

Brooklands Homecare Ltd

Brooklands Homecare Ltd - Worthing

Inspection report

19 Raglan Avenue
Worthing
West Sussex
BN13 2AW

Tel: 01903244424

Date of inspection visit:
20 November 2019
22 November 2019

Date of publication:
24 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brooklands Homecare Ltd is a small domiciliary care agency providing personal care to 16 people at the time of the inspection. The agency is based in Worthing and supports people in the surrounding areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were being supported by staff who were kind and caring. Feedback about the staff was all positive. As the service was small people knew their care workers well and had consistency with their care and support. Relationships between staff and people and their relatives had developed.

People were supported safely by staff who had been trained and were well supported by the management. Staff were recruited safely and there were enough staff to meet the agreed care packages. There was an on call system which supported people and staff to have access to a manager at all times. People's risks had been identified and there were plans in place to help manage risks identified.

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. People had their own care plans which were reviewed when needed. A copy was kept in people's homes, so they could access them when they wished.

People's care was personalised as staff knew their likes and dislikes. People and relatives had access to a complaints process to raise concerns. All the feedback about the branch manager was positive. There was confidence in their ability to manage the service.

Quality monitoring was being carried out and staff were encouraged to share their thoughts about improving the service. People and their relatives were asked for feedback to monitor the quality of the care and support.

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

Rating at last inspection

The last rating for this service was Good (published 15 June 2017). Since this rating was awarded the service has moved the office location. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Brooklands Homecare Ltd - Worthing

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had employed a branch manager to take care of day to day management responsibilities.

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 November 2019 and ended on 25 November 2019. We visited the office location on 20 November 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had about the service since the last inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with the branch manager and one member of staff. We reviewed a range of records. This included three people's care records and medicines records. We look at three staff files in relation to recruitment and staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted six relatives by telephone to talk to them about their experiences of care and support from the service. Most people being supported by the agency were not able to speak with us by telephone. We telephoned three members of staff and contacted six healthcare professionals to ask them for their feedback about this service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- All the relatives, staff and healthcare professionals we spoke with told us they thought the service was safe. Comments included, "The manager always carries out a thorough risk assessment. She works with me to make sure people get safe care and the paperwork is done as it should be", "Staff turn up on time and are reliable" and "Staff come and see [person] when they say, which is peace of mind for us. They [staff] have never missed a call."
- Staff had received training in safeguarding and were able to tell us the different types of abuse and the signs of abuse. They told us they would report any concern to the branch manager and were confident any concern would be dealt with.
- The branch manager was aware of how to raise any safeguarding alerts.
- People's risks had been assessed and management plans were in place to help reduce any risk identified. The branch manager regularly reviewed risk management plans.
- Risks in people's homes had been assessed and the branch manager aimed for a senior care worker to carry out initial visits to make sure the visit had been planned safely.

Staffing and recruitment

- People were being supported and cared for by staff who had the necessary pre-employment recruitment checks carried out. This included obtaining references from previous employers and a check with the disclosure and barring service (DBS).
- Sufficient numbers of staff were employed to meet people's care packages. The branch manager told us they regularly reviewed staffing rotas to make sure people had the staff they needed.

Using medicines safely

- People received their medicines safely and as prescribed. Staff had training in administering medicines and their competence checked.
- The service used medicines administration records which recorded all the medicines people were prescribed. This included topical creams or lotions and items such as eye drops.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. Relatives we spoke with told us staff used personal protective equipment when needed.

Learning lessons when things go wrong

- Systems were in place to review processes and care delivery in response to any incidents. This included

the branch manager sharing any learning with the staff to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People had an assessment carried out by the branch manager prior to starting any service. The branch manager told us this assessment enabled them to thoroughly assess people's needs to make sure the service could meet them. One relative told us, "[Branch manager] did a good two-hour assessment at the start. I was comfortable they would do a good job."
- The service used nationally recognised resources to help them assess people's needs and plan packages of care. The branch manager had involved healthcare professionals in the assessment where people's needs were more complex. For example, if a person had complex moving and handling needs the branch manager had sought advice from an occupational therapist.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction and follow up training. One member of staff told us, "My induction has helped me to feel competent." Staff were supported in their role by a senior team who they could shadow during induction. Staff all told us they felt well supported.
- Staff received training in a variety of subjects. One member of staff told us they had received training on how to use equipment. They said, "I have recently done two lots of practical hoist training, it was very good."
- Staff had regular supervision which gave them the opportunity to talk about any training needs or concerns. One member of staff told us, "I can talk about any concerns I have and share my thoughts and feelings. If I have asked the manager for a supervision she has never turned me down."

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

- Some people required support from staff to help with food and drink. Where this help was provided relatives told us staff were following people's wishes. The help provided ranged from leaving drinks out to helping cook a light meal.
- Nutritional needs were known by staff. The branch manager told us they took care in making sure people had the support they needed to eat and drink. Staff could also monitor food and fluid intake if there were any concerns.

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

- The team at Brooklands Homecare was small and all worked together to provide care and support. Staff told us how they kept in contact by email or text and knew they could rely on each other to help when needed.

- People were supported to access healthcare if appropriate or in an emergency. One relative told us, "[Relative] had a urine infection recently, [staff] were so good at spotting that and getting the treatment they needed." Staff told us they would not hesitate to call emergency services if needed and appropriate. One healthcare professional told us, "They [staff] are quick to respond to people's needs and really quick to get any referral through to me."
- Some people had more than one care agency visiting them. The service worked in partnership with others to make sure people had the care they needed. One relative said, "Between the two agencies [relative] is looked after."

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

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was supporting one person who had been assessed as not having capacity to make some decisions. The service had followed the principles of the MCA. There was nobody under the Court of Protection.
- Staff had been trained in MCA and knew and understood how it applied to their roles.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The branch manager knew people and their relatives well. They were able to step in if needed which meant that no visits had been missed. This provided peace of mind to people and relatives who used this service. One healthcare professional told us, "[Brooklands Homecare] are a small agency who treat people so well, they really do treat people first rate. As they are so small it enables them to be so person-centred."
- Relatives told us the staff were all caring. Comments about the staff included, "We are thrilled with them [staff], they are very thorough" and "I know [relative] is safe and well cared for."
- Staff we spoke with all really enjoyed their jobs. Comments from staff included, "I like working for the company as it is a small company and I prefer the feel of that", "I would recommend this service to any relative of mine" and "It is a real privilege to work with the clients, we have some lovely clients."
- People's needs were known by staff who had time and opportunity to read information about people's likes and dislikes. One member of staff told us, "I can read the care plan and other notes. We are learning all the time about people, every day we learn what they want and need." Another member of staff told us, "People don't have strangers going into their homes, they have staff they know."

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

- People were involved in planning their own care. Where needed relatives had also been involved and were kept up to date with changes. One relative said, "[Branch manager] was lovely, very helpful and listened to us both. We worked out how they can help for now."
- Care reviews were held with all areas of the service being discussed to make sure people were happy with the service. Any aspect of the service could be changed to suit people's needs, wishes or preferences. For example, one relative told us how the service had adjusted the times of the calls to suit their relative. They said, "The same staff come every day, they know [relative] and adjusted times to suit them as they like to get up early."
- Relatives praised staff for supporting people and their spouses who lived with them, though the spouse did not need care. This helped to maintain positive relationships supporting others to be involved in people's care. One relative told us, "They [staff] are good with [relative]. They provide emotional support while [relative] is getting their care. They are good with both of them which is what I need."

Respecting and promoting people's privacy, dignity and independence

- People were being supported by staff who spoke about them with respect and fondness. Relatives told us staff treated people with respect and maintained their dignity. One relative said, "Staff treat [relative] with kindness and respect, [relative] is very comfortable with all the staff."

- Staff gave us examples of how they maintained people's dignity. They did this by covering up people as much as possible when providing personal care, making sure doors and curtains were closed and not talking over people.
- People's personal information was kept secure and staff understood the importance of making sure people's records were stored securely.

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 has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's needs were being met by a team providing person-centred care and support. Staff knew people very well and knew how they liked their care to be provided.
- People had a personalised care plan which gave staff the guidance on how care was to be provided. Care plans had been reviewed as needed.
- Staff kept daily records of what care they had provided. One relative told us, "Staff keep lots of notes at the property which are very objective. They are kept well, and the notes are legible."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and assessed in people's care plans. Information could be made available to people if needed in different formats.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and systems in place to address any concerns if needed. Since our last inspection there had been no complaints.
- Relatives we spoke with told us they knew how to make a complaint and were confident it would be dealt with to their satisfaction. One relative told us, "If I was not happy with anything I would ring the service, their hearts are in the right place, so they would want to get it right."

End of life care and support

- People were able to have end of life care and support by the service when needed. Staff we spoke with told us they particularly enjoyed this type of care and considered it a privilege to provide it. One member of staff told us, "If we can keep someone at home at the end of their life to follow their wishes, I am so proud of that."
- People's wishes around the care they wanted at the end of life were known by staff and recorded in their care plans. Staff worked with healthcare professionals to make sure people were comfortable.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we made a recommendation that the service reviewed and implemented systems for monitoring all aspects of the service including record keeping. At this inspection we saw that this had improved.

- The branch manager reviewed records and carried out checks to monitor quality and safety. For example, all staff had observations carried out to check how they worked with people in their homes.
- Records were regularly checked to monitor how the staff were recording care provision. There had been no concerns about how staff recorded in people's notes.
- Management were aware of their responsibilities to make sure the service was providing people with safe, high quality care. The registered manager was not able to visit the office on the day of our inspection. We spoke with them on the telephone after our visit. They told us the day to day management was carried out by the branch manager who was "thorough and dependable". They also told us they had employed a compliance manager to thoroughly audit their main branch of the service in Kent. Once this had been completed the Worthing branch would also be audited in full.
- Brooklands Homecare had never missed a call and if staff were going to be late people were called and informed.
- Staff at the service were clear about their roles and their limitations and told us they had a senior team they could contact at any time. Out of hours support was provided so there was always a member of management on call.
- The service was small and had no current plans to expand. The branch manager told us they were regularly asked by professionals to take more packages of care due to a good local reputation. They told us they did not want to take on more packages unless they were very confident they could provide a safe, quality service.
- The registered manager and branch manager understood their responsibility around duty of candour. This included being open and honest if things were to go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a branch manager who was committed to providing person-centred care and was dedicated to making sure people were well supported. They told us they tried to match people with a

member of staff to make sure the relationship worked well.

- Relatives, staff and professionals all told us the service was well managed. Comments included, "The manager is approachable and listens. She gives good advice and is on my side. I feel the manager is a caring person", "[Branch manager] is fantastic, anything I need I just have to call" and "Everything is fantastic, I am a trained nurse myself and was careful who I would choose as a care provider for [relative]."
- All the staff we spoke with told us there was very good morale amongst all the staff and they all worked well as a team. One member of staff said, "It is a good team, I get on well with everyone, there is good morale. Some staff have worked for the company for over 17 years, that tells you a lot I think." Another member of staff said, "The team are supportive, I had an incident the other morning, I just called a team member and they helped me. There is always someone on the end of the phone to help."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback from people, relatives and staff was sought in a variety of ways. One relative told us, "I have a good relationship with [branch manager] I ring her once a week, check all is well and anything we can change and get better we talk about it. They are so brilliant."
- Staff were able to meet and discuss their views.
- The branch manager told us they were always looking to improve the service and develop their own knowledge. They regularly accessed resources online and made use of local networking events.

Working in partnership with others

- The branch manager told us they worked with various local healthcare professionals to achieve good outcomes for people.
- The local authority contract monitoring team had visited the service since our last inspection and had no concerns about quality. The branch manager told us they had good working relationships with teams throughout the local authority.