

Bracknell Forest Borough Council

# Bracknell Forest Borough Council - Intermediate Care

## Inspection report

Time Square  
Market Street  
Bracknell  
Berkshire  
RG12 1JD

Tel: 01344351450

Website: [www.bracknell-forest.gov.uk](http://www.bracknell-forest.gov.uk)

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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 6 and 7 January 2016 and was announced. We gave the service 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. The service was last inspected on 3 February 2014 and was compliant with the essential standards we assessed.

Bracknell Forest Borough Council - Intermediate Care is a domiciliary care service providing personal care to people living in Bracknell Forest. The service provides short term support and therapy to people in their own homes and is designed to maximise people's independence and reduce their need for long term packages of care. They also aim to facilitate safe discharge from hospital and prevent avoidable admission or readmission to hospital or care settings. People are provided with short term packages of care to increase their independence, usually lasting between six and eight weeks. Bracknell Forest Borough Council - Intermediate Care has recently added end of life care as part of the services they provide for people in their own homes. At the time of our inspection the service was providing personal care to 28 people.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were protected from risks to their health and wellbeing and were protected from the risk of abuse. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff received training to enable them to do their jobs safely and to a good standard.

People were treated with respect and their privacy and dignity was promoted. People said their care and support workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to improve and maintain their independence. Professionals said the care and support provided by the service helped people to be as independent as possible.

People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were managed well and staff administering medicines were only allowed to do so after passing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed weekly or as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. People confirmed they were involved in decision-making about their care and support needs.

People benefitted from receiving a service from staff who worked well together and felt management worked with them as a team. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

## 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 protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service.

### Is the service effective?

Good ●

The service was effective. People were supported by staff who received induction and training suitable for their roles. People benefitted from staff who were supervised and supported in carrying out their work.

Staff promoted and encouraged people's rights to make their own decisions. The managers had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards, although not applicable to the people currently using the service.

### Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful. People were treated with kindness and respect.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service was responsive in recognising and adapting to people's changing needs. People's right to confidentiality was protected and they were made aware of how to raise concerns.

### Is the service well-led?

Good ●

The service was well-led. People benefitted from a service that was managed well and had strong leadership.

Effective systems were in place to enable the service to monitor the quality of care and support that people received.

People benefitted from personal records that were up to date and reflected their needs and wishes. People benefitted from a staff team that worked well together and felt supported by their managers.

# Bracknell Forest Borough Council - Intermediate 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 6 and 7 January 2016. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

Prior to the inspection we sought feedback from people who use the service, their relatives, staff and health and social care professionals. We looked at all the information we had collected about the service. This included the previous inspection report and any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We obtained the views of 11 people who use the service, one relative, 25 members of care staff and 15 health and social care professionals.

We looked at four people's care plans, four staff recruitment files, staff training records, the staff training log, staff supervision and staff appraisal logs. Medicines administration was checked. We reviewed a number of documents relating to the management of the service. For example, managerial audits, staff meeting minutes, safeguarding investigation reports, complaints and incident records.

# Is the service safe?

## Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. Staff were aware the company had a lone working policy designed to keep them safe. Staff were provided with details of the company's whistle blowing procedure on induction and had access to the policy if needed.

People felt safe from abuse or harm from their care workers. We saw from the service's safeguarding records that any allegations were taken seriously, reported to the local authority safeguarding team and also notified to the Care Quality Commission as required. The records contained details of actions taken by the service as well as the outcomes of the investigation. The local safeguarding team felt the registered manager worked well with them and always took any required action swiftly.

Risk assessments were carried out to identify any risks to people, or the staff, when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any identified risk. For example, environmental risks to staff and risks to people related to falls and moving and handling.

The service assessed the environment and premises for safety as part of the initial assessment. For example, slip and trip hazards and equipment to be used when providing the package of care. Other areas assessed for staff safety included the area local to the home of the person receiving the service, and other risks related to staff lone working and lone travelling. Care plans documented what actions needed to be taken by staff to reduce or remove risks to themselves. For example, moving and handling risk assessments set out measures staff should take to reduce risks when carrying out any moving and handling tasks.

The service had emergency plans in place in case there were threats to the running of the service, such as severe weather. The registered manager explained the severe weather plan included details of staff who had access to 4 x 4 vehicles and who would be able to provide transport to other staff. Staff rotas would be reviewed and amended so that staff within walking distance of people receiving a package of care could provide the support as needed.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required of the regulations. For example, proof of identity, full employment histories, evidence of conduct in previous employment and criminal record checks. The registered manager had introduced a checking system to ensure all required information was in place before allowing new staff to commence their employment.

The majority of people, or their relatives, looked after their own medicines. In instances where the service supported people with medicines we saw this was set out in their care plans. The plans contained clear instructions to staff as to whether staff needed to prompt, assist or administer the medicines. The care plans also gave a definition of the three levels of assistance so staff were clear on what they needed to do. Staff had received medicines training to ensure the right people received the right drug and dosage at the right

time. This was documented in their training records. At the time of our inspection only one person was being assisted with their medicines. The care plan and medicines administration records were up to date and correctly completed by the staff administering the medicines.



## Is the service effective?

### Our findings

People received effective care and support from staff who knew the people well and were well trained. At the start of each intermediate care package a small team of three staff were allocated to each person so that staff were able to quickly understand the needs of the individual and so that the person was able to see the same staff through to the end of their package of care. One person commented on their service feedback form: "The care given me made it possible to stay in my own home with confidence." Other people said the care and support workers had the skills and knowledge to give the care and support needed. A relative commented: "They gave me great support for my family member."

People were protected because staff had received training in topics related to their roles. Staff training records showed they had received induction training when they first starting employment with the company. Previous induction training had followed the Skills for Care common induction standards. The provider was aware of the new Care Certificate which replaced the common induction standards in April 2015. The training department had developed and implemented a new induction training programme for all new staff which was based on the Care Certificate.

We saw staff had received induction or update training in topics such as personal care, first aid, health and safety, food hygiene, fire awareness and moving and handling. Other training routinely provided included medication, safeguarding adults and the Mental Capacity Act 2005. Additional training had been provided and included dementia awareness and person centred care. The registered manager had arranged for staff to meet and have sessions with local MacMillan nurses when end of life care was introduced to the service provided. The service also had an arrangement with a local hospice where staff could go to the hospice as volunteers to gain experience of the work and ethos of the hospice. Although the staff were volunteering at the hospice, the service paid the staff for the time spent there as there was a direct benefit for people receiving end of life care. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences. People felt the care workers had the skills and knowledge to give them the care and support they needed. Health and social care professionals felt the care staff were competent to provide the care and support people needed. One professional commented: "This is a very good service that provides the highest level of care. All staff are very committed to their work."

Staff were supported to gain additional qualifications. Of the 38 staff, 10 held a National Vocational Qualification (NVQ) level 2 in care and 15 held an NVQ level 3. One staff member held a level 2 Qualifications and Credit Framework (QCF) award and one held a QCF award at level 3.

Staff had one to one meetings (supervision) with their manager every six to eight weeks to discuss their work and training requirements. Other supervision sessions included direct observational sessions, which were carried out at least four times a year. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision provided showed staff were up to date with their supervision and direct observational sessions. The registered manager was provided with supervision by her manager. All staff had annual appraisals of their work and records showed all were up to date.

People's rights to make their own decisions, where possible, were protected. People told us they were involved in decision making about their care and support needs. Care plans incorporated a section for people to sign to say details of the package of care had been explained to them on the first day of the service. Staff recorded in people's visit notes that they had sought and been given consent to provide care. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff confirmed they had received training in the MCA and understood their responsibilities under the act.

The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The DoLS did not apply to the people currently using the service.

Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. Where people were not eating well staff would highlight that to their registered manager and advice would be sought from a dietitian if necessary.

The intermediate care team at Bracknell Forest Council was made up of a range of different health and social care professionals. The intermediate care team worked closely with the service and were involved in planning the health and social care and treatment packages for all people. They were also involved in the weekly multidisciplinary team meetings which were held to review and ensure people were being supported to reach and meet their goals. The team was available to staff at the service for advice and assistance as and when needed. Records showed that any health or welfare needs identified were dealt with swiftly, with input from relevant health and social care professionals as needed.

## Is the service caring?

### Our findings

People told us their care and support workers were caring and kind. On feedback forms sent to the service comments received included: "Every one of your staff were bright and cheerful and made me feel very comfortable.", "The staff that came to me were very nice and put me at ease. They seemed to be very caring, not just a job." and "Staff were very understanding in all aspects, friendly and positive." A health professional said they were very happy with the care and support provided. Another commented: "The staff are conscientious and raise any concerns immediately to the service manager and those involved in the person's care. I would happily have a parent or sibling supported by this service."

People were consulted and had signed to confirm they were aware of and understood the contents of their care plan folder. Staff knew the people who use the service and how they liked things done. Staff told us the time allowed for each visit meant they were able to complete all the care and support required by the person's care plan. People confirmed staff turned up on time, stayed the correct amount of time and completed everything they should do during their visit. People told us they received care and support from familiar and consistent care and support workers.

People told us staff always treated them with respect and dignity. This was confirmed by health and social care professionals who told us people who use the service were always treated with respect and dignity by the staff. One professional commented: "I have worked with many people who I have put intermediate care in place for. The feedback I receive has always been wholly positive."

People were supported to be as independent as possible. Staff told us they encouraged people to do the things they could and the care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The service was set up to enable adults to remain in the community by providing short term support and therapy to people in their own homes. The service was designed to maximise people's independence and reduce their need for long term packages of care. The care plans gave details of things people could do for themselves and where they needed support. Care plans had clear goals that people and their support staff were working towards. People told us the support and care they received helped them to be as independent as they could be.

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their induction training as well as the provider's mandatory training in data protection. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

## Is the service responsive?

### Our findings

People received support that was individualised to their personal needs. The registered manager explained that they received a detailed assessment of need from a member of the local authority intermediate care team, which would be the basis for the care provided during the first visit. The care plan would then be expanded on, following the findings during the first few visits. Goals to enable the person to achieve maximum independence were set and incorporated into the care plans. The subsequent input of staff and members of the intermediate care team focused on helping the person reach their goals.

People's individual likes and preferences in the way they wanted things done were not always included in the care plans we saw. The registered manager explained that they had identified that the care plans were not written in a person-centred way and had already identified that as an area for improvement. We saw the new care plan templates that were being introduced with all new clients from the week of our inspection. The new care plans had been designed to focus on the person and ensure they were at the centre of the package of care. Their likes, dislikes and preferences would be explored and documented at the start of the service, as well as their preferred daily routines and the way they liked things done. Although we found care plans in use were not wholly person centred, the daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done. All people said they were happy with the care and support they received from the service. Health and social care professionals said the service made sure its staff knew about the needs, choices and preferences of the people they supported.

Risk assessments were incorporated into the individual care plans. Actions staff needed to take to reduce the risk had also been identified and included in the care plans. People's needs and care plans were regularly assessed for any changes. The care plans we saw had all been reviewed within the previous two weeks. This was to check the person's needs had not changed, that their care plan was up to date and that the measures introduced were helping the person achieve their identified goal.

People's changing needs were monitored and the package of care adjusted to meet those needs. Staff would report any changes to the office, write the change in the daily notes and contact other staff to advise them of the changes where necessary. People told us they were involved in decision making about their care.

People were provided with an information pack and service guide at the start of their package of care. The information pack provided details of their package of care, important contact numbers for the service, how the service worked and how people could complain or raise concerns. People told us the information they received from the service was clear and easy to understand. They knew who to contact at the agency if they needed to and knew how to raise concerns they may have. People told us the staff at the service and their care staff responded well to any concerns they raised.

## Is the service well-led?

### Our findings

People received a service from staff who worked in an open and friendly culture. Staff told us their managers were accessible and approachable and dealt effectively with any concerns they raised. One staff member commented: "I am not afraid to ask managers questions if I am not sure about anything, and I get a good response."

People benefitted from a staff team that were happy in their work. Staff members told us their managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to their managers. Comments seen on feedback forms from people included: "A fantastic bunch of staff." and "Very helpful and nice care staff."

Staff told us managers were open with them and communicated what was happening at the service and with the people they support. They felt well supported by their managers. Team meetings were held every two months and each team meeting was repeated on two or three different dates to ensure all staff were able to attend. One member of staff told us: "We have regular discussions on how to improve the service." and another commented: "If I have or come across a problem, my line manager, supervisor or other professionals have been available to give advice."

Feedback on the service provision was sought by the care co-ordinators and the seniors when they visited people during the period they received care, and remedial action was taken if issues were raised. Feedback was also sought from every person when their package of care came to an end. The responses we saw were all positive regarding the care and support provided.

The service had carried out a survey in September 2015 with people who had used the service and whose packages of care had finished. One of the outcomes of that survey was that people had been "fed-up" with having to repeat their history and story a number of times. This had led to a change in the way the service allocated staff. The care workers were divided into a number of small teams of three. When a new person started to use the service they were allocated to one of those teams. This meant the provision of people's care package was consistent, staff were able to quickly get to know the person and their goals as people always received support from the same members of staff. People were also able to get to know a small number of staff and knew who to expect to arrive and provide their care and support. People confirmed the support they received was consistent.

The provider carried out audits of all areas of the running of the service every six to eight weeks. The audits were based on the Care Quality Commission's key lines of enquiries under the five questions we always ask, is the service safe, effective, caring, responsive and well-led. The audit reports included findings and actions required for any areas of improvement identified. At each audit the outcome of the actions from the previous audit was checked and recorded. The registered manager told us the findings of the audits were also discussed during her supervision meetings with her manager every six weeks.

To assess the success of the service, the registered manager carried out an audit of people who had received

packages of care for a six week period in October and November 2015. The audit took place in December 2015. The registered manager found 82 people had been supported during that time. Of those 82 people, 64 had returned to independence and were able to remain in their own homes with no further need of support.

Health and social care professionals told us the service cooperated with other services and shared information when needed. They said the service staff acted on any instructions and advice they gave. They felt the service was well managed and that managers and staff were accessible and approachable. One professional commented: "Every member of the intermediate care team makes the service person centred, effective and efficient. This stems from the management ethos, personable approaches and flexible and adaptive ways of working."

All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. The registered manager oversaw and monitored staff training and was aware of what training staff had received or needed to be booked. Care plans, daily records and risk assessments were reviewed on an ongoing basis, any changes were recorded on the care plan and in daily records. Records were up to date, fully completed and kept confidential where required.