centred and not discriminatory. Confidential information, such as care records were only accessed by staff authorised to view it.

People received person centred care. Their assessments showed they had been involved in the assessment process. Care workers were knowledgeable about people's needs and they could describe to us how people liked to be supported. There was a complaints procedure in place, which people's relatives were aware of.

Quality assurance processes such as audits and spot checks were used to drive improvements. However. even though, incidents were appropriately escalated and investigated, the results were not widely shared with staff to raise awareness. The registered manager told us improvements were going to be made in relation to this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 16 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Brookes Homecare Services

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

Service and service type
Brookes Homecare Services is a 'domiciliary care service' where people receive care and support in their own homes. Therefore, the CQC only regulates the care provided to people and not the premises they live in. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 27 November 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with one person and six relatives to help us understand the experience of people who could not speak with us. We spoke with seven staff members, including the registered manager, care coordinator and five care workers. We reviewed seven care records of people using the service, seven personnel files of care

workers and records related to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems and some care records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of harm and abuse. There were safeguarding policy and procedures in place and staff were aware of this. Care workers had received safeguarding training to protect people from avoidable harm. They knew how to identify and report concerns, including notifying the local authority, the Care Quality Commission and the police when needed. Where safeguarding concerns had been identified, the registered manager had taken appropriate action.
• People told us they felt safe in the presence of care staff. One person told us, "Staff look after me well" and another person said, "I feel safe with staff who look after me."

Assessing risk, safety monitoring and management
• There were effective systems to minimise risks to people. People's care files covered a range of areas, including the environment and the medical conditions people were being supported with. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately.

Staffing and recruitment
• Care workers had been recruited safely. They underwent appropriate recruitment checks before they could commence work at the service. Pre-employment checks such as at least two references, proof of identity and Disclosure and Barring checks (DBS), had been carried out. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
• There were enough care workers deployed to keep people safe. Staffing requirements were subject to constant reviews because of people's changing needs. People told us care workers were always on time and stayed for the allotted time.
• The service had invested in an electronic monitoring system to log all care visits. This helped to ensure the management team had oversight of calls and could respond to any concerns immediately.

Using medicines safely
• There were systems in place to ensure proper and safe use of medicines. People received their medicines safely. Care workers had received training in medicines administration and had their competency assessed.
• People told us they received their medicines on time. A relative of one person told us, "My relative has never missed medicines."

Preventing and controlling infection
• People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
• Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and

aprons. They had also completed training in infection control and prevention.

Learning lessons when things go wrong

• There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance.

• These were analysed by the registered manager for any emerging themes. One incident had been recorded since our last inspection in 2017. However, we saw learning from this had not yet been shared with staff. The registered manager told us the incident was still under review and would be discussed with staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's assessments covered a wide range of areas including their social, religious, cultural and medical needs. Relevant guidelines were in place to inform good practice in areas such as medicines management and end of life care.
• People's care records contained information about their choices and needs. Everyone was supported to make choices about their care and support. This practice was consistent with values of person-centred care.
• A relative told us, "We are involved in the care of our relative. They ask us to be involved in reviews."

Staff support: induction, training, skills and experience
• Care workers had received regular training and support, so they could carry out their roles effectively. They had received training in areas such as infection control, safeguarding, moving and handling and medicines management.
• Care workers demonstrated good knowledge and skills necessary for their role. New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
• Newly employees shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
• Care workers who had been at the service for longer than 12 months also received an annual appraisal, including monthly spot checks to monitor their performance when supporting people.

Supporting people to eat and drink enough to maintain a balanced diet
• There were arrangements to ensure that people's nutritional needs were met. There was a nutrition and hydration policy to provide guidance to care workers on meeting the dietary needs of people.
• Whilst people's relatives or friends mostly prepared people's meals, their dietary requirements, likes and dislikes were assessed and known to care workers. Care workers could tell us about people's nutritional needs.

Supporting people to live healthier lives, access healthcare services and support
• People had access to healthcare services. Their care plans identified their needs and what input they required from a range of professionals, including GP, palliative care team and speech and language specialists.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

• The service was working within the principles of the MCA. Care workers obtained consent from people before they could proceed with any task at hand.
• People signed their own care plans. These showed consent to care and treatment had been obtained. People told us care workers asked permission before carrying out any care.
• Where people had been unable to consent to their care, best interest decisions had been made to provide support.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• The service treated people's values, beliefs and culture with respect. Steps had been taken to meet people's needs. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. The service had relevant policies in place, including, equality and diversity.
• There were practical provisions for people's differences to be observed. For example, the service matched care workers according to people's interests, including, language, religion and culture. For example, there was evidence where the service had allocated Gujarati speaking carers where this was required.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. One person told us, "Staff are respectful of my personal space." Another person told us, "Staff attending to my needs are always courteous."
• Care workers described how they supported people so that privacy and dignity were upheld. They told us they rang doorbells or knocked on doors before entering their homes, closing doors and drawing curtains when undertaking personal care.
• People were supported to maintain their independence. People's relatives told us about how staff took time to support people to participate as fully as they could.
• Confidential information, such as care records were only accessed by staff authorised to view it. Confidentiality policies had been updated to comply with the necessary General Data Protection Regulation (GDPR) law.
• People's care records were stored securely in locked cabinets in the office and, electronically, which meant people could be assured that their personal information remained confidential.

Supporting people to express their views and be involved in making decisions about their care
• People told us they had been fully consulted about their care. Their care records contained information about their choices and independence.
• Care plans instructed staff to offer people choices and care workers understood the importance of this. They were knowledgeable about people's preferences.
• People's care records showed they were involved in planning their care and support. We also noted from their records that their care plans were reviewed with them regularly and when their needs changed.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People received person centred care. We observed a range of practices that reflected person centred care. People's assessments showed they had been involved in the assessment process. Care workers could describe how people liked to be supported.
• People's relatives confirmed their relatives had a regular team of care workers, which ensured care workers were more familiarised with people's needs. A relative stated, "My relative really valued the continuity of care that you provided. This consistency of good quality care enabled my relative to remain at home until they passed away."
• People's care plans gave a comprehensive account of their likes, dislikes and needs, and actions required to support them. We saw people had specific care plans outlining what their conditions meant to them and how it affected them. This ensured they received care that met their needs.
• Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred. Throughout this inspection we saw good examples of how the service was meeting requirements of AIS.
• People were matched with care workers on grounds of a mutual language or interests. For example, one person who spoke Guajarati was matched with a Guajarati speaking care worker.

Improving care quality in response to complaints or concerns
• A complaints policy was in place. People were given a copy of the complaints procedure from the onset. People and their relatives felt they would be listened to if they needed to complain or raise concerns.
• Seven complaints had been raised since our last inspection. These had been investigated and concluded in line with the providers complaints policy. This meant the registered manager listened to people who used the service and their relatives and acted promptly regarding any concerns.

End of life care and support

• The service provided end of life care to some people. End of life care plans were in place. This identified their needs, wishes and preferences and ensured the person was supported to maintain their dignity and wellbeing at the end of their life. We read feedback provided by relatives of people who had been receiving end of life care, which included, "I would like to thank you on behalf of my [relative] who sadly passed away. My [relative] was very well cared for, with staff, who showed [them] a lot of compassion and kindness during the last few days of [their] life."
• Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form was in place. All DNACPR paperwork was appropriately completed and signed by a GP and staff nurse. This ensured people's choices were met when they could no longer make the decision for themselves.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Care was planned to meet people's needs, preferences and interests. The service promoted an open culture, which encouraged people and their relatives to be involved in care. A wide range of approaches were used to involve people, including care reviews, spot checks and surveys. This ensured people were consulted and given opportunities to comment about their care.
• Care workers felt involved in the running of the service. Regular staff meetings took place and care workers told us they were free to express their views. We saw from the minutes that staff could make suggestions for improvement, which were acted on.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The service had a clear management structure consisting of the registered manager, care coordinator and field supervisor. Care workers were well informed of their roles and reporting structures. They described the management in terms such as "kind, empathetic, supportive and approachable." People's relatives were equally complimentary.
• We found the registered manager to be knowledgeable and committed to providing quality care. The service had carried out regular quality assurance monitoring. This included reviews of people's support and monitoring the quality of care. All issues identified were then acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The service carried out regular surveys to gather information from people about their experiences with the service. Results from one carried out in September 2019 were positive. Responses from people included, "The staff are very helpful and willing to help. They are mostly on time. They work very hard and very helpful."
• A range of quality assurance processes such as audits and spot checks had been used to drive

improvements. For example, the registered manager had implemented an electronic rostering system and a call monitoring system to improve staff deployment and punctuality. Additionally, care workers were deployed geographically, which reduced the amount of time they had to travel between calls.

Continuous learning and improving care

• There were quality assurance systems in place to assess and monitor the quality of the service. However, the system for monitoring accidents and incidents was not fully utilised to facilitate learning. Even though, incidents were appropriately escalated and investigated, the results were not widely shared with staff to raise awareness. The registered manager told us improvements were going to be made in relation to this.

Working in partnership with others

• The service worked in partnership with a range of health and social care agencies to provide care to people. There was also ongoing work with a local hospice, local authority and local Clinical Commissioning Groups.