

Review of compliance

Brighton and Hove City Council
Brighton & Hove City Council - Brighton and Hove
Home Care

Region:	South East
Location address:	Beech Cottage Warren Road, Woodingdean Brighton East Sussex BN2 6DA
Type of service:	Domiciliary care service
Date of Publication:	November 2012
Overview of the service:	Brighton and Hove City Council Domiciliary Care Service is registered to provide personal care. Care is provided to adults, but predominantly to people over 60 years of age. Care is mainly provided to enable people who require short term support to help regain their independence. Although some long term

	care is provided to people with more complex care needs.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Brighton & Hove City Council - Brighton and Hove Home Care was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 October 2012, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People told us what it was like to receive care and support from this service. They described how they were treated by the staff and their involvement in making choices about their care. The registered manager was not present during our visit. We spoke with two operations managers for the service, a care support manager, four care workers, and three people who used the service, and a carer of a person who used the service. We viewed supporting care documentation and records relating to the running of the service.

This told us people had been able to express their views about the care provided and where possible people who used the service had been involved in making decisions about their care and treatment. Comments received included, "Extremely happy with the service. They are so good and so professional," "they are really, really good," and "I have no complaints. If I want anything done there is never a problem."

People's care needs had been assessed and care and treatment had been planned and delivered in line with their individual care plan.

People's care had been provided by care workers who understood their care needs, and people knew who to talk with if they had any concerns about the care provided.

What we found about the standards we reviewed and how well Brighton & Hove City Council - Brighton and Hove Home Care was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were well supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with three people who used the service, and one carer who told us they had been asked about the care that was to be provided. They told us they had felt listened to in the drawing up of the care plan, and they or their relative's privacy, dignity and independence had been respected. One commented, "The staff are very, very polite."

Other evidence

The operations managers told us that any potential new people who required care would have an initial assessment carried out to ensure that people's care needs could be met. A care support manager from the service then undertook the first visit and completed the supporting care documentation. We viewed a sample of these records.

Systems were demonstrated to be in place to enable people to comment about the care provided through surveys, and regular updates and reviews of the care that had been provided.

The care support manager and the four care workers spoken with demonstrated an understanding of culture and of respect for privacy, dignity and diversity.

Our judgement

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with three people who used the service, and one carer who told us they had been asked their views on the care to be provided, and where applicable had participated in regular reviews of the care. They or their relative received the support they felt they needed, their privacy and dignity had been considered when care was provided and they were treated with respect. They all told us that they were very happy with the care provided. Comments received included, "Extremely happy with the service. They are so good and so professional," "they are really, really good," and "I have no complaints. If I want anything done there is never a problem."

Other evidence

We looked at four people's care documentation and care plans, which had been drawn up from the initial assessment or annual review which had been completed. The care plans detailed the care to be provided, and where people received long term care recorded people's preferences as to how the care was to be provided. Risk assessments included an environmental risk assessment. These had in all cases been fully completed where a risk had been identified.

The four care workers spoken with told us that people's care plans were up to date in people's homes. They were detailed and provided them with the information they needed to provide people with consistent care. They had completed daily record sheets to inform people about the care that had been provided. They had regular weekly team meetings, where people's care needs were discussed and any updates to the care provided.

Staff told us that they all had received a copy of the agency's policies and procedures, which detailed the emergency procedures in place for staff to follow. They had received regular updates when these had been reviewed.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

There was a complaints policy and procedure in place. We spoke with three people who used the service and one carer who told us they or their relative felt safe in the service. They told us they knew who to speak with if they had any concerns

Other evidence

The operations managers and the care support manager told us they had undertaken safeguarding vulnerable adults training and confirmed they had access to a copy of the local safeguarding policies and procedures to reference on the Internet. They were also alerted to any updates to these policies and procedures.

The care support manager and the four care workers spoken with demonstrated a good knowledge of safeguarding people from abuse. They were aware of and had access to the organisation's policies and procedures. They knew how to recognise the signs of abuse, and that they must report all cases of concern to the appropriate person in the service or to external agencies where appropriate.

The operations managers and the care support manager told us they had undertaken training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They demonstrated an awareness of the facility of a best interest assessment for people where required and who to contact to initiate this support if required.

The four care workers we spoke with told us they had also undertaken training in the Mental Capacity Act 2005.

The operation managers told us that the organisation had a recruitment procedure in place when they recruited new care workers. We spoke with one new care worker who told us that they felt they had been a through recruitment process, with the completion of an application form, a Criminal Records Bureau (CRB) check, references sought and they had attended an interview.

We viewed a record of the care workers CRB checks, which detailed all the care workers had had a check completed. These were in the process of being periodically renewed.

Procedures were demonstrated to be in place to review the care being provided to people at regular intervals.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with three people who used the service and one carer who told us that the care workers understood their or their relatives care needs.

Other evidence

The care support manager told us new care workers had been required to undertake the organisation's induction. They then shadowed a care support manager; the length of shadowing completed had been to meet individual care workers requirements. We spoke with one new care worker who told us that they had completed an induction and shadowed a care support manager prior to going out on their own. They stated they had received a copy of the organisation's policies and procedures to reference, and following any review of these had received regular updates.

The care support manager and the three care workers spoken with told us that had an annual appraisal. The operations managers told us this ensured that the team's training needs had been identified. This had then been collated as part of an annual training plan for the service to inform the organisation where care workers were in need of training or training updates. We looked at a sample of the training records which detailed the training care workers had completed.

The care support manager and the four care workers spoken with told us that they had or were due to receive updates of the organisation's mandatory training. This included, moving and handling, medication administration, health and safety/ infection control, first aid awareness, safeguarding vulnerable adults, basic food hygiene, equality and diversity and fire training.

Care workers had also undertaken further training specific to meet the needs of the people who used the service. This included, dementia care, catheter and colostomy care end of life care, sensory impairment awareness, and Parkinson's care.

The care support manager told us they had also received training specific to their role which had included moving and handling risk assessment and the supervision and appraisal of staff.

They all told us that they had good access to training and they had been regularly contacted when they needed to update any of their training. They had been provided with the training, support and guidance to undertake their role in the service.

The operations managers told us the total number of care support managers and care workers who worked in the service at the time of our visit was 141. That of these 66 had undertaken NVQ Level 2 in Care, 28 NVQ Level 3 in Care, nine NVQ Level 4 in Care, and two NVQ Level 5 in Care.

The care support manager and the four care workers spoken with told us they had received guidance in relation to lone working. The organisation had an 'on call' rota in place, which staff had been ring for assistance when they were working outside of the services office core hours. Where the staff had used this they told us that the system had worked well. They told us that they felt well supported.

The care support manager and the four care workers spoken with told us that they received regular individual supervision and had weekly team meetings. We looked at a sample of the minutes of a team meeting, which detailed care workers had been able to discuss people's care needs and been updated on the services policies and procedures.

Our judgement

People were cared for by staff who were well supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with three people who used the service and one carer who told us they knew who to speak to if they had any concerns.

Other evidence

The care support manager told us an assessment would be undertaken prior to the commencement of any service to enable the organisation's staff to decide if the service could meet individual people's care needs. They would then undertake the first visit to further ascertain the care to be provided and complete the care documentation.

People had care documentation which included a care plan to identify their care and support needs. The four care workers we spoke with told us the care plans were detailed and had been regularly reviewed. A risk assessment had been completed and included an environmental health and safety assessment of the person's property.

Recording systems were in place to detail any incidents and accidents which had occurred. We viewed a sample of these records.

People who used the service had the opportunity to complete a satisfaction survey in 2010, and 2011. The operations managers told us that a quality assurance questionnaire had been included in each of the people who used the service information files, which had been provided and had been kept in people's home for their reference. People had been asked to complete these at the end of their service. A stamped addressed envelope had also been provided to help facilitate this. They also

evidenced that a member of staff had been identified to conduct interviews twice a year (November / April) to capture information from people who used the service at that time. There were systems in place to inform people of the findings from the survey in a newsletter.

The operations managers told us they sampled and visited people who use the service to gain feedback about the care provided. We viewed a sample of these records. From November 2012 they would be undertaking a further quality assurance survey either conducted over the telephone or by a home visit at the point where people had used the service for two weeks.

The operations managers told us that representatives of the organisation had just undertaken an internal audit of the service, the results of which had not yet been collated.

The operations managers and the care support manager had been required to complete monthly quality assurance returns to inform the registered manager of the service's activities and compliance with the required standards. This had included information on the care provided and reviews carried out, staffing and supervision, incident/accidents, and complaints. This had enabled the registered manager to monitor the service provision.

A complaints policy and procedure was in place. A copy of the complaints policy and procedures had been included in the information pack provided to people who used the service. A complaints log had been used to record any complaints received, and to record the outcome following any investigation carried out.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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