Brooklands Homecare Ltd

Brooklands Homecare Ltd - Edenbridge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Brooklands Homecare Ltd - Edenbridge is a domiciliary care service that provides personal care for older people, younger adults, people who live with dementia and people who need support to maintain their mental health. It can also provide personal care for people with physical and/or sensory adaptive needs. At the time of this inspection the service was providing care for 60 people.

The personal care is provided by care staff completing care calls to people in their own homes. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

People's experience of using the service and what we found
People were positive about the service. A person said, "I think the service is very good in that it's reliable and the staff are very kind and attentive. I can count on them."

Shortly before the inspection the local safeguarding of adults authority had found a person had not been suitably supported to take medicines in a safe way. The person had also not been properly assisted to keep their home clean. The registered provider accepted the person had not been consistently assisted to manage their medicines in a safe way. They also said that a more robust approach should have been adopted to supporting the person to keep their home clean. These shortfalls had occurred because systems and processes used to operate, monitor and evaluate the running of the service were not consistently robust. We have made a recommendation about management systems.

Our other findings are as follows: People had received safe care and treatment and there were enough care staff to reliably complete care calls on time. Safe recruitment practices were in place.

Care was delivered in line with national guidance by care staff who had the knowledge and skills they needed. People were supported to eat and drink enough to have a balanced diet. People had been helped to obtain medical attention

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

Care staff were courteous, respectful and promoted people's independence. Confidential information was kept private.

People were consulted about the care they received and had information given to them in an accessible way. Equality and diversity was promoted and people were assisted to pursue their hobbies and interests. There were suitable arrangements to manage complaints and to enable people to have a dignified death.

People had been consulted about the development of the service. Good team work was promoted and joint working was in place.

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 rating for this service at the last inspection was Requires Improvement (published 31 August 2018) and there was one breach of regulations. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that improvements had been made and the provider was no longer in breach of regulations.

The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last two consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will meet with the registered provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least, Good. We will work with the local authority to monitor progress. We will return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Brooklands Homecare Ltd - Edenbridge

Detailed findings

Background to this inspection

The 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 checked whether the registered provider was 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.

Inspection team
The inspection was completed by one inspector.

Service and service type:
Brooklands Homecare Ltd - Edenbridge is a domiciliary care service providing personal care to people living in their own homes.

The service was not required to have a registered manager. This was because the registered provider was in day to day charge of the running of the service.

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 provider would be in the office to support the inspection.

What we did before the inspection
We spoke by telephone with eight people who used the service and with three relatives. We also spoke by telephone with seven care staff.

We used information the registered provider sent us in their Provider Information Return. This is information we require registered 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 reviewed other information we held about the service. This included notifications of incidents that the registered provider had sent us since our last inspection. These are events that happened in the service that registered providers are required to tell us about.

We invited feedback from the commissioning bodies who purchased some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

During the inspection
We spoke with the registered provider and the assistant manager at the service's administrative office. We reviewed documents and records that described how care had been provided for five people. We also examined documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and staff training.

After the inspection
We continued to seek clarification from the registered provider to validate evidence we found. We looked at records of the registered provider's investigation and response to an ongoing safeguarding of adults concern.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
At our last inspection the registered provider had failed to operate safe recruitment practices including obtaining references to help establish applicants' previous good conduct. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 19.

• A new and more detailed application-for-employment form had been introduced that required applicants to provide a full account of previous jobs they had done. In addition, more robust systems and processes were used to identify references that needed to be obtained from past employers. We found that suitable references were in place for two members of staff whose personnel files we examined. Disclosures from the Disclosure and Barring Service had also been obtained. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct.
• There were enough care staff to reliably complete care calls for which the service had been contracted by its commissioners. Records showed that care calls were being completed at the times people had agreed to receive them. Care calls that provided people with personal care lasted for the right amount of time. A person said, "The staff are very good really and turn up come rain or shine and they're not rushing to get done." Another person said. 'If very occasionally the staff are delayed, the office will telephone me so I'm not left wondering what's happened."

Supporting staff to keep people safe from harm and abuse, systems and processes: Using medicines safely; Preventing and controlling infection
• People said they were safeguarded from situations in which they may be at risk of experiencing abuse. A person said, "I do indeed feel safe with the staff and to be honest I look forward to seeing them." The care staff we spoke with knew how to recognise and report abuse so that action could be taken to keep people safe.
• However, the registered provider was working with the local safeguarding of adults authority to resolve concerns about a person not being helped to manage their medicines safely. A member of care staff had not followed the service's guidance and used their training about how to respond to the person's request that medicines be left out for them to use later on. They had not told the registered provider about the person's request and had left medicines out for the person to take after their care call had been completed. Although there was no evidence the person had experienced harm as a result of the shortfall it had increased the risk

of their medicines not being used safely. This was because without guidance the person may be unsure of when to use each of their medicines.
• The registered provider was also addressing concerns the person had not been fully supported to keep their home clean. The same member of care staff had not informed the registered provider that sufficient time had not been allocated to enable them to complete the cleaning tasks in question. This had resulted in the person's home becoming dirty with an increased risk that infection would not be suitably prevented and controlled.
• The registered provider had taken some steps to address these shortfalls. The member of care staff concerned had been given additional training and guidance about how to help the person take medicines at the right time. Records of each care call received by the person were being sent at the end of each day to the registered provider. This was so they could check that care staff were now managing the person's medicines in the right way. Arrangements had been made for the person to be supported to complete a 'deep clean' of their home. The assistant manager was also due to call to meet with the person to establish what additional care calls were necessary to enable them to keep their home clean in the future.
• Other people were being assisted in the right way to order, store, administer and dispose of medicines in the right way. People were helped to ensure they had enough medicines so they did not run out. When care staff dispensed medicines they checked they were offering people the right medicines at the right times. Care staff recorded each medicine they had given. The care staff we spoke with knew how to respond correctly to occasions when a person declined to accept medicines offered to them. This included quickly informing the registered provider so action could be taken including contacting relatives and healthcare professionals for advice.
• Other people were also being properly assisted to keep their homes clean. A person said, "The care staff help me keep on top of things like cleaning and laundry otherwise I might not get around to it as often as I should."
• Care staff had received training and guidance about the importance of preventing and controlling infection. The care staff we spoke with described how they correctly used disposable gloves and aprons when providing close personal care. They also said they would immediately notify the registered provider if they needed more time to assist a person to clean their home to a normal domestic standard.

Assessing risk, safety monitoring and management
• Other risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Some people had reduced mobility and needed to use a hoist when transferring. These care calls were completed by two care staff who were trained to use hoists and other equipment in the right way. Other people who needed help to keep their skin healthy were being correctly helped. This included care staff assisting them to change position regularly and to use creams prescribed for them. When a person had a special dressing applied by a community nurse care staff checked to make sure it remained clean and hygienic.
• People had been assisted to remove trip hazards such as caused by loose carpets. There were robust arrangements to enable care staff to access people's homes and leave them secure when they left.

Learning lessons when things go wrong
• Care staff completed a record of accidents and near misses. These records were audited to establish what had gone wrong. This was so effective action could be taken to reduce the likelihood of the same thing happening again. This included liaising with health care professionals when a person needed specialist equipment to enable them to manage safely at home.
• No accidents resulting in a person sustaining a significant injury had occurred since our last inspection.

Good

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 now remains as 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
• An assessment was completed before each person started to use the service to establish what care calls they wanted to receive. The assessments also established whether people had the right equipment in their homes for care staff to use.
• People's protected characteristics under the Equality Act 2010 were considered. An example was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of the care staff who provided their close personal care.

Staff support: induction, training, skills and experience
• New care staff had received introductory training before they provided people with assistance. This was equivalent to the Care Certificate that is a nationally recognised system to ensure that new care staff know how to care for people in the right way. New care staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
• Care staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely support people who experienced reduced mobility and first aid. They also included how to help people manage healthcare conditions such as epilepsy.
• Care staff had met with a senior colleague to review their performance, the training they had received and to promote their professional development.
• People said that care staff had the knowledge and skills they needed. A person said, "The staff who call to see me know what they're doing. Because I have problems getting about I have two care staff to help me and each of them knows what they're doing when helping me move."
• Care staff correctly described to us key parts of the care they provided. They knew about the correct use of different continence promotion aids, emergency first aid and responding to medical conditions such as diabetes.

Supporting people to eat and drink enough with choice in a balanced diet
• People were helped to eat and drink enough. When necessary, care staff assisted people to go shopping for food or to arrange home deliveries. Care staff also helped some people to prepare and eat their meals.
• Care staff were following guidance they had received from a speech and language therapist when helping a person to eat and drink safely. This included providing the person with modified food that was easier to swallow. It also included offering drinks in a special cup that reduced the risk of the person choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

• People were helped to receive coordinated care when they used or moved between different services. When people needed hospital treatment care staff passed on important information to hospital staff. This included information about a person's healthcare conditions and how they were likely to respond to being in a setting that was not familiar to them. This was done so the person's hospital treatment could be provided in an effective way.
• Care staff liaised with people's relatives to arrange healthcare appointments. These included family doctors, mental health specialists, dentists and opticians.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 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.

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

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• Whenever possible people had been supported to make decisions for themselves. A person said, "It's pretty flexible and I decide what care I need each day. One day I'll need something done that might be quite different to the next day. The staff don't mind and they say it's up to me."
• Some people using the service needed assistance to make more significant decisions. This included accepting care calls and managing personal finances. The registered provider had liaised with relatives and healthcare professionals to ensure important decisions were made in these people's best interests.
• None of the people using the service at the time of our inspection visit were subject to a deprivation of their liberty authorised by the Court of Protection.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question now remains as 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 positive about the care they received. A person said, "I get on well with the staff who come to see me. They're more like friends these days as I know them so well. The can't do enough for me." A relative said, "I'd soon know if something isn't right as my family member would tell me. But they like the staff and I hear them chatting and laughing together."
• People received compassionate care. An example of this was the assistant manager purchasing a keepsake for a person because they had mislaid their original keepsake when in hospital. Another example was the registered provider purchasing bedding and clothing for people who did not have enough of their own.
• People's right to privacy was respected and promoted. A person said, "When the care staff help me in the bathroom they always close the door even if no one else is at home at the time."
• Care staff were consistently courteous, polite and helpful. A person said, "They just choose the right staff. Over time you see quite a few of them as they cover holidays and sickness. I can honestly say that I haven't seen a bad one yet."
• Care staff recognised the importance of providing assistance in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. An example was care call times being arranged so that a person could attend services at their local church.

Supporting people to express their views and be involved in making decisions about their care
• People had been supported to express their views and be actively involved in making decisions about their care as far as possible. A person said, "I'm a bit of a ditherer and change my mind all the time. The staff know that and don't mind at all changing what they're doing to help me even if they have to stay later on a care call."
• People had family, friends or solicitors who could support them to express their preferences. In addition, links had been developed with lay advocacy services. Lay advocates are independent of the service and can help people to weigh up information, make decisions and communicate their wishes.
• Private information was kept confidential. The registered provider asked to see our inspector's identification badge before disclosing information to us. Care staff had been provided with training and guidance about the importance of managing confidential information in the right way. This included not using social media when speaking about their work.

Good

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 now remains as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People and their relatives had regularly been asked about the care they wanted to receive. Each person had a care plan that described the assistance they had agreed to receive during care calls. These care plans were regularly reviewed so they accurately reflected each person's changing needs and wishes. A person said, "The care staff and the office staff ask me if my care calls are going okay and if I need anything else."
• The time and length of care calls was altered to reflect people's changing circumstances. An example of this was additional care calls quickly being provided when a person became unwell and needed extra help there and then.

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 adaptive needs and in some circumstances to their carers.

• People had been supported to access information that was about their care. People had been given a handbook that contained useful information about what they could expect to receive from the service and how to contact senior staff. Parts of the care plans presented information in a user-friendly way using larger print.
• Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details. Another example was a leaflet that explained people's rights to have their liberty protected under the Mental Health Act 2005.
• The complaints procedure also presented information in an easy-read style. It informed people about their right to make a complaint and reassured them their concerns would be listened to and addressed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People were supported to pursue their interests. A person had been assisted to attend a commemorative event held by the RAF in which they had served during the second world war. Another person had been assisted to obtain books on gardening and wildlife as they were interested in these subjects.
• Some people had care calls so they could be accompanied by care staff to go out into the community. These people enjoyed going shopping for clothes and visiting local places of interest.

Improving the quality of care in response to people's concerns and complaints

• People and their relatives were confident that complaints would be investigated and sorted out as soon as possible. A person said, "I've never had any reason to complaint but if I did I'd just telephone the office and I've found the staff there to be very helpful." A relative said, "I've not had to complain but if I did the owner is very approachable."
• Care staff recognised that some of the people using the service did not have mental capacity or had special communication needs. This meant people might not be able to speak about any complaints they may have. Care staff looked out for indirect signs that a person was dissatisfied with their care. These signs included a person declining to accept support or becoming anxious during its delivery. When this occurred care staff notified a senior colleague so further enquiries could be made.
• There was a procedure to follow when managing complaints. This included clarifying what had gone wrong and what the complainant wanted to be done about it. The procedure said that no complaint would be considered as closed until the complainant was satisfied with the respond they had received.

End of life care and support
• There were arrangements to support people at the end of their life to have a comfortable and dignified death. This included asking people who were nearing the end of their life how they wished to be supported.
• It also included liaising with healthcare professionals if a person needed special medical attention to keep them comfortable and safe at home.
• At the time of the inspection visit no one needed end of life care.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained as Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person centred care.

Continuous learning and improving care
• At the last inspection suitable provision had not been made to operate, monitor and evaluate the running of the service. This had led to safe recruitment practices not consistently being followed. Although at this inspection new quality checks had addressed this shortfall, additional improvements were needed in relation to other quality checks.
• Records of the assistance provided in care calls were collected from people's homes and returned to the office so they could be audited. These records included the management of medicines. However, this process was not robustly organised as in practice some records were only taken to the office infrequently. In addition, once received in the office only a sample of the records were audited.
• Spot checks were completed by a senior member of staff at people's homes to make sure that care was being provided in line with each person's care plan. However, this process not well organised as the checks were not comprehensive and were not completed on a regular basis. These oversights increased the risk mistakes would be made in the provision of care that would go unnoticed and not be quickly put right.
• The registered provider had identified that more regular and more comprehensive audits of care records and care calls needed to be completed. They had recruited a quality and compliance manager to oversee this process.

We recommend the registered provider consider current guidance on how to monitor and evaluate the running of the service and take action to update their practice accordingly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Care staff had not been fully supported to understand their responsibilities to meet regulatory requirements. Care staff had been provided with policies and procedures to help them consistently provide people with the right assistance. However, one member of care staff had not fully complied with some of this guidance. This had resulted in shortfalls described earlier in this report in the management of a person's medicines and in the prevention and control of infection.
• Care staff had been told about updated advice from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• Care staff had attended staff meetings with the registered provider to develop their ability to work together as a team. The registered provider regularly spoke by telephone with each member of care staff to update them about changes in how the service was run.

• Care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Care staff were confident they could speak to the registered provider if they had any concerns about a person not receiving safe support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People using the service considered it to be well-led and said they had been consulted about the service they received. A person said, "I think it's pretty well run as I get my care calls on time and I know I can rely on the staff." A relative said, "It must take a lot of organising but on most days things seem to run smoothly."
• People had been supported to comment on their experience of using the service. They had been invited to give feedback by completing a questionnaire. In their responses people said they were satisfied with the service. Action had been taken when a person had suggested an improvement. An example of this was a person who had requested that the time of one of their care calls be changed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• There was a culture in the service that recognised the importance of providing people with person-centred care. A person said, "The care staff who call to see me are always polite and they recognise that they're visitors in my home."
• The registered provider was aware of the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission and knew what steps to take to meet the requirement to tell people the truth if something goes wrong.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The latest rating was conspicuously displayed both in the service's administrative office and on the website.
• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. We have been told about important events that had occurred in the service since the last inspection visit.

Working in partnership with others
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. This included liaising with care managers (social workers) and with commissioners who purchased some of the care provided.
• The registered provider had used professional publications to keep up to date with national developments. As a result the service was ready to introduce changes being made to authorising occasions when people need to be deprived of their liberty.