

Broomhill Care Services Limited

# Broomhill Care Limited & Broomhill24 Limited

## Inspection report

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30 November 2015

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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

This inspection took place on 26 & 30 November 2015 and was announced.

Broomhill Care Limited & Broomhill24 Limited provides personal care for people in their own home. There were 44 people using the service when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they felt safe when the staff were with them in their home. Staff knew how to protect people from the risk of potential abuse and the action they would take if they had concerns. People had their individual risks assessed and reviewed, and staff followed the plans in place. Staff employed were able to meet people's needs and provide their care at the times people wanted. Where people had live in care staff they told us there was always a member of care staff in their home at the arranged times day and night. People looked after their own medicines; however staff would remind them when they were there.

Staff received regular training at the office from an internal trainer and also sourced additional external training where needed. Staff were knowledgeable about their roles and responsibilities. The staff skills, knowledge and experience supported people with their care and support needs.

People were involved in making decisions about their care and their consent was appropriately obtained by staff who cared for them. People who could not make decisions for themselves were supported by representatives or family members to gain an understanding of the person's care needs. Care plans were in place and provided staff with details of the care people wished to receive. People's meals were prepared where needed and they got the meals they enjoyed or chose. People told us they got healthcare appointments as required to meet their needs and staff had helped to arrange transport or the provider had taken them.

People told us they enjoyed the company of care staff when they visited to provide the care needed. People felt the care they had received met their needs. They also felt encouraged to be involved in their care needs where able and were comfortable that their dignity and privacy was respected by staff.

People spoke with us about the provider, registered manager and assistant manager being accessible when they needed to contact them. People, their family members and staff felt able to speak with the management team and provide feedback on the service. The management team had kept their knowledge current and they led by example. The provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

## 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 received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care and social needs and manage risks.

### Is the service effective?

Good 

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

### Is the service caring?

Good 

The service was caring.

People and relatives were happy that they received care that met their needs, reflected individual preferences and maintained their dignity and respect.

### Is the service responsive?

Good 

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required.

## Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

# Broomhill Care Limited & Broomhill24 Limited

## **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 26 & 30 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. No concerns had been shared from the local authority.

We spoke with six people who used the service and three relatives by telephone. We spoke with six care staff, one training supervisor, one administrator, the assistant manager and the provider.

We looked at three records about people's care, computer records that monitored call times, complaint and compliments file, incident forms and quality audits that the registered manager and provider had completed.

# Is the service safe?

## Our findings

All people we spoke with told us that while staff were in their home they felt safe and were happy that care staff were respectful of their home and possessions. One person said, "I not worried about safety. I feel safe knowing they will look after me". Staff told us that they also made sure that when they left the property it was as the person wanted. One care staff said, "I always make sure it's tidy". One relative said, "They always knock and shout hello before coming in, saves me having to get up". All people we spoke with were happy that their home was left secure by care staff.

Staff told us they knew what steps they would take if they suspected any abuse or had concerns. Although they had not had to do this they told us they felt assured their manager or office staff would take action to deal with it. They knew what types of abuse people were at risk of and some of the signs they may display. For example, if a person's changed their behaviour or had unexplained bruising. Staff told us about how they accessed people's home and left the home as instructed or detailed in care plans.

When people started receiving care from the provider their risks had been considered to help reduce the risk of harm. These were reviewed regularly or as required if there were any changes and records were seen in the care plans we looked at. Three people told us that staff followed the plans that were in their homes. The provider had also assessed the risks for staff working in people's homes. For example, keeping the kitchen area clear of clutter. All staff were told us they were aware that how to provide support in a safe way and each home environmental risks had been considered.

All people we spoke with told us that the staff arrived when they should. The assistant manager told us they had enough staff to cover the number of calls people required. They also ensured that people received care from the appropriate number of staff with the right skills. For example, people who required two staff members or had a particular care need. There was also two members of the office staff that were able to provide cover when staff were poorly or on leave. Everyone we spoke with told us they had access to emergency contact numbers if they needed advice or help when the office was not open.

Three people we spoke with told us the care staff looked after their medicines for them. One person told us staff provided helpful reminders when providing care. Where people required the support of staff with their medicines the staff were trained and had an understanding of what the medicines were for. The registered manager had looked at people's medicine records monthly and where any gaps or concerns had been noted the care staff were supported with supervision and training.

## Is the service effective?

### Our findings

All people we spoke with told us they knew the care staff had received training and knew how to look after them. One person said the care staff were, "Really quite competent". One family member that we spoke with said, "I know the staff receive regular training and talk about it to us".

All staff told us they felt the training provided them with the skills and knowledge to provide people with the care they needed. They felt that the support from the provider and registered manager in supervisions and observations in people's home meetings helped them provide the right care. One member of staff said, "It's a supportive place to work". Staff also felt the managers were available and able to talk to them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded in their care plans and where able had signed them. Records showed the involvement of the person in discussing their wishes and needs.

Two care staff we spoke with told us that they always listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes.

Three people we spoke with told us where meals were made for them staff would follow their requests and would also make and leave something for them to eat later. One person said, "They heat up the meals for me". People also told us that care staff always made or offered them a drink while they were there. Two people told us they had dinks left for them for easy access. All care staff we spoke with told us that us that where people needed help with meal preparation they followed the person's choice.

All people told us they or their relatives were supported in looking after their health appointments. One person said that, "They are good at arranging my transport for appointments". All care staff we spoke with told us they would help people arrange healthcare appointments where needed. The provider told us they offered support to people in arranging or providing transport. Staff said that they worked alongside other health professionals to help people get the care at home they needed. For example, matching calls times with district nurses.

## Is the service caring?

### Our findings

All people we spoke with said that they got on well with the care staff and had regular carers. One person told us that the staff were great and that "They (staff) are really prepared to suit me with what I want".

People told us staff chatted to them to find out about them and their lives and what was happening in their day to day lives. Where people lived with relatives they were also included in conversations with care staff. One person said that staff, "They are all friendly". One staff member said "I go and sit, chat and look at books with them".

Staff explained they enjoyed getting to know people by chatting with them and their families. Also they felt reading people's care plans gave them information about the person and topics that may interest them. One relative told us that "The staff know [person] well. When I go out I know they are in good company".

All people we spoke with felt involved in their care and that staff asked them how they would like their care to be given. One person said, "They fit around my schedule". People also felt that where staff knew them very well, that they got into a routine that suited their preferences. One person said that when they started using the service the registered manager discussed the care they wanted and they confirmed that is the care they received.

Staff explained that they always involved people in decisions about their care. For example, one member of staff told us how they had involved one person in decisions about seeking help from health professionals when they felt unwell. The staff member had taken time to explain to the person what help was available to allow them to make a decision about who to contact. All relatives that we spoke to confirmed that staff "Will ask for my advice and will listen to what I say" if they had been unsure about anything.

All people felt staff provided them with the opportunity or encouragement take part in their personal care, where they were able to do this. They told us this meant their independence was maintained. People told us that staff were respectful and were careful to ensure their privacy and dignity were respected. One person told us that they felt staff took care in their home and "good at protecting my modesty".

Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. All relatives felt comfortable with the care staff and how their relative's care was provided.



## Is the service responsive?

### Our findings

All people that we spoke with told us they got the care and support they wanted from staff who responded with kindness. One person told us the staff, "Always check me over, to see if anything's changed." All staff we spoke with knew the type and level of care and support people needed. For example, if people had a particular illness they knew how it affected the person and what actions to take if something changed.

All people we spoke with told us that they were happy that the staff would listen and respond to any changes in their care needs. One person that had 24 hour care said, "They changed the times of their breaks to suit my needs better". Another person told us that the staff were flexible to meet their needs and "They (staff) go out with me when I need to".

People's care needs were recorded after each visit and these were collected and reviewed by the registered manager at the end of each month. In addition any changes to people's care or support needs were communicated to care staff. These included any appointments that had been attended and any follow up appointments and changes to medicines. Staff also confirmed that any immediate changes were sent through to them with a telephone call or text message.

We saw three people's care records that had been reviewed and updated regularly or when a change had been required. All people and staff we spoke with felt that records reflected current care needs. Records showed people's preferred way to receive care and provided guidance for staff on how to support the individual. For example, the steps needed for each personal care task. People told us that their care was reviewed regularly by the provider, and people said that they would be happy to discuss any changes that they would like.

People we spoke with told us that they were happy and had no reason to make a complaint. They told us they were comfortable to approach the staff to raise issues or concerns. One person said, "My daughter raised a small issue and it's better since". One relative told us they had raised some small concerns but were happy these were dealt with immediately. Each person that used the service had been visited monthly by a member of the management team to collate and update paperwork and provided an opportunity to raise any comments.

The provider had a formal complaints process in place and this had been included in people's paperwork when they joined the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns.

## Is the service well-led?

### Our findings

All people felt supported by a consistent staff team that understood their care needs. All people who we spoke with knew their regular care staff and were confident in the way the service was managed. One person told us, "They are great in my opinion" and another person said, "I don't have any reason to change a thing". People told us the office was easy to contact and that calls were always answered. One relative commented, "They are excellent". The provider ensured that help or assistance through this number was available at any time. Where calls were outside of the office hours they were recorded and followed up as needed.

People and relatives told us they completed questionnaires which had asked for their views about their care and they were visited in their home by the registered manager. One person said, "Once a month I talk with them. I can always call them as well". The Home visits had been recorded and we saw where people had made comments changes had been made. For example, one person had not been happy with the consistency of staff. The records showed that the person's concerns had been addressed and resolved.

The registered manager had reviewed people's calls to ensure that staff called when expected, stayed for the agreed time and all tasks had been completed. They told us if required they would contact the local authority or speak with people about changes to the number or length of calls needed. We saw that one person had reduced the number of calls as they had become more independent.

We saw that when staff were together in the office they were relaxed and friendly towards each other. When staff discussed people's health and well-being the conversations were respectful. When staff were talking to people on the telephone they were kind and helpful, and provided assurance to people where required.

The provider had ensured that people and staff knew who the registered manager was and all people and staff told us they were approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One member of staff said, "There is always someone available on call" which they said supported both them and the people they provided care for. The provider and deputy manager told us that they had a good team of staff that supported people to remain in their own home.

The provider told us they kept theirs and the registered manager knowledge current with support of other external professionals. They used information from the Social care Institute for excellence, CQC and Skills for Care. They felt these supported them in guidance about best practice and any changes within the industry.