

Brockton Care Limited

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Inspection report

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Tel: 01952222555

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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 was announced and took place on 19, 20 and 22 February 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

The agency had a registered manager who was also the registered manager who was present on the day of our inspection visit. 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 2008 and associated Regulations about how the service is run.

At our previous inspection in September 2016, staff lacked understanding of the principles of the Mental Capacity Act [MCA] 2005. At this inspection staff demonstrated a good understanding of MCA and had incorporated this in their care practices to ensure people's human rights were protected.

At the previous inspection we found that the provider's governance was ineffective to ensure the monitoring of medicine practices. At this inspection improvements had been made to ensure medicine practices were monitored and staff had the appropriate skills to assist people with their prescribed treatment.

People informed us about complaints they had shared with the provider. However, these complaints had not been recorded to show what action had been taken to resolve them or to monitor complaints for trends.

People told us they felt safe using the service and staff were aware of how to safeguard them from the risk of potential abuse. Risk to people was managed effectively to reduce the risk of harm to them. People were cared for by sufficient numbers of staff who had been recruited safely. Staff had been provided with training about how to reduce the risk of cross infection and they had access to essential personal protective equipment. The registered manager said no one in their care had sustained any accidents or near misses. However, systems were in place to record and monitor these if and when they occurred.

People's consent was obtained before care and support was provided and they were assisted to access relevant healthcare services when needed. Staff assisted people to prepare their meals and took the relevant action where people did not eat and drink sufficient amounts to promote their health. People were cared for by skilled staff who were supported in their role to provide an effective service.

People told us staff were kind, friendly and were aware of how to care for them. People's involvement in their care planning ensured their specific needs were met and staff respected their right to privacy and dignity.

The assessment of people's needs with the involvement of other healthcare professionals ensured they were provided with the relevant support and where needed they were also assisted to pursue their interests.

The involvement of other healthcare professionals ensured the provider was able to provide a service specific to the individual's needs. People were aware of who the registered manager was and found them approachable. People were able to express their views about the service they received. Staff were also given the opportunity to have say about how the service was run. The provider had systems in place to monitor the quality of service provided to people.

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 felt safe with the service they received and staff were aware of how to protect them from the risk of potential abuse. Risks to people were managed effectively to ensure their safety. People were cared for by sufficient numbers of staff who had been recruited safely. Where necessary people were supported by staff with their prescribed medicines. Staff had access to essential personal protective equipment to assist in reducing the risk of cross infection. Systems were in place to record accidents and near misses if and when they occurred.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed to ensure they received the appropriate care and support. People were cared for by skilled staff who were supported in their role by the registered manager. People were assisted to prepare their meals and staff were vigilant to observe that they ate and drank enough to promote their health. Staff worked with other agencies to promote people's wellbeing and they were assisted to access relevant healthcare services when needed. People's consent was obtained before they were supported.

Is the service caring?

Good ●

The service was caring.

People were provided with care by staff who were kind and attentive to their needs. People's involvement in their care planning ensured they received care and support to meet their preferences. Staff work practices ensured people's right to privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

The provider was unable to demonstrate that complaints were

managed effectively. However, people confirmed their complaints were listened to and acted on. People were supported by staff to pursue their social interests. The involvement of other agencies with the assessments of people's needs ensured there was a holistic approach in meeting people's needs.

Is the service well-led?

The service was well-led.

The provider's governance was effective to ensure people received the support they required. Systems and practices ensured that people and staff had a say in the running of the agency. People were aware of the registered manager and found them to be friendly and approachable.

Good ●

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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.

We gave the service 48 hours' notice of the inspection visit. This was to ensure that the office would be open when we visited.

As part of our inspection we spoke with the local authority about information they held about the agency. We also looked at information we held about the provider to see if we had received any concerns or compliments about the agency. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the agency.

The Inspection activity started on 19 February 2018 and ended on 22 February 2018. It included telephone interviews with people who use the service and staff members. We visited the office location on 22 February 2018, to see the registered manager and to review care records and policies and procedures.

The inspection team comprised of one inspector and two Experts by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At this inspection we spoke with 15 people who used the service, 16 relatives, five staff members and the registered manager. We looked at four care records, risk assessments and records relating to quality audits.

Is the service safe?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

People told us they felt safe using the service. One person said, "I do feel safe with all the staff. They are friendly and talk to me like a grandmother." Another person said, "I have the same staff visit me and that makes me feel safe." One relative said, "I do feel [Person] is safe. Staff usually let me know if they have any problems and they respond to any concerns I may have." Another relative told us, "[Person] feels safe with the staff. They make sure they know what is happening and keeps them safe when they assist them with their personal care and mobility."

All the people we spoke with confirmed they were treated fairly and did not feel discriminated against due to their disability. The staff we spoke with were aware of their responsibility of safeguarding people from the risk of potential abuse. They were also aware of relevant agencies they could share their concerns with regards to any suspicion of abuse, to protect the individual from the risk of further harm. The registered manager demonstrated a good understanding of when information relating to abuse should be shared with the local authority to safeguard people. The registered manager said during spot checks they inquired whether people felt safe whilst receiving care and support from staff.

We look at how the manager managed potential risk to people. Discussions with people confirmed a risk assessment was in place. This assessment provided staff with information about how to assist people safely and to reduce the risk of harm to them. People confirmed their involvement in developing their risk assessment. Staff informed us that these assessments provided them with information about essential equipment required to support people with their mobility. One person informed us that their relative required the use of a hoist. They said, "The staff are extremely attentive regarding the maintenance of the hoist. The servicing date had expired and the staff refused to use it." Another relative told us that staff had shared concerns with them about a large blanket placed on [Person's] lap. This posed a tripping hazard and the blanket was replaced with a smaller one to reduce the risk to the person. People told us they were familiar with the staff and usually knew who would be visiting them. One person said, "I know the staff, they all wear an identification badge and uniform." This reduced the risk of unauthorised people accessing people's home.

People told us they were always provided with sufficient staff to meet their needs. The registered manager said staffing levels were determined by people's needs. For example, one care plan showed the person required support to manage their behaviour. Hence, two staff were provided to support this person. A staff member said if there was a shortage of staff due to staff leave, the office staff always assisted with caring for people. People told us they had never experienced any missed calls. The registered manager told us there were systems in place to ensure calls were not missed. For example, staff contacted the office when they arrived and left a visit and this was confirmed by people who used the service. This system enabled the provider to monitor visits and to take action if a visit is missed. However, we received mixed comments with regards to times of visits as agreed with the individual. Some people told us the times of their visits were

reasonably consistent. Others raised concerns about staff arriving late. We shared these concerns with the provider. They said people had been informed there was a leeway of 15 minutes. This meant visits could be 15 minutes early or late. This enabled staff to provide additional support to people if and when needed. Some people told us they often had the same staff visit them. One person said, "It's nice for me that it's not just anybody coming in. You get used to them and they get used to me." However, a different person said, "Lots of different staff visit me but it's alright because they are all nice. It really doesn't matter to me."

People were cared for by staff who had been recruited safely. All the staff we spoke with confirmed that before they started working for the agency safety checks were carried out. These checks included a Disclosure Barring Service [DBS]. The DBS assists the provider to make safe recruitment decisions. Staff also confirmed that a request had been made for references. We looked at three staff files that evidenced the undertaking of these safety checks. This showed the provider's recruitment process was safe.

People were supported by staff to take their prescribed medicines. One person said, "Occasionally I'm prescribed antibiotics as I get chest infections. The last course of antibiotics I wasn't sure when I was supposed to take them but the staff were great and contacted the GP to sort this out for me." Another person informed us, "When I had my operation staff helped me with my medication. Staff recorded they had given me my medicines." One person told us their relative had difficulty swallowing tablets. Hence, the registered manager asked the GP for their medicines to be in liquid form. Another person told us their relative had been prescribed anti biotics. However, staff were aware that the person had previously had a bad reaction to this medicine. They said, "The staff member contacted the GP for an alternative treatment." This showed that people were supported appropriately to manage their prescribed medicines.

The registered manager said staff had received training to ensure they had the necessary skills to manage people's prescribed medicines and staff confirmed this. The provider confirmed that routine competency assessments were carried out and we saw evidence of these assessments. These assessments reviewed staff's medicine practice and to ensure they had the up to date skills to support people with their medicines safely.

We looked at practices that promoted infection, prevention and control. Staff confirmed they had access to essential personal protective equipment such as disposal gloves and aprons. People confirmed that staff used these when necessary. One relative said, "The staff always have a big supply of gloves and aprons which they wear and they also have wipes." However, some people raised concerns about staff's shoes making a mess on their flooring. We shared this information with the registered manager who said they were aware of this concern. They informed us that staff had been provided with shoe protectors to resolve this concern. The registered manager said staff had been provided with infection, control and prevention training and staff confirmed this. Access to this training provided staff with an understanding about how to reduce the risk of cross infection.

Discussions with the registered manager confirmed that no one in their care had sustained any accidents or near misses. They informed us that accidents would be recorded and identify what action had been taken to reduce the risk of this happening again.

Is the service effective?

Our findings

At our last inspection the provider was rated 'Requires improvement' in this key question. At this inspection we found the provider had taken action to improve standards. We have rated this key question 'Good.'

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.

At our previous inspection staff lacked understanding about the MCA. At this inspection the registered manager said staff had been provided with MCA training. We found staff had a good understanding of MCA. One staff member said, "I always assume a person has capacity. I always obtain people's consent before I assist them." They told us some people required a little support in making a decision. For example, they told us, "I select a couple of clothing and get them to point at what they would like to wear." Another staff member said, "I always explain to people what I intend to do and ask their permission before I start." One person who used the service said, "Staff always ask if it's alright to do things. They always tell me what they intend to do." A relative said, "Staff understand about consent. For example [Person] wants to stay in bed sometimes and they respect their choice."

The registered manager confirmed there were people who lacked capacity to make a decision. However, these people had a power of attorney in place where decisions could be made on their behalf. We saw evidence of these documents.

People confirmed that before they started to use the service an assessment of their needs was carried out with their involvement. One person said, "I had an assessment, I found it very good. They listened to me and wrote the care plan and they came again about a month later with someone from social services to see how things were going." Another person informed us, "They asked me and my family what support we wanted." All the people we spoke with felt staff treated them fairly and with respect. Staff informed us that regardless to people's disability, sexuality, ethnicity, religion and other protective characteristics they would be treated equally and with respect.

People were cared for by skilled staff. Staff confirmed they had access to ongoing training to ensure they had the skills to meet people's needs. A relative said staff appear to know what they are doing. For example, they told us their relative required lifting equipment to assist with their mobility. They said, "All the staff seem competent and confident in using the equipment. A different relative said, "A staff member told me about some training they were undertaking in relation to dementia care. They seemed very interested." We asked the registered manager how they ensured new skills learned by staff were put into practice. They informed us that during spot checks staff's work practice would be observed and this was confirmed by staff.

The provider informed us that new staff were provided with an induction and this was confirmed by staff. Induction is a process of supporting new staff into their role and to provide them with essential training. One person who used the service said, "They usually send new ones with an experienced staff member." One staff member said during their induction they shadowed an experienced staff member until they felt confident to work alone. Another staff member told us they did not have any previous care experience. Hence, their induction was invaluable to them. They said, "During my induction I was able to meet people I would be supporting." A different staff member said, "During my induction I received moving and handling training. I now know how to move people without causing them harm."

People were cared for by staff who received regular one to one [supervision] sessions. One staff member said, "My supervision sessions are really good, during these sessions I can talk about any issues I may have." Another staff member told us, "During my supervision sessions we talk about my work performance." Access to these sessions ensured staff had the skills and support to provide an effective service.

Discussions with staff confirmed that some people required support to prepare meals. One person said, "Staff help me with my meals. They are on time with my meals and they always ask me what I want. The meals are pleasant to eat and they usually stay to wash up." Another person said, "I choose what to eat. For example today I've got a fish pie out and the carer will heat it up for me." Staff said if they had any concerns about the amount people ate and drank or there was a significant loss of weight, they would share this information with the registered manager. A staff member said we identified one person had difficulties swallowing their food. They said the registered manager had made a referral to a speech and language therapist for the person to be assessed. This showed that where concerns were identified, appropriate action was taken to ensure people ate and drank sufficient amounts to promote their health.

Staff had a good understanding of person centred care and the importance of working with other agencies to ensure people's specific needs were met. One staff member said, "We always look at people's specific needs and aim to meet them." For example, people were supported by staff to access relevant healthcare services. One person informed us their relative had experienced difficulties accessing their bathroom. They said, "Staff got in touch with an occupational therapist to help us obtain a commode." A different person told us staff had liaised with a district nurse about the treatment of their relative's pressure sores." Another person said staff had identified their relative had an infection and contacted the GP for them. Staff told us that people were usually supported by their relatives to attend medical appointments. However, if people required staff to assist them to attend appointments this could be arranged.

Is the service caring?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

We received positive comments about staff's approach and manner. For example, one person said, "The staff are lovely. They chat with me about the family and they never rush me even though I know they are busy." Another person said, "Staff are very kind and they always ask if there is anything more they can do for me before they leave." A different person said, "I've been surprised how good they are even the new staff, they soon find out how I like things done." They continued to say, "Staff talk with me and show an interest in my past which makes me feel they care about me." We spoke with another person who said, "They are all very friendly they don't make you feel awkward or embarrassed' they're so kind."

A relative of a person who used the service said, "The staff do go over and above at times. [Person] was unwell and the staff were patient when they assisted them." They informed us [Person] was living with dementia. They said staff took the time to chat with them about dogs which [Person] was interested in. They said, "Staff don't just do the job and leave." Another relative said, "Sometimes if [Person] is distressed it takes staff longer to assist them. Staff will stay for an hour and half instead of the 45 minutes." Another person told us about their relative who was living with dementia. They said, "I get support from the staff not just for [Person] they will sit with me and have a chat and see how I am." This demonstrated that staff showed a general interest in people and their relative's wellbeing.

People told us they were involved in planning their care and subsequent care reviews. This ensured people received care and support the way they liked. One person informed us that during the process of planning their care staff had asked what support they needed. They told us, "Staff frequently look through my care plan, especially the new staff." A different person told us that someone from the office came out to review their relative's care plan. This was because their relative's needs had changed. They told us visits had been increased to ensure their needs were met. Another relative said, "The care plan is always reviewed after a hospital discharge and we all feel involved in the process." A different person expressed they did not have any concerns about the care and support they received. They said, "The staff always do things properly." Staff informed us that any changes to people's care and support needs would be shared with the registered manager who would carry out a care review with the individual. This ensured people received the right care and support.

People's right to privacy and dignity was respected by staff. One person informed us, "Staff always makes sure they respect my privacy and keep me covered when they wash me." Another person said, "Staff help me to have a shower and respect my dignity using my dressing gown to keep me covered." A staff member told us when they assisted people with their personal care needs this was carried out in private area. They told us they always ensured the curtains and door are closed to preserve the person's dignity. Another staff member said, "When I assist people to the toilet. I leave them for a while to give them some privacy." This showed staff were aware of the importance of preserving people's privacy and dignity.

Is the service responsive?

Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

People told us they would be confident to share any concerns they may have with the provider. One person said, I did complain directly with one staff member who I felt was rushing me. I just said to them, "You don't have to rush me so much. They listened to me and things have improved." Another person said, "I raised concerns about staff not wearing gloves when they assisted [Person] with their personal care needs." They said the registered manager listened to them and addressed their concerns. They said they had not experienced any concerns since. A different person informed us, "I raised concerns about the staff rota. This has been sorted now and I know who to expect at my door." However, the registered manager informed us they had not received any complaints since their last inspection visit in September 2016. This meant a record was not maintained of complaints shared with us at this inspection. Therefore, there was no evidence of what action had been taken to address concerns or systems in place to monitor trends.

People confirmed their involvement in planning their care. Where appropriate their relatives were encouraged to be involved. People's involvement ensured they received a service specific to their needs. The registered manager told us about the reablement service they offered. This service provided personal care, help with daily living activities and other practical tasks. This service helped people who had recently been discharged from hospital to develop the confidence and skills to carry out these activities themselves and to continue to live at home. The registered manager said weekly multi-disciplinary meetings were carried out. This was to discuss people's progress and to identify whether continued support was required.

People told us that staff showed an interest in their past history and things important to them. One person told us their relative was living with dementia. They said occasionally staff will share information with them about discussions they've had with their relative and ask about the relevance of certain topics in the person's life. They said this gave them the opportunity to explain where this fits in their relative's life. They said, "It's nice that staff show an interest in [Person's] past." A staff member said access to this information helped to understand people and communicate effectively with them. Staff informed us that regardless of people's disability, sexuality, ethnicity, religion and other protective characteristic they would be treated fairly. A staff member said, "People are treated equally and their views and opinions are respected." The registered manager said they had worked with an individual to rearrange the times of their visits to enable them to continue to attend their place of worship.

The registered manager told us that people who paid for their care at times felt the need for respite care. They said, "We support people to find relevant services for respite care." The registered manager told us about a person in their care who has mental health needs. They said the support provided to this person and their family prevented the person from being admitted to hospital.

A staff member informed us about a person they supported who did not have any family. The staff member

said, "We take them out for meals and on shopping trips." One person told us about the support provided to their relative. They said, "If [Person] needs new clothes, they take them shopping. When it was the queen's jubilee staff took them to the local village to celebrate the event. I can't fault them." A different person informed us about their relative's hearing impairment. They told us staff always took the time to communicate with them. They said, "Staff usually write things down which is what we do as a family."

People told us that efforts were made when necessary to be flexible with the times of visits to meet their specific needs. For example, a person who provided support to their relative was unavailable to do this for a short period and the registered manager agreed to provide the person with additional support during this period.

Is the service well-led?

Our findings

At our last inspection the provider was rated 'Requires improvement' in this key question. At this inspection we found the provider had taken action to improve standards. We have rated this key question 'Good.'

At our previous inspection we found that the provider's governance was not entirely effective to promote and review quality standards. For example, we found that audits did not include the monitoring of medicine practices. At this inspection we found action had been taken to address this. Staff had received medicine training and spot checks were carried out to ensure staff's practices were safe. Staff also confirmed competency assessments were carried out and we saw evidence of this. We looked at a medication audit, this had identified that a staff member had completed a medicine administration record in pencil. The registered manager confirmed this was immediately addressed with the staff member. We also observed that systems were in place to ensure staff received essential training and refresher training to ensure they had the appropriate skills to meet people's needs. We saw evidence of competency assessments. These were carried out after training to find out staff's understanding of what they had learnt and how new skills would be put into practice.

People told us they received routine phone calls from the office staff to find out if they were satisfied with the service provided. All the people we spoke with confirmed they were happy with the care and support offered to them. Practices promoted people and staff's involvement in running the service. For example, a few people recalled receiving a feedback questionnaire. This gave them the opportunity to tell the provider about their experience of using the service. They said they were happy with the service and the form they completed reflected this. The registered manager said questionnaires were given to people on a six monthly basis. We found that negative comments related to visits sometimes being late. The registered manager confirmed they had responded to the individual. They said there had not been any significant changes to the service in relation to comments received.

Discussions with the registered manager confirmed they had a positive emphasis in promoting equality, diversity and human rights. They told us they had a mixed ethnic staff team. The staff we spoke with confirmed they were treated fairly and never encountered any discrimination. The registered manager said regardless to staff's protected characteristics, during recruitment they looked for kind, caring people who would make a difference to people's life." We asked staff about the culture of the service. One staff member said, "I would use this service for myself or a family member. They said, "There is a lot of care and compassion from staff. The registered manager is very supportive and I feel supported in my job." The registered manager said, "We will fight people's corner and work with them until they get the service they need."

The registered manager said meetings were carried out with staff and staff confirmed this. During these meetings staff were able to share with the registered manager things that were going well and areas where people may need additional support. Staff said these meetings were good in identifying any new people who would be using the service and the support they would require. The registered manager said they routinely attended meetings with other providers and also attended intermediate care workshops with

other healthcare professionals. This enabled them to keep abreast of changes within the care sector. Further discussions with the registered manager confirmed they undertook routine training to maintain their skills. The registered manager was aware of when to notify us of incidents that had occurred within their service which they are required to do by law.

People were aware of who the registered manager was and described them as, "Kind." One person told us the registered manager had a "bubbly" character." We spoke with staff about the management support provided to them. A staff member said, "The management support is good and they are very approachable."