Brighton and Hove City Council

Brighton & Hove City Council - Brighton and Hove Home Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 6 November 2017 and was announced.

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, but predominantly to older adults, including people who may have a physical disability, a learning disability, sensory loss, mental health problems or people living with dementia living in Brighton and Hove. This is a responsive short-term reablement service for people who need support to regain their independence, but do not require any clinical care. Care and support is also provided for a small number of people who have complex care needs and receive long term care and support. At the time of our inspection around 80 people were receiving a service.

At the last inspection on 30 September, and 9 October 2015 the service was rated overall Good. At this inspection we found the service remained overall Good. At the last inspection the needs and choices of people had been clearly documented in their care and support plans. Where people's needs changed, people's care and support plans were reviewed to ensure the person received the care and treatment they required. However, the detail in people's care and support plan was variable. At this inspection we found work had been undertaken to address this. People also told us they did not always have continuity of care staff providing their care. Feedback at this inspection was where possible this had also been addressed.

Systems had been maintained to keep people safe. People told us they felt safe with the care provided. People's comments received included, "Lost my confidence going down stairs so they have helped me feel safe again, "and "It's like having a friend come in to help and keep you safe." They knew who they could talk with if they had any worries. They felt they could raise concerns and they would be listened to. People remained protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had been developed. Staff told us they had continued to receive supervision, and be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. One member of staff told us, "We are backed up very well by the office and managers. They are always only a phone call away. I've always been well supervised, every four to six weeks. They are hot on training. I've got NVQ Level 3, and done dementia awareness." People told us care staff had the knowledge and skills to provide their care and support.

People's individual care and support needs continued to be identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. People told us they felt listened to, supported to be independent and they were involved in decisions about their care. One person told us, "Carers have nice smile, put you at your ease, they have a very nice way allowing you to do things for yourself but not making you feel you ought to be able to do it and not rushing in just waiting for you to need help. It's part of their professionalism you always feel like they are watching to keep you safe." Staff had a good understanding of consent.

People were happy with the care provided. People continued to be supported by kind and caring staff who

treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. People's comments included, "Can't speak highly enough of the carers, brilliant people, didn't know there were people like that around," and "Can't speak highly enough of the carers. Glad they are employed by Brighton and Hove Council which gives them good terms of employment. They are cheerful, willing flexible, if you need an extra ten minutes that's OK. They say, and I believe them, that they love their work they are so caring."

People told us they were supported to be independent. One person told us, "The management seem very sincere. They have recently visited to assess what is needed in the future and it was like talking to a friend walking along together doing the journey together." Another person told us, "It's personalised, it's reliable, it's good humoured, sensitive to my needs, unrushed and careful."

The provider continued to have arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. If needed, people were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health.

People and staff told us the service continued to be well led. People's comments included, Excellent service When I had my hip replacement and excellent service this time, very satisfied," "Friendly and caring," and "Marvellous service." Staff told us the registered manager was always approachable and had an open door policy if they required some advice or needed to discuss something. Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided through reviews and by using quality assurance questionnaires.

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 Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service is now Good.

This is because where possible continuity of care staff providing their care was ensured.

People had been assessed and their care and support needs identified. Care plans were in place which had been reviewed.

The views of people were welcomed, and people had received information on how to make a complaint if they were unhappy with the service.

Is the service well-led?

Good

The service remains Good

Brighton & Hove City Council - Brighton and Hove Home Care

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 6 November 2017 and was announced. We told the registered manager forty-eight hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection, with an expert-by-experience, who had experience of older people's care services. The expert by experience helped us with the telephone calls to get feedback from people being supported.

We previously carried out a comprehensive inspection on 30 September and 9 October 2015 and no concerns were identified.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. 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." We contacted the local authority commissioning team and to ask them about their experiences of the service provided. We contacted four health and social care professionals for feedback on the service provided and received three responses. We spoke with 15 people who used the service and two friends.

During the inspection we went to the service's office and spoke with the registered manager, two operations managers, two care support managers, the manager of the duty team, a duty officer, the manager of the administrative support team and five care staff. We spent time looking at records, including eight people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt the service was safe. Comments received included, "I feel very safe, the carers are polite, warm and emit quiet responsibility, I feel completely confident with them," "Total confidence with the service," and "They help me with the stairs which is my main worry so I feel safe."

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff told us the provider was proactive and responsive in getting problems sorted out. Staff described how they had contributed to the risk assessments by providing feedback to senior staff when they identified additional risks or if things had changed. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Procedures were also in place to protect people from financial abuse. For one person who had help with their shopping they told us, "They buy my newspaper and basics for me. They always give me a receipt and count out the change, they are completely honest almost overwhelmingly so."

Procedures had been maintained for staff to respond to emergencies. Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff meetings. The registered manager analysed this information for any trends.

People continued to receive their medicines safely. Where people had received support with their medicines comments received included, "They give me my medicines," "The carer helps me to do my cream," "I self-medicate but sometimes the carer has to remind me to take them, she creams my legs for me." They are supposed to see me take my medicines we spoke about medicines this morning that does not always happen," and "They sort medicines in the morning, gentleman in the evening does creams and medicines." Care staff were trained in the administration of medicines. One new member of staff told us, "I can't administer any meds until I've done the training and competency assessment, so I go on double calls, where the other worker can do the meds, or single calls where meds aren't part of the plan." Regular auditing of medicine procedures had been maintained, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

People were protected by the prevention of infection control. Staff had good knowledge in this area and

attended regular training in this area. PPE (personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks on induction. One person told us the care staff were, "Always professional, always use gloves, couldn't ask for nicer group of people." Staff told us that protective personal equipment (PPE) such as aprons and gloves had been readily available.

People told us that their care calls were not missed. Care staff arrived on time and provided the care and support as agreed. People's comments included, "They always come between 8.15 am and 9.00 am which is the time slot I asked for, only once have they been late and they rang to tell me," "Generally the service is on time, traffic problems would be the main thing for lateness, but the office keep people informed about late calls or change of person coming," and "Nearly always on time but ring if they are going to be late." Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required. One member of staff told us when asked if they usually arrived to provide care at the agreed time, "Largely ok; school times are difficult with traffic, but the office will always pass on if we are late and rearrange call times if necessary." Staff had been consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Good

Is the service effective?

Our findings

People felt staff were skilled to meet their needs and continued to provide effective care.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. People told us they were always asked for their consent before any care was provided. Comments received included, "Carers ask 'What would you like today' for two or three days I just have a wash, then when I want I have a shower, they are very adaptable and go at your own pace," "Always ask before they do anything, nothing is too much trouble," and "Always ask if there is anything else they can do for you and they mean it."

When new staff commenced employment they continued to undertake an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. One new member of staff told us, "There was plenty of shadowing. You're there to see what the person can do, whereas I was used to the very frail and elderly who needed straight care. There's a big emphasis here on sensitivity to how people see things themselves. There was some one-to-one time, the shadowing, and sometimes I just came in and read. I spent time in the duty office to see how the service is organised. The reablement book training was good at helping me understand the difference between caring and what I'm doing now. "Staff continued to undertake essential training to ensure they could meet peoples care and support needs. Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care.

Staff all confirmed that they received regular supervision and said they felt very well supported by the management team. They had continued to attend regular supervision meetings throughout the year with their manager and had completed a planned annual appraisal. One member of staff told us, "I have a good line manager, we meet regularly and senior staff are available all the time. There's a good chain of communication with managers and duty, they will always pass on information to where it's needed." Another member of staff told us, "I feel supported in what I do with individual service users. I'm pleased to share my experience with others via shadowing. I'm currently working towards NVQ Level 5 and I'm supported here to do that. I've started doing first visits, which has the responsibility of introducing the service to new customers. I had in-house training to do that and then shadowed a manager four times. We can identify additional training if we want; I've done continence care and dementia awareness. I did manual handling assessor training and now assist the risk assessment process after shadowing a manager."

Where required, staff continued to support people to eat and drink and maintain a healthy diet. People's

comments included, "I had a little support in the early days with food preparation but now I am able to do it myself," "They usually manage a Weetabix and a bit of toast, I have oven meals at lunchtime they served it up for me yesterday," and "No personal care just made my breakfast and evening meal in the evening. I can't carry things through from kitchen but recently the management have organised a trolley for me so I will be able to cope without any visits." Staff told us they continued to monitor what people ate and if there were concerns would refer to appropriate services if required.

People continued to be supported to maintain good health and have on-going healthcare support. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, us, "When I fell I knocked the tiniest bit of flesh and now I have an ankle to groin brace, it rubs, so the carers contacted the GP and nurse to have the wound dressed for me." Another person told us, "Twice when the carer has arrived I have been semi collapsed, they called for an ambulance and the first time I stayed in overnight the second time they let me home after a couple of hours." A third person said, "One morning I was not well so the carer called the GP for me."

People's needs had continued to be holistically assessed and care plans were based upon assessments of their needs and wishes. People and their relatives told us that they had been involved in developing their care plans. Records showed that care plans were regularly reviewed and updated to reflect care delivery.

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. When asked what the service did well one person told us, "The employment of the right people to do the job, they come in they have no idea who they are meeting, they introduce themselves and are friendly warm and efficient." Another person told us, "Very respectful, very kind and caring and see to all your needs, nothing too much trouble."

Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people. People told us, "The staff are absolutely brilliant," "They are amazingly cheerful and patient," and "Two or three of the carers I would like to think we have become friends, I look forward to seeing them, and we have a laugh together."

Staff told us people had continued to be encouraged to influence their care and support plans. Care staff told us how they knew the individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. People consistently told us they were happy with the arrangements of their care package. They had been involved in drawing up their care plan and with any reviews that had taken place. They felt the care and support they received helped them retain their independence.

Peoples' equality and diversity continued to be respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. People's comments included, "My preferences were taken into consideration, I asked for only female carers," "I asked for a late call as I am not an early riser and need time to get myself sorted. They come at 11.15am to help me put my compression stockings on," "I wash myself, the carer helps me downstairs and gets my breakfast," "I was asked if I minded a male carer which I don't mind," and "I have a variety of carers but always a female as requested."

Peoples' privacy was respected and had been consistently maintained. People confirmed that they felt that staff respected their privacy and dignity. People's comments included, "Incredibly discreet, draw the curtains in the bedroom then allow me to sort myself out but always there if I need help," "Great communication, very polite, very friendly, all tasks are written down and I am able to tell them what they need to do," and "Not intrusive just cream my legs," "They give privacy when they need to, get the balance just right," and "The carers shower me and wash my hair, always with care and dignity."

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people. The registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People told us that staff remained responsive to their needs. One member of staff told us, "I love the work feel I make a difference. We have to help people do as much as they can, to their benefit."

At the last inspection on 30 September and 9 October 2015 the needs and choices of people had been clearly documented in their care and support plans. Where people's needs changed, people's care and support plans were reviewed to ensure the person received the care and treatment they required. However, the detail in people's care and support plan was variable. People also told us they did not always have continuity of care staff providing their care. At this inspection we found work had been undertaken to address this.

Work had been undertaken to develop and maintain the detail within peoples individual care plan and were very comprehensive and gave detailed information on people's likes, dislikes, preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. Feedback from people and care staff was this information was regularly updated and reviewed. Staff told us communication was good where changes had occurred and they received information about new people. Comments included, "Care plans are in people's homes, with the core information showing on our smart phones. Person centred planning has made a difference as we have to record progress as well as care given," "I always read the care plan in the home first, there's only so much can be put on the phone. If there are communication difficulties, there are always things in place, such as using a white board. I always feel part of a wider teamwork approach with other professionals," and "The care plans are fantastic. The information on the phone is enough to start you off but I always read the plan first when visiting someone new. Most people agree their goal plans. Sometimes we identify possible extensions to goals, say to assist someone to a local shop, so we report it and it would be risk-assessed."

Most people told us there was good consistency of care staff providing their care. People's comments included, "Just recently had the same two regular carers," "I have two carers consistently," "Normally same carer," and "Same people most of the time." One member of staff told us, "Continuity is always an issue but I have my set people day to day. I think the admin has improved, that we are more dedicated to a group of service users. But the nature of the job is having to cover elsewhere sometimes. Managers do a good job in the first visits to people, they get good information and set the scene for how we work. Then our reporting back to them affects how the support develops." For the majority of people, the service was for a short period to help them regain their independence. Several people spoke of how the package of care had reduced in accordance to their needs and they had understood and been happy with this process. One person told us, "The manager came in to check on things and organised the occupational therapist to come out and sort the equipment I needed." Another person told us, "They give people hope in all ways, physically I would not have been able to cope but they've also given me the ability to move forward mentally, they have restored my confidence." Care staff were asked how they helped promote people's independence. One member of staff told us. "If I need more time with someone I can just ring up and say so. We always put reablement goals first so it would be wrong to leave just as real progress is being made." Another member of staff told us about the support they provided to one person, "We found a safe routine with her. After four

weeks she took over washing and dressing herself. She can now cream her legs. So we identified further goals, emptying the commode and greater involvement in meals. She was very motivated. Others need encouragement to find motivation, which is another aspect of what we do."

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. Senior staff undertook the initial assessment, and discussions then took place about the availability of staff and the person's individual care and support needs. People's comments included, "The manager came round on the evening I was discharged from hospital and we discussed the care I needed and the times," "I was transferred to Brighton and Hove Homecare and the manager, a charming chap, came out to discuss my needs," "Manager came out as soon as I was home and asked my needs," "Two people came round and we discussed the care. I started with three calls a day but am now down to one" and "Manager came and assessed my needs agreed on twice day morning and evening but since then have stopped morning."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured peoples communication needs had been identified and met. Senior staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. Information for people and their relatives if required were created in a way to meet their needs in accessible formats to help them understand the care available to them. For example one member of staff told us when working with people who have had a stroke, "The training emphasised slowing down, using single words and yes/no answers. Speech problems are common and we use a lot of flash cards to help. One person has only been saying yes or no, but I've helped them say 'cereal' and 'toast' and fed that back to the speech and language team (SALT.)" One member of staff told us, "Communication needs is a key part of the assessment." A policy and procedure was in place which senior staff had reviewed and used to inform and develop the service provided.

People and their relatives continued asked to give their feedback on the care provided through reviews of the care provided and through quality assurance questionnaires which were sent out. We found the provider had maintained a process for people to give compliments and complaints. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. We could see that feedback received continued to be used to inform the service delivery.

Good

Is the service well-led?

Our findings

People and staff all told us that they were happy with the way service was managed and stated that the management team remained approachable and professional. People's comments included, People's comments included, "Whatever I have needed and asked for they have done," "Excellent service," "Friendly and caring," "Marvellous service," and "More than satisfied."

The service had a registered manager. 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. There was a clear management structure with identified leadership roles. The registered manager was supported by a team of senior staff. Staff told us they continued to be well supported. Comments received included, "I have a good line manager, we meet regularly and senior staff are available all the time. There's a good chain of communication with managers and duty, they will always pass on information to where it's needed," and "We are backed up very well by the office and managers. They are always only a phone call away. I've always been well supervised, every four to six weeks."

Policies and procedures continued to be in place for staff to follow. The registered manager was able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected.

Senior staff continued to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided and records were completed appropriately. People were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held periodically and staff newsletters were used as an opportunity to keep staff up-to-date with what was happening in the service.

Feedback from other professionals was that staff in the service had continued to work well with them. The registered manager and staff worked closely with health professionals such as the local GP's and health specialists when required. Senior staff told us they worked very closely with all professionals they were in contact with, to ensure people received the correct care and treatment required. The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and

used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.