

London Borough of Bromley

Home Care

Inspection report

North Block
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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

This inspection took place on the 2 May 2018. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available. Home Care provides a reablement service to people living in their own homes. It is a short term programme to promote people's independence and offers rehabilitation for up to six weeks following an illness, injury or admission into hospital. It provides a service mainly to older adults. At the time of this inspection 23 people were using the service.

At our last comprehensive inspection of the service on 22 and 24 November 2016 we found breaches of CQC regulations because people's medicines records were not always completed appropriately by staff and the service did not have effective systems in place to monitor the quality and safety of the service that people received. At this inspection we found that action had been taken to make sure people's medicines records were completed by staff in line with the provider's medicines policy and the systems for monitoring the quality and safety of the service were operating effectively.

The service 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.

Medicines were managed appropriately and people received their medicines as prescribed by health care professionals. The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff on duty to meet people's needs. Risks to people were assessed to ensure their needs were safely met. Staff were aware of the steps they needed to take to reduce the risk of the spread of infections.

People's care and support needs were assessed before they started using the service. Staff had received training relevant to people's needs. Where required, people were supported to maintain a balanced diet. People had access to a GP and other health care professionals when they needed them. Staff were aware of the importance of seeking consent and demonstrated an understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions.

People and their relatives had been consulted about their care and support needs. They were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People could understand information in the current written format provided to them; however information was available in different formats when it was required. Staff treated people in a caring, respectful and dignified manner. People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. Staff had received training on equality and diversity. Staff said they would support people according to their needs.

The provider took people's views about the service into account through satisfaction surveys. They carried

out quality assurance checks to make sure people were supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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.

Peoples medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work. There was enough staff on duty to meet people's needs.

Risks to people were assessed to ensure their needs were safely met.

The provider had systems in place monitoring incidents and accidents. Where trends had been identified they had taken action to reduce the likelihood of the same issues occurring again.

Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

Good 

Is the service effective?

The service was effective.

People's care and support needs were assessed before they started using the service.

Staff received supervision and training relevant to the needs of people using the service.

Where required people were supported to maintain a balanced diet.

People had access to a GP and other health care professionals when they needed them.

Staff were aware of the importance of seeking consent from the

Good 

people they supported and demonstrated an understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions.

Is the service caring?

Good ●

The service was caring.

People and their relatives, where appropriate, had been consulted about their care and support needs.

Staff we spoke with had a clear understanding of peoples care and support needs.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint.

Staff had received training on equality and diversity. Staff said they would support people according to their needs.

People could communicate their needs effectively and could understand information in the current written format provided to them. Information was available in different formats when it was required.

Is the service well-led?

Good ●

The service was well-led.

The provider carried out quality assurance checks to assess and monitor the quality of service that people received.

The service had a registered manager in post.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

The provider took people's views about the service into account through satisfaction surveys.

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 checked 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 the 2 May 2018. The inspection was carried out by one inspector. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available to assist with the inspection.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

On the day of the inspection we visited the office and spoke with the registered manager, the director of adult social care, the head of direct care, the head of quality assurance and complaints and three members of staff. We looked at the care records of three people who used the service, staff training and recruitment records and records relating to the management of the service. We also visited three people at their homes to gain their and their relatives views about the service.

Is the service safe?

Our findings

At our last inspection of the service on 22 and 24 November 2016 we found a breach of CQC regulations because medicines were not always managed safely. Staff did not always follow the provider's policy for the safe management and recording of medicines and this required improvement.

At this inspection we found that actions had been taken to address the breach and to ensure medicines were managed safely and staff followed the provider's policy for the safe management and recording of medicines. People were supported where required to take their medicines. The registered manager told us that most people using the service looked after their own medicines or were supported to take their medicines by relatives. However some people needed to be reminded or prompted to take their medicines. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. We also saw medicine administration records completed by staff confirming that people had taken their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on the safe administration of medicines. Each member of staff's competence in supporting people with medicines had also been assessed during checks carried out by the provider's quality team. These steps ensured that staff had the necessary skills to support people with their medicines safely.

The provider had procedures in place to protect people from abuse. A relative told us they felt their loved one was safe using the service. The registered manager and staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff told us they would report any safeguarding concerns to the registered manager and the provider's safeguarding team. They also said they would use the provider's whistleblowing procedure to report poor practice if they needed to. Training records confirmed that all staff had received training on safeguarding adults from abuse.

The provider made sure that appropriate pre-employment checks were carried out before staff started work. Only one member of staff commenced employment at the service since our last inspection. We looked at this staff's personnel records. We saw a completed application form that included references to the staff's previous health and social care work experience, their qualifications and full employment history, two employment references, proof of identification and evidence that criminal record checks had been carried out.

There was enough staff on duty to meet people's needs. The registered manager told us that staffing levels and the number of calls people required were arranged with people at meet and greet meetings following their discharge from hospital. People told us that there were no set times for the support they received from staff, however staff generally turned up when they expected them to. One person told us, "The staff come when they are supposed to." Another person said, "I am happy with the timings. They can be flexible too when I need them to be. Everything can be adjusted when I have an appointment or need to go out." A member of staff told us, "There is enough staff to support people with their needs. We spend as much time as we need with them to make sure they get what they need. We don't need to rush between calls."

Action was taken to assess any risks to people using the service. Where people were at risk of falls or required support with moving and handling we saw that risk assessments and support plans had been completed prior to them receiving a service. Where appropriate people were provided with pendants linked to a community alarm call centre to use in an emergency. We saw that the provider's contact details were clearly displayed on the front of care folders kept in people's homes. One person told us, "The contact details are all in the folder. I can call the office if I need them."

The registered manager showed us the provider's system for monitoring, investigating and learning from incidents and accidents. They told us that incidents and accidents were monitored for each individual to identify any trends. Where trends were identified, for example if a person had a fall, their care needs were reviewed and the support they required from staff was adjusted to reduce the likelihood of them falling again.

The provider had an infection control policy in place. The registered manager told us that personal protective equipment (PPE) was always available for staff. They said the service provided gloves, aprons and hand gel as required. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The staff definitely know what they are doing when they come here. They know exactly what I need. I think they are very well trained."

People were referred to the service by hospital staff upon discharge and care managers from the provider's reablement and assessment team. Assessments of people's care and support needs were carried out at meet and greet meetings and service request forms [care plans] were drawn up to meet their needs. The assessments covered areas such as personal care needs, medicines and mobility. They also included information from family members and health care professionals.

Staff had the knowledge and skills required to meet the people's needs. The registered manager told us that all new staff completed an induction period when they started work during which they received mandatory training. In addition new starters were enrolled onto a National Vocational Qualification in Care [NVQ] program. We saw a training matrix which confirmed that staff had completed training the provider considered mandatory. This training included moving and handling, food hygiene, administering medicines, safeguarding adults and the Mental Capacity Act 2005 (MCA). Staff had also completed training on infection control and equality and inclusion as part of their NVQ. The registered manager told us there was a matching process in place that ensured people were supported by staff with the skills and training to meet their needs. Staff told us they would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. A member of staff told us they had received training on pressure care, catheter care and supporting people with eating and drinking. They also told us they received regular supervision and an annual appraisal of their work performance. We saw records confirming that all staff received regular formal supervision and appraisals.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people referred to the reablement service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005.

Where people required support with eating or cooking meals this was recorded in their service request forms. One person told us, "I don't need any help with cooking I can do that for myself. The staff always check with me anyway to make sure I have eaten and to see if I need anything." Another person said, "I just use the microwave to heat meals up. The staff just make sure I have eaten." A member of staff told us they encouraged or supported people to cook for themselves where it was recorded in their service request forms. If any person was struggling with cooking meals they would feed this back to the registered manager and the person's service request forms would be reviewed. If the person needed more support with preparing meals they would make sure they got it.

Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person said, "The reablement team support me with my care needs. I am very grateful for what they do for me. I have various health care professionals that come to see me about my medical needs." A relative told us, "They work closely together, the reablement team, the occupational therapists and physiotherapists all support us. Everything is going very well and with everyone's help my relative is improving all the time." A member of staff told us, "If a person was ill I would call the GP or an ambulance. I would contact the office and the service request form would be reviewed."

Is the service caring?

Our findings

People and their relatives spoke very positively about the care and support they received. One person told us, "The staff are all very kind and caring. They enable me to do things for myself. They take all the time in the world to help me." Another person said, "The staff are wonderful and so helpful. I live alone so my relatives have got peace of mind and they know that I am getting the help I need. I couldn't be any happier with the service." A relative commented, "The staff are really lovely, they are genuinely very helpful, patient and caring people. They are helping my partner to do a lot for themselves."

People and their relatives told us they had been consulted about their care and support needs. One person said, "They met me when I got out of hospital. We had a two hour meeting where they went through lots of paperwork with me. They told me about all the things they were going to do to help me and asked me if there was anything else I needed. They asked me how I liked things done and set everything up. I am getting better with all the help they are giving me." Another person told us, "We had a meet and greet so they knew what they needed to do for me. My relative attended too so everyone was involved." A relative told us, "We met the staff when my relative came out of hospital. There are a lot of people involved in supporting my relative. The rehabilitation staff told us what they wanted to do to help my relative get back on their feet. We are very happy with the service."

It was evident through speaking with staff that they understood people's care and support needs in detail. For example when we visited one person at their home a member of staff explained how we needed to communicate with the person. The person told us that all of the staff had a very good understanding of what they needed and how they should be supported. Another member of staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They told us they made sure people received personal care in private. One person told us, "The staff are really respectful and treat me with dignity always. They help me to wash but I am doing more for myself now than I did before."

People were provided with appropriate information about the home care service in the form of a 'Service Users Guide'. The guide included the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us these documents were given to people when they started using the service. One person told us, "I was given information about the reablement service when I started using it, so I know what they do for people."

Is the service responsive?

Our findings

People told us staff knew how to support them. One person said, "I don't know what I would have done without the reablement service. They have done so much for me and I didn't know that all this help was available. They provide an excellent service, it's great." A relative said, "My partner has come a long way. They have enabled my relative to do what they can do for themselves. The service is ending soon and my relative is getting back on their feet. This package has been excellent."

People were receiving appropriate care and support that met their needs. People were referred to the service by hospital staff upon discharge and care managers from the provider's reablement and assessment teams. They had undergone an initial assessment by the provider to ensure they were suitable to receive support from the service. Service request forms [care plans] were developed using the referral information and included guidance for staff about how people's needs should be met. We saw that people and their relatives, where appropriate, had been involved in the assessment and planning process during initial 'meet and greet' visits. These visits were carried out by staff to establish how people preferred to be supported, for example with meals preparation, personal care and mobility needs. Service request forms were reviewed by staff after two weeks of the start of the service and again after four weeks to assess if there were any changes to their care and support needs. Any changes to people's needs were referred back to care managers and their service request forms were updated to reflect the person's current needs.

There were processes in place to ensure people received on-going packages of care if needed. The registered manager told us they regularly met with care managers to assess whether people could safely discontinue using the service or if an on-going package of care was required. If a person required an on-going package of care then care managers sought support from an appropriate care provider.

Staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. Training records confirmed that staff had received training on equality and inclusion. One member of staff told us they would support people with all of their needs including diverse needs. The registered manager told us that the service encouraged people to express themselves and staff would support them to do whatever they wanted to do.

The registered manager told us that people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide and the complaints procedure. They told us these documents could be provided to people with poor eyesight in large print. They said that if any person planning to use the service was not able to understand this information they could provide it in different formats to meet their needs for example in different written languages or through interpreters.

People and their relatives told us they knew about the complaints procedure and they would tell carers or ring the office if they were not happy or if they needed to make a complaint. One person said, "I would call the office if I needed to. The details are all in the folder." A relative said, "I know about the complaints procedure. I would know what to do." The registered manager told us that any complaints about the service

would be made to the provider's complaints team. A manager from the complaints team told us that no complaints had been made about the service, apart from one. They told us they were in the process of assessing the details and responding to the complainant. They told us that whenever they received a complaint, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Is the service well-led?

Our findings

At our last inspection at the service on 22 and 24 November 2016 we found a breach of CQC regulations because there were no effective systems in place to monitor the quality of the service that people received.

At this inspection we found that the provider and registered manager had addressed the breach and had introduced effective systems for monitoring the quality of the service that people received. The registered manager told us that three staff had been employed by the provider to carry out quality assurance checks at people's homes to make sure they were receiving the care and support that was recorded in their service request forms. They also monitored MAR's records and carried out unannounced checks on staff to make sure they were managing people's medicines correctly and that all paperwork was up to date and reflective of people's current needs. At a recent quality visit it was identified that one person's file did not contain a next of kin or emergency contact number. MAR's were in the file but needed to have the dates added for each day. The provider took action by adding emergency contact numbers and staff were reminded to date and sign the MAR's. Records from quality checks also included comments from people about their views of the service they had received. One person said that all of staff that had visited them had been nice. They commented, "It's good to have someone to talk to."

A member of staff told us, "The quality checks can happen at any time, we don't know when they are coming. They checked that I was wearing my uniform and doing what I was supposed to be doing. They also checked MAR's and checked with the person that I was doing things right." The service used an electronic telephone monitoring system to make sure that staff attended calls in a timely manner to support people with their care and support needs. We saw office managers monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

The service had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. One person told us, "This is 100 per cent great service. They are very well managed and they have never let me down." A relative told us, "The service is great. It's coming to an end but not before they have taken my partner to where they need to be. It is very well run."

The registered manager told us they regularly attended provider forums where they shared and learned about best practice from other registered managers and providers. They said they used what they learned at the forums to make improvements to the service. They had attended a forum which considered the needs of people living with dementia during which they learned about a range of telecare products that would support people to remain living at home, for example falls alarms. They told us they had successfully introduced these products to some people living with dementia.

Staff said they enjoyed working for the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was available when they needed it. All of the staff we spoke with had worked at the service for

many years. One member of staff told us, "We have a very good staff team and we all get along. The manager and office staff are very supportive too. My job can be very rewarding especially when I see people's lives improve after they come out of hospital. I feel that I have really achieved something." Another said, "We have a great team and the staff we have actually like what they are doing for people." A third member of staff commented, "I love working here because I get to meet lots of people and I enjoy seeing them doing things for themselves again and growing in confidence."

The provider sought people's views about the service. We saw surveys that were completed by people at the end of their care packages. These indicated that they were satisfied with the support they had received from the reablement team. The registered manager told us they used feedback from the surveys and quality assurance checks to constantly evaluate the service. They told us they had not yet received any negative comments from anyone that had used the service. However if they did receive any negative comments they said they would put an action plan in place to address the issues and make improvements to the service where required.