

Bridgnorth Homecare Co-Operative Limited

Bridgnorth Home Care Co-Operative

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

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. At the time of the inspection 26 people used the service.

Bridgnorth Home Care Co Operative provides personal care and support to individuals within their own homes. CQC only inspects the service received by people provided with their personal care and help with tasks related to personal hygiene and eating.

People's experience of using this service and what we found

People's care and support had been planned in partnership with them and their relatives where appropriate. People felt listened to about how their care would be delivered.

People were positive about the service they received and said staff were kind and caring. People continued to be treated with dignity and respect and were fully involved in their care planning and delivery. People's right to privacy was upheld, this was confirmed by people we spoke with.

Care and support had been assessed and people were aware of times and days when they were supported by the agency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe and received the best possible care.

The service was flexible and care packages were updated when changes occurred to meet people's needs and choices. There was excellent communication and strong links between the management team, staff and people they supported. Comments from people confirmed this. This ensured they received the care and support they required.

Healthcare professionals told us the service provided person centred care focusing on people's needs as an individual and giving them the opportunity to make informed decisions about their care.

Staff continued to be recruited safely, appropriately trained and supported. People told us their visits were well managed and staff who visited them knew them well and the service was consistent.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. People told us they had no concerns about their safety whilst in the care of staff supporting them.

The service had a complaints procedure which was made available to people and their family members. No complaints had been received since the last inspection. People told us they were happy with their service and had no complaints but knew the procedure should they need to.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided.

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

Rating at last inspection (and update)

The last rating for this service was Good (published September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about 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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Well-Led

Details are in our Well-Led findings below.

Bridgnorth Home Care Co-Operative

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection site visit activity started on 18 June 2019 and ended on 19 June 2019. We visited the office location on 18 and 19 June 2019 to see the registered manager; and to review care records and policies and procedures.

What we did before the inspection

Before our inspection we completed our planning tool and reviewed the information we held on the service.

This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also sought feedback from professionals who work with the agency.

As part of the inspection we used information the provider sent us in the Provider Information Returns. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, two relatives and five staff members about their experience of the care provided. We also spoke with the registered manager and office manager.

We reviewed a range of records. These included the care records of two people, arrangements for staff recruitment, medication procedures and records relating to the management of the service.

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 good.

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 abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm. They knew who to report concerns to.
- People told us they were happy with the care and felt safe in the knowledge good staff supported their relatives. Comments included, "They have been great with [relative]. It makes me feel safe in leaving them in their care." Also, "We have trust and are happy that they are safe in the care of this agency."

Assessing risk, safety monitoring and management

- The service managed risk through effective procedures. Staff understood where people required support to reduce the risk of avoidable harm. Care plans confirmed a person-centred risk-taking culture was in place to ensure people were supported to take risks and promote their independence.
- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. These had been kept under review by the registered manager and updated when required to ensure staff had access to updated information to support people safely.

Staffing and recruitment

- Suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way. People told us staff were reliable and didn't let their relatives down. One person said, "I cannot remember the last time they were late. They always seem to be on time." Another person said, "Always on time and nothing is too much trouble for them."
- Staff told us their visits were well managed and they were able to support people without feeling rushed or under pressure.
- Recruitment continued to be safe and managed well. Checks had been made before new staff had commenced their employment. This was confirmed by a staff member who recently started with the agency.

Using medicines safely

- Medicines continued to be managed safely and people received their medicines when they should. Where people were supported, we found medicines were managed in line with good practice guidance.
- People told us they were happy with the support their relatives received with their medicines.

Preventing and controlling infection

- The service continued to have effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care. One person said, "The girls all wear aprons and gloves when they come here because I need support with medication cream. They are all fantastic human beings."
- Staff received training and regular audits were carried out to ensure standards were maintained.

Learning lessons when things go wrong.

- Systems were in place to record and review accidents and incidents. No incidents had occurred however they would investigate and actions put in place to minimise future occurrences. The registered manager informed us lessons learned would be shared with staff to improve the service and reduce the risk of similar incidents.

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 now remained the same good.

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

- The management team completed assessments which were comprehensive to ensure people's needs could be met. We noted in records outcomes had been identified, discussed and agreed with the person. Following the assessment process documentation detailed an approach towards providing person-centred care. Records were consistent and staff provided support that had been agreed during the assessment process. One person said, "We went through the assessment process and they worked around me."
- We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care and support for people was reviewed regularly or when people's needs changed. Care records were updated, we saw evidence of this when their needs changed.

Staff support: induction, training, skills and experience

- People received effective support from staff because they were supported by trained staff who had a good understanding of their needs. All new staff had received a thorough induction on their appointment to ensure they had the appropriate skills to support people with their care. Staff we spoke with confirmed this. Staff told us they were supported by the registered manager to develop their knowledge and skills through induction, supervisions and training. Comments included from staff, "No issue with training courses we are always supported by the manager." Also, "No place is better for training opportunities and updating our skills."
- Staff told us they felt well supported and the management team were always available if they needed them.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed where required. Care plans confirmed people's dietary needs had been assessed and support and guidance recorded. People told us they were happy with the arrangements to support their relatives with their dietary needs.
- Staff confirmed they had received training in food safety and were aware of safe food handling practices.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with healthcare professionals to ensure people received a good standard of care. Evidence in care records of health care needs and contact with health care services including GPs. This

ensured people were supported by healthcare services in a timely manner.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were monitored and discussed with the person or family members as part of the care planning process. One person said, "Any problems with my health and they would contact the doctor."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care.

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 good.

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

- People were supported by caring and respectful staff. People told us they received the same staff regularly that helped to build relationships, trust and understood their needs. Comments included, "They treat me very well never had a cross word." And, "Exceptionally good staff who respect and always treat me so well." We received positive feedback about the approach of staff and the care and support delivered to people.
- Staff had a good understanding of protecting and respecting people's human rights. Care plans contained information in relation to each person's dignity and privacy and how staff should respect that. It was evident through care records and discussion with people, the attitude of staff was personalised and focused on retaining and promoting people's independence. Care records seen had documented people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems to ensure people's human rights were upheld.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- People supported by the service or a family member had been encouraged to express their views about the care required. One person told us, "We did get involved because we needed to know that and make the decisions ourselves."
- Information was available about local advocacy contacts, should someone wish to use this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity when delivering personal care. A relative said, "The carers are respectful and always mindful they are in someone's home and treat my [relative] with dignity." People told us staff always asked for consent when they supported them with care needs.
- Staff and the registered manager informed us they were aware to ensure when people received personal

care they were supported in private. This was behind closed doors within the home if required.

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 remained the same good.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service did not support people on end of life care. However, they would explore people's preferences and choices in relation to end of life in case of a sudden death.
- Healthcare professionals worked with the service. Staff told us they reported healthcare concerns to them and would stay with the person until they arrived.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided care and support that was focused on individual needs, preferences and routines. Relatives told us how their family members were supported by staff to express their views and wishes.
- Care records we saw were person-centred and individualised documents. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be best met. These included people's personal care needs and nutritional support. Staff spoken with were able to describe people's individualised needs and support they provided.

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.

- We saw people's communication needs had been assessed and where support was required this had been met. The registered manager told us they had systems to support people with needs such as visual impairment and large print information for people would be provided.

Improving care quality in response to complaints or concerns

- There were processes to ensure all complaints would be dealt with appropriately. The registered manager told us they would use complaints or concerns as a positive experience and learning opportunity to improve the service. No complaints had been received.
- People told us they were happy with the service their relatives had no reason to complain about the agency. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally.

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 good.

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

- The service continued to plan and deliver effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This ensured people's diverse needs were met. One person said, "We plan things around [relative]. They are very good at that."
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke about how well the service operated. One person said, "It is so well organised and the management are easily contactable."

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 understood legal obligations, including conditions of CQC registration and those of other organisations. We found the service had clear lines of responsibility and accountability. People told us they had regular visits from the management team and had a good understanding of their needs. One person said, "Yes [registered manager] and [office manager] are always checking in to see everything is alright."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Relatives and people who used the service were very positive about the quality of support they received.
- Discussion with the staff confirmed they were clear about their role and between them and management provided a well run and consistent service. One staff member said, "Good management that are so caring and on the ball."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The service provided an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they support and family members through care plans reviews, visits to people's homes and contact by telephone. People told us they felt consulted about the service they received and were able to put their views forward. One person said, "They do listen and change things for the better at times."
- Staff told us they could contribute to the way the service was run. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. They told us they felt consulted and listened to.

Continuous learning and improving care

- The provider had systems in place to ensure the quality of service was regularly assessed and monitored. The service had a wide range of effective audits such as medication and care records. We saw evidence the service had acted upon any findings from the audits to improve the agency.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and other health professionals. This helped to ensure a multi-disciplinary approach had been taken to support care provision for people they provided a service for.