

Broomfield Care Ltd

# Broomfield Care Ltd

## Inspection report

Suite 1, The Business Centre  
Innsworth Technology Park, Innsworth Lane  
Gloucester  
Gloucestershire  
GL3 1DL

Tel: 01452730888

Date of inspection visit:  
07 September 2018

Date of publication:  
19 October 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of our inspection it was providing a service to thirty-nine adults.

Not everyone using Broomfield Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection took place on the 7 September 2018 and was announced. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service continues to be rated 'Good'.

The service was outstandingly caring and compassionate. The registered manager had empowered staff to be confident when working with health professionals so that they became skilled to support people's complex needs. This enabled them to go the extra mile to support people at home by preventing unnecessary hospital admissions. There was a strong holistic approach to supporting people to remain at home and to continue receiving care even if their circumstances changed.

Broomfield Care Ltd had 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.

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe.

People benefitted from a proactive and supportive approach to promoting their independence and enabling them to continue to follow their wish to live in their own homes. People were treated with respect and kindness and their privacy and dignity was upheld.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care from staff who knew their needs and preferences. People and their relatives were involved in the planning and review of their care and support. There were arrangements in place to respond to concerns or complaints.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. The management were approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

The service delivered an outstanding compassionate service.

People were supported in a proactive way to maintain and redevelop their independence with the result they were able to regain the ability to live in their own homes.

People benefitted from positive relationships with staff and management.

People's privacy and dignity was promoted and respected by staff.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Broomfield Care Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service prior notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 7 September 2018 when we visited the office location. This inspection was carried out by one inspector. We spoke with the registered manager, the care manager and three members of care staff. We reviewed care records, staff records and policies and procedures relating to the management of the service. Following the inspection, we spoke with one person using the service and received comments from the relatives of four other people. We also received comments from a social care professional and a health care professional.

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

# Is the service safe?

## Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. Safeguarding procedures had been discussed at a staff group supervision session.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. People had general risk assessments in place which gave staff information on managing any identified risks such as meal preparation or moving and handling. Information was available for staff, accessible on their mobile phones, on actions to take if they were unable to gain access to people's accommodation. A plan was in place to deal with any emergency that may affect the delivery of the service.

Suitable staffing levels were in place to meet the needs of people using the service. People told us they felt assured that they would receive their care. The registered manager told us telephone calls would be made to warn people of any late visits and this practice was confirmed by people using the service and their representatives. One person's relative told us "They've never let me down". Another commented, "They have always turned up on time and it is nice to see the same carer on a regular basis and to be told who to expect". Staff were given updates on any traffic problems caused by road works to enable them to plan their journeys accordingly.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. Audits of people's medicine administration charts were carried out when they had been completed and returned to the office. The audit checked areas such as any signature gaps and recording the reasons for omitting any medicines if applicable. Staff received training and competency checks for supporting people with their medicines. A relative commented "They are conscientious about applying creams".

People were protected by the prevention and control of infection. Staff had received training in food hygiene, infection control and hydration. Spot checks on staff included checking personal protective equipment such as disposable gloves were being used where appropriate.

A system was in place to investigate and learn from accidents and incidents. For example, when one person

was unhappy with visit times and declined support. A record of the actions taken to respond to the situation had been made and the attempts to resolve the issue. As a result, a plan was drawn up regarding visit times and shared with the person using the service.

# Is the service effective?

## Our findings

People's needs were assessed to ensure they could be met before they received a service. The assessment included a functional assessment, personal background and health information. Since our previous inspection, the service had introduced a new digital system enabling staff to access information about people's care needs using their mobile phones. This system also enabled people's care plans and risk assessments to be updated promptly if their needs changed. The care manager reported "A quicker response than the old system".

During hot summer weather, staff had been given NHS guidance to follow to ensure people were equipped to manage the high temperatures. This included ensuring people had access to plenty of fluids, choosing appropriate clothing and ensuring people's relatives were aware of reporting any related concerns about a person's health. As part of severe weather contingency planning for the winter, people receiving the service were assessed in relation to the priority of their needs. This information was communicated to people and their relatives. The planning ensured people with the highest needs would be prioritised for visits whereas those with the lowest need would be able to rely on temporary arrangements from relatives or neighbours. In addition, information had been sent to people and their representatives on keeping well during the winter.

People using the service were supported by staff who had received training and support suitable for their role. Staff had received training in such subjects as, first aid, moving and handling and health and safety. Training had also been provided specific to people's needs such as dementia and other health related conditions. Staff had also completed nationally recognised qualifications in health and social care. Staff told us they received enough training for their role and their training was up to date.

Staff received individual meetings with the registered manager called supervision sessions. These sessions included discussions to support staff in carrying out their role. A staff member described them as "Very beneficial" and another told us they were "Really well supported". In addition, spot checks were carried out on staff working with people in their homes. The checks involved observations of their practice by senior staff with feedback provided.

People's care plans described their support needs in relation to their diet including likes, dislikes, allergies, intolerances and any nutritional needs. Feedback about meal preparation received by the service included, "always cooks us a lovely meal for tea and usually something for the next night too".

People were supported to maintain their health through liaison with health care professionals and support to attend health care appointments when needed. People were supported to manage their health care needs. When staff noticed changes to their physical or mental health they contacted their family or, in some cases, health care professionals with the person's permission. Consent had been sought to contact relevant professionals where required. If emergency services were needed they were alerted and staff would remain with people until they had arrived. A person's relative told us, "Recently (The person) had a major nose bleed one morning and the carer (staff) immediately called me on her mobile. She called for paramedic back up



and all was sorted".

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf, must be in their best interests and as least restrictive as possible. Assessments had been made of people's ability to consent to the care and support provided to them.

## Is the service caring?

### Our findings

Staff and management were prepared to work beyond expectations to ensure people received care and support that was empowering and delivered by staff in a kind and compassionate way. This followed one of the principle values of the service described in the provider's '6C's' in particular "Compassionate – listening to clients' needs and taking action, clients are more than a task to do, staff being present not just doing, knowing clients and their needs well".

The registered manager had empowered staff to be confident when dealing with people's complex needs and we found that this had increased people's choices about their care. Staff worked closely with health professionals and were given the time to develop their skills so that people's complex needs could be met at home. This prevented unnecessary hospital admissions and fulfilled people's wishes to remain living at home. This had enabled staff to go the extra mile to support people to live as independently as possible. For example, one person wished to live at their home following time in a care home after experiencing a stroke. A care plan was agreed with the person and professionals involved with their care. Because of the complex level of support required, a senior member of staff attended each visit to ensure staff were familiar with the correct moving and handling procedures. Working with the stroke team, staff were able to support the person to make transfers without the use of a hoist and to mobilise with support while offering the necessary reassurance and emotional support. This had enabled the person to remain living at home.

Staff worked creatively to advocate and source support for people when they identified people required assistance with other aspects of their lives that might impact on their ability to live at home. For example, staff provided support to a person with consultations with health care professionals which resulted in a financial assessment for the person to claim some benefits. The person expressed a wish to access the upstairs of their house. Following an assessment, a stair lift was fitted. However, the person was unable to use this until they had been re-assessed by an occupational therapist. Several months went by with no assessment. Observing the effect on the person's emotional wellbeing and with the person's consent, Broomfield Care staff attempted to arrange the assessment. When this was not forthcoming they made a complaint on the person's behalf which resulted in the assessment being swiftly completed so enabling the person to access the upstairs of their home once again and increase their independence. In addition, staff consulted with the person and their relative and enabled them to access a private physiotherapy service which had resulted in a positive outlook and confidence for the person.

Another person was enabled to become more independent after returning home from a hospital stay. Staff worked with them to enable them to transfer with a transfer aid and reduce the use of a hoist. They were also supported to mobilise in their home which enabled them to see their roses in the garden again. Staff cut flowers from the garden for the person to enjoy in their home with positive results.

The person wished for staff to make telephone calls to health care professionals. However, to maintain the person's independence, they were encouraged to make these calls themselves with the support of staff.

The service was compassionate and worked creatively to ensure people could continue to receive care

when their circumstances changed. A social care professional told us how a person was able to continue using the service after changes to their financial situation. "The person was very happy with the care being provided and had built up a good relationship with carers. Carers knew the person well which enabled them to provide care and support that the person needed while ensuring they maintained their independence skills. The person's finances depleted and family were unable to offer financial support. The manager was very understanding and agreed to accept local authority funding which was less than their private rates. They understood that they had been supporting the person for 3 years and that the person concerned was very wary of new people. They appreciated that the person had a good relationship with carers and they were happy to continue providing care at the reduced cost. The family and person were very happy at the outcome as the thought of losing carers made the person very anxious. In this experience I found the carers and manager to be very supportive to someone they knew well and in my view looked at the person rather than the financial implication to them".

Staff developed positive relationships with people and their relatives. The Provider Information Return (PIR) stated, "It's the company's policy to be caring, and treat individuals as you would want your relative to be treated". A person's relative told us "All the Broomfield Staff are approachable, courteous, professional and friendly. Nothing is too much trouble". Other relatives described staff as "Very caring and very kind", "Warm, compassionate, efficient and responsible" and "Caring respectful and reliable".

People's care plans instructed staff on how to promote people's well-being and independence with personal care to enable them to remain living in their home. For example, one person's care plan detailed how they would be supported to maintain some independence with personal care. A social care professional told us "Carers (staff) knew the person well which enabled them to provide care and support that the person needed while ensuring they maintained their independence skills". A person's relative commented, "They were good at encouraging (the person) to try even if she wasn't keen i.e. washing herself, getting around the house etc".

Reviews of people's care were carried out through consultation with them and their relatives. Information about advocacy services was provided to people by Broomfield Care and contained within their care documentation. This sign-posted people to a number of advocacy services suitable for different needs. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs).

People's privacy and dignity was respected. Staff gave us examples and demonstrated an awareness of the importance of respecting privacy and dignity when providing personal care. This approach was reflected in people's care plans which also included actions to provide emotional support.

## Is the service responsive?

### Our findings

People received care and support in response to their individual needs. People's support plans contained detailed information for staff to follow to provide individualised care and support and had been reviewed when necessary. A member of staff described personalised care as "listening to what the client wants and needs" and "There is no, one size fits all". A person's relative told us how staff would leave reminders for the person to watch their favourite sport on television. Staff would also play the person their favourite music. The relative said, "I can't fault them". One person was supported to take part in activities such as a trip to the seaside with two members of staff and attending a football match.

Consideration had been given to complying with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. One person required information in large print format due to sight issues. The service responded and provided information in this format, for example, a letter about an additional visit.

There were arrangements to listen to and respond to any concerns or complaints. Three complaints had been received in the twelve months prior to our inspection visit. These were investigated and appropriate responses given to complainants. Appropriate action had been taken following complaints such as training for staff and discussion at individual staff meetings.

At the time of our inspection visit there were no people using the service being supported in the final days of their life. Positive comments had been received from a family of a person who had previously received such care. These included, "all the staff treated (the person) with great respect and kindness" and "what an inspiring team of carers (staff) (the person) had during their last days". Suitable staff training had been booked for December 2018.

# Is the service well-led?

## Our findings

The service had a vision using the principles of the 6C's to deliver high quality care and promote good outcomes for people. These were Caring, Compassionate, Competent, Courageous, Communicative and Committed. Throughout our inspection we found examples of staff supporting people in accordance with the provider's values and objectives. The registered manager described the current challenges as maintaining the current staff team and keeping them motivated. Planned developments included looking for a new larger office premises.

We heard positive comments about the service provided from people and their relatives such as "Faultless" and "Excellent". Staff were positive about their role and the way the service was managed. We were told, "One of the best manager's I've worked for". Staff received a weekly newsletter by E mail containing information for staff about the needs of people and any practice issues such as recording medicine administration.

The registered manager was accessible and approachable for people using the service and staff.. Staff were supported out of office hours by an on-call system.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance information was up to date and available to staff. Audits were completed on a regular basis and in accordance with the provider's quality monitoring arrangements such as the client notes audit and medicines audit. These showed that actions were identified and completed and this led to improvements being made such as ensuring important information in people's notes was followed up by staff on subsequent visits.

Satisfaction surveys had been sent to people using the service, their relatives and staff. Results were analysed with a written response to the result from each question which was fed back to staff. Where any areas we identified for improvement or further investigation a clear action was set allocated to a named member of senior staff.