Brockton Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Our inspection took place on 27, 28 and 29 September 2016 and was announced. We last inspected this service on 8 April 2014. During our last inspection we found the provider was meeting the standards required. This was the location's first ratings inspection under the new methodology.

Brockton Care Limited provides personal care to people living in their own homes. At the time of our inspection the service was supporting sixty four people.

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 2008 and associated Regulations about how the service is run. The registered manager was also the director of the company.
People consented to their care and support, however the principles of the Mental capacity Act were not always understood and appropriately applied.

The registered manager had some quality checks and audit processes in place, however these required further development. The registered manager was not always meeting their legal obligations to notify us of certain event such as specific incidents or allegations of abuse. People did not always receive their care calls on time and whilst the registered manager had systems in place to monitor and address such concerns these systems required further improvement.

People were supported by staff who could recognise potential signs of abuse and were confident reporting concerns regarding people's safety. People were supported by sufficient numbers of staff who had been recruited safely. Risks to the health, safety and well-being of people were identified, managed and regularly reviewed. Staff were able to tell us about people's individual risks and how to manage them. People received their medicines on time and as prescribed. There were regular medicines administration checks being completed to ensure people received their medicines safely.

People were supported by staff who had the required skills and support to perform their duties of personal care.

People were provided with a choice of food and drink when required and dietary needs were identified and appropriately managed. People were supported to maintain good health and had access to healthcare when required.

People were supported by staff who were caring and treated people with kindness and respect. People were encouraged and supported to make choices about their care and support and staff supported people in a way that maintained their privacy and dignity and promoted their independence.

People and their relatives felt involved in the assessment, planning and review of their care and support needs. People were supported by staff who had a good understanding of people needs and preferences and supported people to engage in activities which they enjoyed. People and their relatives knew how to raise a concern or complaint and told us concerns and complaints were acted on.

People told us their care and support needs were always taken care of and were overall complimentary about the management of the service. People and their relatives knew who the registered manager was and staff told us the manager was visible, approachable and supportive. People, relatives and staff were encouraged to give feedback on 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 received support from staff that understood how to keep people safe. People were supported by staff sufficient numbers of staff who were recruited safely. People's risks were appropriately managed.
People received their medicines safely and as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's consent to care and support was sought however the principles of the Mental Capacity Act were not always understood and applied.
People received support from staff who had the skills and support to carry out their duties of personal care.
People were provided with a choice of food and drink and specialist dietary requirements were being met.
People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People received support from staff who treated them with kindness and respect.
People were involved in making decisions about their care and support. People's privacy was promoted and they were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the planning and review of their care.
People were supported by a staff team who had a good understanding of people's needs and preferences and supported them to engage in activities which they enjoyed.
People and their relatives knew how to raise a concern or

complaint and told us concerns and complaints were acted on.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

The provider had some systems and processes in place to monitor the quality and consistency of the service but these required further development.
The registered manager had systems in place to monitor call times, however these required further improvement.
The registered manager had not notified us of events they are required to.
People and their relatives knew who the registered manager was and staff told us the manager was visible, approachable and supportive. People, relatives and staff were encouraged to give feedback on the service.

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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.

This inspection took place on 27, 28 and 29 September 2016 and was announced. We carried out a visit to the provider's office on the 28 September. We gave the provider 48 hours' notice of the inspection because it is a domiciliary care agency and we needed to be sure that they would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection, we reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We contacted a commissioner of the service and the local authority safeguarding team to obtain their views about the quality of the service provided. We considered this information when we planned our inspection.

During the inspection we spoke with eleven people who used the service, nine relatives and six members of staff. We also spoke with the registered manager who was also the service director.

We reviewed a range of records about how people received their care and how the service was managed. We looked at four people's care records and four staff records including recruitment checks. We also looked at records relating to the management of the service which included, medicine administration records, accident and incident records, compliments and complaints and quality checks.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in relation to the care and support they received. People told us they felt safe and comfortable with the staff and found them to be trustworthy. One person said, "I feel so safe with the carers". A relative we spoke with described the care provided to their family member to be, "Definitely safe, I have no concerns".

People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. People told us they were confident to raise any concerns about their safety. One person told us, "If I didn't feel safe with any of the staff, I have got a number I can ring". The registered manager and staff were able to tell us how to recognise signs of abuse and how to report it. For example, staff told us they would report concerns about people's safety to a senior carer or the registered manager who would refer these concerns onto the local authority safeguarding team. Records we looked at confirmed this. Staff were aware of the providers whistle blowing policy and told us they would be confident to use it if they suspected mal practice. One staff member told us, "I have not had to use the whistleblowing policy but I would be confident to if I needed to".

People's risks were assessed. Staff we spoke with were able to tell us about people's specific risks and how to manage them. We looked at people's care plans and found that risks had been identified, assessed and managed. For example, people's mobility had been assessed and where there was a risk of falls we saw there was a management plan to ensure people were using the correct equipment, such as walking frames. Where people had a known allergy this was recorded and plans were in place to ensure people were not exposed to products or foods that they were allergic to. Assessments of people's home environments were completed to identify and minimise risks and we saw each person had personal evacuation procedures in the event of a fire. Risk assessments were regularly reviewed to reflect any changes in risk. For example we saw that a person's risk assessment had been reviewed following discharge from hospital. The risk assessment detailed changes in risk and the plans required to manage these newly identified risks. Staff told us they were promptly informed of any changes to people's risk management plans through the use of a text message alert system. The provider had a system in place to record accidents and incidents, and we saw where incidents had occurred appropriate action was taken and the information was used to update people's risk assessments and ensure risks were appropriately managed. People were supported by staff who understood their risks and how to manage them and there were systems in place to maintain people's safety.

People and staff we spoke with told us they felt there were sufficient numbers of staff to ensure people were safe and their needs met. People told us they received the appropriate numbers of staff to carry out their care and support to ensure their safety. For example if they required two members of staff this was provided. A relative told us, "Hoisting is always done by two staff". One staff member told us, "There is enough staff to meet the needs of people, staff absence is covered quickly". Another staff member said, "I find staffing levels good, I have never had a problem or been affected, the registered manager covers staff absence quickly using the internal staff". People were supported by sufficient numbers of staff to ensure their safety and the registered manager had sufficient systems in place to ensure staff absence was covered.

People were supported by staff who had been recruited safely. Staff we spoke with told us they were subject to suitable pre-employment checks which included two references and checks with the Disclosure and Barring Service (DBS). DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. One staff member told us, "I couldn't start the job without the checks". Another staff member said, "The checks are completed before you can work with people". Records we looked at confirmed this. The provider had systems in place to ensure people were recruited safely.

People who required support from staff to take medicines told us they received their medicines on time and as prescribed. One person we spoke with praised the staff for always applying cream to their legs which had resulted in an improvement in their skin condition. A relative we spoke with said, "[Persons] medicines are given as prescribed, there have been no missed doses, I don't have any concerns". People were given their medicines by a staff team who had received appropriate training and had been assessed as competent to administer medicines by the registered manager. Staff we spoke with told us they were subject to regular spot checks to ensure they were giving people their medicines in a safe way and as prescribed. We looked at people's medicines administration records and found people were given their medicines as prescribed. Medicines administration records were checked regularly by senior members of staff to ensure people's medicines were given as prescribed. This demonstrated that there were systems in place to ensure people were receiving their medicines safely and as prescribed.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who sought their consent to care and support. A relative we spoke with told us, "Staff always ask permission from [person] before they support them and they always say what they are doing and talk [person] through it". Staff told us they asked people for their consent before providing care and support. One staff member said, "We ask people if they want to do something, like have a shower, if they don't want to then we can encourage but we don't' force people". We looked at people's care records and saw people had signed consent to care and support forms where they were able to do so.

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 make 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. The registered manager told us that all staff received training in MCA. However some staff were unclear about how to apply the MCA in practice when people lacked capacity to make decisions about their care. For example, staff were not always aware of that a key principle of the MCA was the importance of making decisions in people's best interests when they lacked capacity to make particular decisions about their care and support.

We saw that some people's consent to care and support had been signed by a relative due to their lack of capacity to consent, however it was not clear as to who had the legal right to make decisions on people's behalf and staff were not always clear about this. Where relatives were consenting to care and treatment on behalf of people who lacked capacity to do so themselves, there was no record of the assessment of the person's capacity to make specific decisions about their care and treatment. We also found records did not detail the decisions that were being made in the person's best interests. This meant the provider was not always acting in accordance with the MCA. We spoke to the registered manager about this and they told us they would look into this issue and make the necessary improvements.

People received support from a staff team who were suitably trained. One person we spoke with said, "The staff seem to know what they are doing". Relatives of people who required equipment to help them move or transfer from one place to another, such as hoists, told us staff appeared to know how to use the equipment effectively and with care. Staff told us they received a full induction to the role which consisted of training, shadowing more experience staff and competency checks. One member of staff said, "I shadowed other staff for two weeks, but if you need more you can ask for it until you feel confident". Staff told us they were given opportunities to access ongoing training. They said they found training useful and were able to use training to improve their practice or make changes to the care they provided. One staff member told us about the moving and handling training they had received. They said, "The registered manager has a room set up like a person's bedroom. It gives you a real chance to practice with the equipment, hoists, slide sheets, like you were doing it for real, it's great for new staff". Staff told us they received regular support from the registered manager. One staff member said, "We have regular supervisions, spot checks and feedback through supervision and appraisals". People were supported by a staff team who were suitably trained to

provide effective care and support to people.

People were happy with the support they had to eat and drink and were offered choices. A relative we spoke with told us, "[Person] gets a cooked breakfast and food that they like. The staff also fetch fish and chips if they fancied it for tea". Another relative said, "Staff will always ask if [person] fancies something different for breakfast, once they fancied an omelette for breakfast and the staff made it". Staff told us they offered people a choice of food and drink. One staff member said, "We ask what people want, people have to make their own decisions. We like to try to ensure they are getting the nutrients so we will offer alternative choices to encourage people to have a balanced diet". Staff were able to tell us about people's specific dietary requirements and we saw people's dietary needs were identified and catered for. For example, staff were able to tell us about people who required a soft or pureed diet and were able to describe the types of meals they might provide. People had the support they required to make choices about what they ate and drank and their dietary requirements were being catered for.

People were supported to maintain their health. Staff told us people's healthcare appointments were mostly managed by themselves or relatives. However staff were aware of how to respond to a deterioration in a person's health or wellbeing and relatives we spoke with told us staff were prompt to identify this and respond. For example, one relative told us how staff had called the emergency services following a concern in relation to the person's health. Another relative said, "If staff are not happy about something they will report it to the appropriate healthcare professional, they keep an eye on things and are good to report concerns to the district nursing team if required, they are prompt at contacting them". We looked at people's care records and saw that where healthcare professionals were involved in the care of people, appointments were recorded and advice was acted on. For example we saw the speech and language therapist's recommendations and dietary instructions were included in a people's care records where people had difficulty swallowing. We saw records of district nurse visits to check on the healing of pressure sores and we saw records indicated staff were following the appropriate instructions to aid the healing of the skin. People were supported to maintain good health and any changes in health or well-being were acted on.

Good

Is the service caring?

Our findings

People were complimentary about the staff. They told us staff were friendly, caring and helpful. One person told us, "I love having them [staff], they are wonderful". A relative we spoke with told us, "[Person's] care could not be better". Another relative said, "They [staff] are good company and we are lucky to have them, I don't think they could do any better, [person] is getting the best care they can in [person's[own home". A staff member said, "I cared for a relative when they were ill, I look after everyone as if they were my own family because that's how they deserve to be treated". We spoke with the registered manager who was actively involved in providing care to people. They told us, "I use the mum test, this is the measure, everything has to be right for people and they have to be happy". People were supported by staff who treated them with kindness.

People were involved in making day to day choices and decisions about the care they received. Staff told us how they encouraged and supported people to make choices about the care and support they received. For example by offering choices of clothing, food and drink. One staff member told us, "It's up to them it's their care and their choice". Staff told us how they changed their communication methods where people had difficulties expressing their wishes verbally. For example by using objects of reference or non-verbal prompts. A relative told us, how staff were good at communicating with their family member who was unable to communicate verbally. They told us, "The staff are better at communicating with [person] than me, [Person] doesn't communicate well but they are able to get across to the staff what they want and staff understand". People were supported to make decisions about their care and support.

People were supported and cared for by a staff team that treated each person with dignity and respect and supported them to maintain their independence. People and relatives we spoke with told us care staff had enabled them or their family members to retain a degree of independence that they would otherwise lose. One person we spoke with told us, "Without the staff I could not function, I rely on them for my independence". One relative told us about their family member who had regained a degree of independence after being encouraged by carers.
Another relative said that staff encouraged their family member to maintain their mobility by encouraging them. They said, "They help and encourage [person]. They say 'just a few steps, you can do it' ". A third relative we spoke with said, "[Person] is encouraged to do what they can for themselves. For example when they are hoisted staff encourage them to pull themselves up on to it, they are encouraged to feed and drink themselves and wash their hands and face". Staff told us about the ways in which they help to maintain people's privacy and dignity by closing doors and curtains, and covering people during personal care. People were supported by a staff team who respected and maintained their privacy and encouraged independence.

Good

Is the service responsive?

Our findings

People and relatives we spoke with told us they were involved in the assessment and planning of their care. They also said care reviews were undertaken on a regular basis or in response to changing health or care needs. One relative told us, "They [staff] review care regularly and I can have a say". A staff member we spoke with said, "We do a 'meet and greet' when people first start with the company, families can be involved and they can give their input". The registered manager told us, "Families can be involved in the planning of care if the person wants them to be. People and their relatives can request a change in the support plan". Care reviews were completed regularly. One staff member said, "This is to check people are happy with their care and if there are any concerns, issues or changes needed we will look to seek a resolution". We looked at people's records which confirmed what people and staff told us.

People were supported by staff who had a good knowledge about their needs and preferences and respected them. One relative we spoke with said, "The staff know [person] pretty well. They know [person] likes to chat to staff and the staff will sit a talk with [person]". Another relative said, "We have asked for a change of call times as the hairdresser comes at a particular time on a particular day. They went out of their way to help us". Staff we spoke with told us they got to find out about people's care and support needs and preferences by talking with them and their relatives, shadowing other staff members and reading people's care plans. One staff member said, "You get to know people when you are shadowing. People will tell you what they like and dislike and how they like things doing and other staff that may know people better will also tell you". Staff told us they were kept up to date with people's changing care needs. People were mostly supported by consistent staff. One relative said, "I look at the daily notes and can see it is generally the same carers going in". Staff told us that this helped them to get to know people's care and support needs well. Peoples care records detailed people's preferences. For example, we saw the care plans contained information about when people preferred their support and how they liked care and support providing, how people liked their hot drinks and the foods people liked or disliked. We also saw records contained information relating to their preference for male or female care staff.

People and their relatives knew how to raise a concern or complaint. People who had raised concerns told us their issues had been resolved satisfactorily. A relative we spoke with said, "If there is ever a problem you can always speak to the registered manager". Another relative said, "We have not had any major complaints, but minor issues we have raised are always dealt with". Staff and the registered manager told us they regularly completed reviews of people's care and support needs and people and their relatives were asked if they were happy with their care or had any concerns or complaints. People knew how to raise complaints and the provider was acting to address concerns or complaints that had been raised.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had some systems in place to monitor the quality of the service. For example spot checks on staff, care plan checks and medication checks. However these required further developments. Some audit checks were not being documented. For example there were no records relating to the medication administrations checks that were completed. The provider had a system for logging complaints; however we saw that concerns which people had told us they had raised and had been resolved had not been documented. We also found information from feedback and quality checks was not being analysed. We spoke to the registered manager about this and they told us they had recently started to make some Improvements to the quality assurance processes such as the recording of minor complaints and they would look to make further improvements. They told us, "I am always thinking of ways to make things better and am open to suggestions, it's about developing the service".

People did not always receive their care calls on time. One person told us, "They are not always on time but they always come eventually". Some people and relatives we spoke with told us that carers did not always stay for the full allocated time. One person we spoke with said, "Sometimes they have to rush off, but before they go they always ask if there is anything else they can do for me". Another person said, "They are supposed to spend an hour with me until 9.30am but they are supposed to be at the next person by that time too. They still get the jobs done". Some people we spoke with said they did not mind staff being late, but others said they would prefer carers to keep to a regular time. The registered manager had systems in place to monitor call times and were aware of some of the concerns people had raised with us during the inspection. They told us they had strategies in place to try to manage call times more effectively such as allocating calls to staff to cover a particular geographical area to reduce the amount of travel time and regular satisfaction reviews with people to check they were happy with their calls. They said, "If there is an issue with call times office staff will let me know and I will address this". Despite the issues with call times people told us their care and support needs were always met. The provider had systems in place to monitor call times and was continuing to seek ways to improve people's experiences and improve call times. However further improvements were required.

We found the provider was not always meeting their legal obligations in relation to submitting notifications to CQC. The registered manager had referred four allegations of abuse to the local authority safeguarding team but had not notified us. Providers are required to notify us of certain events such as accidents and allegations of abuse but the registered manager had not done so. We spoke to the registered manager about this and they told us they had been misinformed and thought they did not need to notify us of these events. We reviewed the information we held about the service and saw that the provider had previously submitted notifications to us, we discussed this with the registered manager and they told us that this was a misunderstanding and oversight. The registered manager advised us that they would send the notifications to us and we saw this had been done.

People and their relatives overall felt the service was well managed and they were happy with the quality of the care they received. Most people and relatives said they would recommend the service to others. One person said, "They are most obliging". A relative said, "Nine times out of ten the agency is helpful, if they are

able to comply they will, they are flexible and accommodating". People and their relatives knew who the registered manager was and told us they had met them in person. During the inspection we saw the registered manager was dressed in uniform, they told us they always did this as they liked to take a 'hands on' approach. Staff we spoke with confirmed this. One staff member said, "They [the registered manager] are always in the office with their uniform on and they provide hands on care when needed, for example they complete the meet and greets and will go and talk to people if they raise concerns". This demonstrated that the registered manager was visible. Staff were complimentary about the management of the service. They felt well supported and told us the registered manager was approachable. Staff told us they were happy in their roles and were clear about what was expected of them.

People, relatives and staff were given the opportunity to provide feedback on the service. People and their relatives told us staff frequently visited them to ask for their feedback on their care and support. Some people and relatives told us they had completed a questionnaire or were asked questions over the telephone. One person said they were impressed because they were frequently asked about how satisfied they were with their care and support.

Staff were given opportunities to raise concerns or make suggestions for improvement at team meetings and during their one to one sessions with their manager. One staff member told us how they had raised a concern over the information they received on people. They said, "We used to get limited information about new people, for example, just a postcode. I raised this as an issue and now we get to know everything". The registered manager told us, "Staff bring suggestions and I'm fine about that it's all about developing the service". Staff also told us the registered manager gave them feedback on their performance and discussed any actions that were required to improve the service. One staff member said, "We have team meetings at the end of the week the registered manager is full of praise but will tell you if things are going wrong or need improving, they will give you advice on how to do things better, we don't know if we are not told". The registered manager was communicating effectively with staff and was keen to continue to improve the service.