Briarcare Recruitment Agency Ltd

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Inspection report

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Date of inspection visit:
27 June 2017

Date of publication:
28 July 2017

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?	Requires Improvement

Summary of findings

Overall summary

Briarcare Recruitment Agency Ltd provides personal care and support to people living in their own homes. On the day of our inspection on 27 June 2017 there were 54 people using the personal care service. This was an announced inspection. The provider was given notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was 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.

At our last inspection of 3 and 8 November 2016 this service was rated as inadequate and placed in Special Measures by CQC. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briarcare Recruitment Agency Ltd on our website at www.cqc.org.uk.

Improvements had been made in how the service provided safe care to the people who used the service. The service's medicines policy had been reviewed and updated. Systems were now in place to guide staff on the support that people required with their medicines. Systems had been improved in how staff had recorded when people had been assisted to take their medicines. Risk assessments were now in place which guided care workers on how the risks to people, relating to their specific conditions, falls and risks associated with people's homes.

Improvements had been made in how the service notified us of incidents which they were required to do by law. The registered manager had updated themselves on notifiable incidents, and since our last inspection we had received notifications from the service as required.

Improvements had been made in how the service recorded care worker induction and shadow shifts. Training in the Mental Capacity Act 2015 had now been provided to care workers and care records included information about how people consented to their care.

People's care records had improved and clear guidance was provided to care workers in how people's individual needs and preferences were met. This related to the person centred care they required and preferred, including relating to their dietary requirements and independence. People told us that they were involved in the planning of their care.

Improvements had been made in how the service monitored and assessed the service provided. This included spot checks on care workers and asking for people's views about the service they were provided with. The service had purchased a computerised system which assisted them in the monitoring of the service including, missed and late visits. This was not yet fully implemented and embedded in practice. However, the provider told us about the plans for the future to further improve.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe.

Care workers were available to ensure that planned visits to people were completed. There were systems in place to recruit care workers safely. Care workers had good relationships with people who used the service.

Where required, people were provided support to access health care professionals.

There was a complaints procedure in place and people's concerns were addressed in a timely manner.

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 was safe.

There were systems in place to keep people safe from abuse. People were provided with safe care.

There were enough care workers to ensure that the planned visits to people were completed.

Where people needed support to take their medicines they were provided with this support in a safe manner.

Is the service effective?

Good

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

The service was up to date with the requirements of the Mental Capacity Act 2005.

Where required, people were supported to access appropriate services which ensured they received ongoing healthcare support. Where people needed assistance with their dietary requirements this was identified in people's care records.

Is the service caring?

Good

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

Improvements had been made in how people's care was

assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

There was a system in place to manage people's complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements had been made in the service's quality assurance system and shortfalls were being addressed. However, this was not fully implemented and embedded in practice.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Briarcare Recruitment Agency 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.

This announced inspection took place on 27 June 2017 and was undertaken by two inspectors. The provider was given notice because the location provides a domiciliary care service and we needed to know that someone would be available.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make

We spoke with seven people who used the service and the relatives of five people on the telephone. We also spoke with the registered manager, the office manager and three care workers, one of these was also a field care supervisor. We looked at records in relation to 10 people's care. We also looked at records relating to the management of the service, six recruitment files, training, and systems for monitoring the quality of the service. We also received feedback about the service from the local authority.

Good

Is the service safe?

Our findings

At our last inspection of 3 and 8 November 2016, we rated safe as requires improvement. We found improvements were needed in the safe care and treatment of people. This included with medicines management and risk assessments. Improvements were also needed in the service's systems for notifying Care Quality Commission (CQC) of notifiable events. Following this inspection we met with the provider and they wrote to us to tell us about the improvements they intended to make to improve the service. During this inspection on 27 June 2017 we found improvements had been made.

Since our last inspection we had received notifications from the service regarding notifiable incidents, as required. The registered manager now understood what they needed to notify us about. Notifications are required by law and they tell us of incidents that may have happened in the service and the actions taken to reduce risks to people.

The provider had reviewed and updated their medicines policy and procedure which guided care workers on how people were supported with their medicines, where required, safely. People's care records had been reviewed and now included clear guidance on the type of support that they required with their medicines. Medicines administration records were collected by the field care supervisor who checked that they had been appropriately completed. Care workers had been provided with updated medicines training. There were now competency observations on care workers when supporting people with their medicines to ensure this was done safely.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "I keep them [medicines] in my cupboard. They [care workers] pass them to me because I can't get up and down."

People's care records now included detailed risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling, falls, people's specific conditions and risks that may arise in people's own homes.

There were systems in place designed to keep people safe from abuse. Care workers were provided with training in safeguarding and they understood their roles and responsibilities in this subject, including how to report concerns. Where safeguarding concerns had arose, the service had reported this appropriately and took action to reduce the risks of similar incidents happening. This including taking disciplinary action.

Systems were in place to ensure that care workers were available to provide care and support to people when needed and planned. People told us that the care workers visited them when expected and stayed for the agreed amount of time to meet their assessed needs. One person said, "If they have to stay with someone else and are going to be late, someone calls to let me know."

The registered manager and care workers told us that there were enough care workers to ensure that all planned visits to people were completed. The registered manager said that they were attending a

recruitment day in a local area to employ more care workers to ensure that they could staff any future care packages. If there were times, such as short notice leave, when the service required care workers, the provider used the provider's care agency to cover.

The provider had recently purchased a new electronic care planning system. There was a phased introduction to the system, including training office staff in its use. This would be used to monitor late and missed visits. The office manager told us that because the service was small people were provided with care by care workers who were known to them and provided a consistent service. One person's relative said, "[Person] has the same carers, [person] gets real care." This was confirmed by the person who told us, "I have had the same [care workers] seeing me, even when I moved address."

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service.

Good

Is the service effective?

Our findings

At our last inspection of 3 and 8 November 2016 effective was rated as requires improvement. We found that improvements were needed in training and competency checks for care workers and the ways that the care workers induction was recorded. Following this inspection we met with the provider and they wrote to us to tell us about the improvements they intended to make to improve the service. During this inspection on 27 June 2017 we found improvements had been made.

There were now records in place which showed that care workers were provided with an induction, including shadow shifts. Competency observations were now being completed, for example in medicines support provided and on care staff caring and supporting people. These were to ensure that the care workers were working to the required standard. Care workers were provided with a handbook which included information they could refer to when supporting people. This included information about safeguarding, medicines support, specific conditions people may have, terms of their employment and the training that was to be provided at induction.

One care worker we spoke with told us about their induction which included shadow shifts where they were introduced to people using the service. These were completed on morning, lunch, tea and evening visits to get an overall experience of the support they were expected to provide. They said that they felt supported in their role and at their induction they met with the office manager regularly and could speak with them at any time.

People told us that they felt the care workers had the skills and knowledge that they needed to meet their needs. One person's relative said, "They [care workers] are well versed on what clients [people] like. They do a good job."

Care workers told us that they felt that they received the training they needed to meet people's needs. The registered manager told us about the systems in place for training care workers. This included a range of training methods such as face to face group training and DVD training. Where people required care and support to meet their specific needs training would be tailor made to ensure that care workers received the training they needed to meet these needs. This included training in moving and handling, food hygiene, safeguarding and dementia. The registered manager told us that recent training had included medicines, and stoma and catheter care. They also told us that they had contacts with the local authority and a local training provider where they could access training courses.

The registered manager told us that all care workers were provided with the opportunity to achieve a qualification relevant to their role, such as the Qualifications and Credit Framework (QCF) diploma and health and social care. This included the registered manager who had recently completed a recognised qualification for their role.

Records showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This included one to one supervision, team

meetings and spot check observations. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively. Care workers told us that they felt supported in their role. One said, "I had a supervision recently, it was all written down and I had to sign it."

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.

During this inspection records reviewed showed that care workers had now been provided with training in MCA. Discussions with the registered manager and the office manager showed that they were up to date with their knowledge and understood the requirements of their role.

People's records included information about how people made their own choices and consent to their care. This showed that systems were in place to ensure that the service worked in line with the MCA principles and people's consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person commented that the care workers, "Ask me what I want them to do." One person's relative said, "They [care workers] always check with [person] what needs doing and if [person] is happy."

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed where required, care workers supported people with the preparation of their meals and drinks. The records now included information about people's preferences regarding the food and drink they liked. For example, one person's records stated, "[The person's] favourite breakfast is porridge with honey and cream on top but, 'I don't like it lumpy'." Another person had a specific dietary requirement and care workers were guided to always ask what the person wanted. Details were provided for care workers on the support that people required. For example, one person's records showed that they needed assistance with peeling their vegetables. One person said, "I need help with my meal, they [care workers] ask me what I want and bring it to me."

People were supported to maintain good health and have access to healthcare services. One person's relative told us how they felt that they had a positive relationship with the service's management team and care workers and, "They identify potential problems [with the person's health] before they arise." This enabled them to seek health support. In addition they told us that care workers had called health professionals when the person was unwell and, "Stayed with them until we arrived." Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people.

Good

Is the service caring?

Our findings

At our last inspection of 3 and 8 November 2016 caring was rated as requires improvement. Improvements were needed in how records reflected people's involvement in their care and how they promoted independence. Following the last inspection we met with the provider and they wrote to us to tell us about the improvements they intended to make to improve the service. During this inspection on 27 June 2017 we found improvements had been made.

People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. One person's relative told us, "[Person] has to be persuaded and they [care workers] do this," they also told us how the person's abilities had recently deteriorated, "[Person] is a bit more reliant of the carers. They still try to encourage [person] but when [they] are not up to it they will help." Another relative said that the person, "Insists on doing everything [independently]. They [care workers] support [person]. They never rush [person]."

People told us that they felt that their views and comments were listened to and acted on. One person commented, "I was consulted on the care I receive, definitely." Records showed that people had been involved in their care planning, including during their care reviews. The records included information about people's preferred form of address, gender of care workers, likes and dislikes and how they preferred to be cared for.

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said about their care workers, "They are very very helpful and kind, I could not do any better. They are the best I have ever had." Another person commented, "I love them [care workers] to bits and they know it. They know everything about me, they should do they have been with me long enough." Another person told us, "We have a laugh and a joke, I don't do misery in my house. We have a good time."

People told us about how they felt that the care workers respected their privacy. One person said, "They [care workers] help me [with their personal care]. I never do the Full Monty," which they explained further saying that the care workers ensured that they were covered to respect their privacy and dignity.

Care workers spoke about the people they cared for and supported in a compassionate manner. They understood why it was important to listen to people and respect them. One care worker told us, "I feel like a carer, we are not just in and out [of people's homes], we also chat with them because we might be the only person they see all day."

People's care plans held a document which listed what care workers must do at each visit. This included, to allow people to make their own choices, ensure people were safe and comfortable and to ensure people were treated with dignity and respect.

Good

Is the service responsive?

Our findings

At our last inspection of 3 and 8 November 2016 responsive was rated as inadequate. Improvements were needed in how the service assessed and planned for people's care, in care plans. This was because they did not include guidance for care workers, which was detailed enough for them to meet people's individual needs. Following the last inspection we met with the provider and they wrote to us to tell us about the improvements they intended to make to improve the service. During this inspection on 27 June 2017 we found improvements had been made and were ongoing.

The service had clearly worked hard to improve people's care plans. We did identify that there were some minor further improvements required, such as ensuring that the layout of the care plans provided care workers with the information they needed. We discussed this with the registered manager who assured us they would be addressed. The care plans had been reviewed and updated and were now person centred and identified the care and support that people were to be provided with to meet their specific needs. This included information on people's needs, how these affected them and guidance for care workers about how their needs were to be met. For example, one person's care records showed that they were registered blind. The records advised staff on the precautions they should take, such as not moving anything in their home which could cause the person to trip or not be able to find something they needed. Another person's care records included information that the person was prone to urinary tract infections (UTI) and identified the signs and indicators that care workers needed to be aware of in case the person had a UTI.

The care records included information about how the care workers should communicate effectively with people. For example one person's records stated, "Please don't pretend you know what I said and just say 'Yeah', I hate it." Another care plan read, "[Person] is hard of hearing, please face [the person] when speaking to them." Another explains the way that the person communicated with the use of aids.

People received personalised care which was responsive to their needs. One person's relative said, "The care is first class. Many of them [care workers] go out of their way," and shared examples of what they meant by this, such as care workers making telephone calls on behalf of the person. One person's relative told us that the service was flexible and responsive when they wanted to change the time of their care visits. They said, "I asked them to come in earlier at half past seven and they were here." Another relative told us how they felt that the service responded to the person's needs, for example when they were not well. They said, "Sometimes they go over their time [for the planned visit] when [person] needs it." We saw a letter which had been sent to the service thanking them for the care they provided. It stated, "Thank you for the excellent care you provided. It was much appreciated."

People said that they had a care plan in their home. One person told us," I have my care plan here. The carers read it and do everything they should do." Care workers told us that people's care plans included the information that they needed to meet people's requirements and preferences.

The office manager told us how they responded to people's needs, for example, when people needed more time for care workers to meet their assessed needs. They had approached those responsible for

commissioning services to increase the time provided. This was confirmed in meeting minutes where care workers were updated with the increase of times for one person.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, when they spent time with friends or accessed the community. Daily care notes recorded people's wellbeing and where care workers had spent time chatting with them.

People knew how to make a complaint and felt that they were listened to. One person's relative told us that they had raised a concern and this had been addressed by the management in the service to their satisfaction. One person told us that they were concerned about one care worker who had arrived for their visit late. They said that they did not like to complain to the office but told another care worker, "They sorted it out for me, it never happened again."

There was a complaints procedure in place and people were provided with information about how to complain in their handbook. Records showed that where complaints had been made, they had been responded to and addressed in a timely manner. These were used to improve the service and minimise the risks of similar concerns such as disciplinary action.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of 3 and 8 November 2016 well-led was rated inadequate. This was because the service did not have a robust quality and monitoring system in place. Following the inspection we met with the provider and they wrote to us to tell us about the improvements they intended to make to improve the service. During this inspection on 27 June 2017 we found improvements had been made. However these were not yet fully implemented and embedded in practice.

This included a computerised system that had been purchased by the provider in December 2016 to support them in the monitoring and assessment of the service provided. The office staff had received training in the system and there were phases of inputting documents on the system. This was not yet fully implemented. The registered manager and office manager had a clear plan in place for its full implementation and improvements going forward. Their Provider Information Return (PIR) also showed that they continued to improve the service.

The registered manager and the office manager told us about the improvements they had made and were committed to providing a good quality service to people at all times.

The service had accepted the support from the local authority who provided advice on improvements they required. The service had voluntarily decided not to take on any new people to the service until improvements had been made. They had recently agreed with the local authority that, due to the improvements they had made, that two people may be accepted by the service with the monitoring of the local authority. A member of the contracts team told us that the service had worked closely with them and that they were, "Able to evidence that significant improvements had been made, and all objectives as laid out within the CQC action plan had been addressed."

At our last inspection we found that people were not being asked for their views of the service, for example in satisfaction questionnaires. These were now being completed. The office manager told us that the field care supervisor spoke with people if there were concerns and these were addressed. One person's relative said, "The manager comes over and asks if we have any problems." Another relative commented that a member of senior staff, "Comes round every few months to go through the care plan and records. They check that the carers have done what they have written down. They have a good system going, always check with us that we are happy."

People we spoke with were complimentary about the service they received. One person told us, "They are totally brilliant. I could not fault them at all on any level." One person's relative said, "It is an excellent service." Another relative told us, "To be honest, Briarcare could not do any better if they tried…I can only commend them."

The service had received medicines administration records and daily records into the office. The office manager told us that these were checked by another staff member to ensure they were accurate and appropriately completed. This was confirmed in the staff meeting minutes of January 2017. Care workers

were advised that medicines administration records (MAR) were to be collected every four weeks and checked. However, there was no written documentation in place to show that these had been checked and any actions taken to improve them. The registered manager assured us that this would be done.

The service were now undertaking spot checks on care workers. These are observations on care workers when they were supporting people who used the service to ensure that they were caring for people at an appropriate standard. Records showed that during these observations people using the service were also asked for their views about the care provided. For example, one spot check document included a comment made by a person, "[Person] said [care worker] was wonderful." People were also asked for their views on the service provided and the care workers in their care reviews. For example one person's care review in May 2017 identified that the person had said, "[Person] says [their] carers are all very lovely."

The office manager told us about how they communicated changes to care workers, for example changes in their work requirement or people's needs. This was done in staff meetings where care workers were kept updated. In addition there were text messages which were sent to all care workers and memorandums with wage slips to ensure they were kept updated with the information they required. The minutes from a staff meeting in April 2017 showed that the changes in the medicines processes were discussed to check that care workers were managing with them and the reviewed care plans. The minutes from a meeting in January 2017 showed that our last inspection was discussed and plans for future improvements.

A care worker told us that the registered manager and office manager were supported and they could speak with them at any time. They said that the service was, "Relaxed and friendly," and their views were listened to. Another care worker said that the management were, "100% supportive."

Care workers understood how they could report areas of poor practice, if needed. This is known as whistleblowing. Two care workers spoken with told us that if they felt they were not being listened to they would have no hesitation in reporting on in the organisation and seeking support from other organisations if they thought that they were not being heard.

There was an on call system which people and care workers could use out of office hours. A care worker, who also completed the on call duties, told us if any calls were received of concern the service's management were available to support them and offer guidance and advice.