

Briarcare Recruitment Agency Ltd

Briarcare Recruitment Agency

Inspection report

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Date of inspection visit:
06 November 2018

Date of publication:
23 November 2018

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

Briarcare Recruitment Agency is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 13 August 2018 there were 57 people who used the personal care service. We gave the service notice of the inspection to make sure that someone was available to see us.

This service was registered in December 2017 and this was their first inspection at this location. The service had been previously registered at another location which was inspected in July 2017 and had been rated good overall.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were systems in place designed to provide people with safe care. Risks to people were managed, including risks from abuse and in their daily lives. There were enough care workers to ensure that all planned visits for people were completed. The service had a recruitment drive in place to reduce any risks of missed and late visits. Care workers were recruited safely. Where people required support with their medicines, this was provided safely. The service learned from incidents to improve the service. There were infection control procedures in place to reduce the risks of cross infection.

People were provided with an effective service. Care workers were trained and supported to meet the needs of the people using the service. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service. People were asked for their consent before any care was provided and their choices were documented.

People received a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People were provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were plans in place to improve how people's end of life decisions were recorded, there were no people using the service who were at the end of their life. A complaints procedure was in place and people's concerns were addressed.

People were provided with a service which was well-led. There were systems in place to assess and monitor the service provided. Where improvements were identified actions were taken to address them.

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 designed to reduce the risks to people from abuse and avoidable harm.

There were care workers available to cover people's planned visits. The recruitment of care workers was robust.

There were systems in place to support people with their medicines, as required.

Infection control processes reduced the risks of cross infection.

Is the service effective?

Good ●

The service was effective.

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

The service understood the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided effectively. People were supported to access health professionals, where required. The service worked with other professionals to provide people with a consistent service.

Is the service caring?

Good ●

The service was caring.

People were treated with care and kindness and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and met.

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

Is the service well-led?

The service was well-led.

The service assessed and monitored the care and support provided to people, to identify where improvements were needed. Actions were taken to improve where required.

Good ●

Briarcare Recruitment Agency

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 announced comprehensive inspection was carried out by one inspector on 6 November 2018. We gave the service notice of the inspection visit because we needed to be sure that someone would be available.

The inspection activity started on 6 November 2018 and ended 7 November 2018. On the first day we visited the office. We spoke with the managing director, registered manager, three members of office staff and two care workers. We reviewed 10 people's care records, records relating to the management of the service, training records, and the recruitment records of three new and three existing care workers. On 7 November 2018 we spoke with six people who used the service, five people's relatives, one person's private carer and two care workers on the telephone.

We reviewed information we held about the service, including the statement of purpose, their registration documents and notifications we received from the service. Notifications are required by law which tells us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

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

Is the service safe?

Our findings

People told us that they felt safe with their care workers. One person's relative said, "We trust them and know we are safe."

The service had systems in place designed to protect people from avoidable harm and abuse. This included training for care workers. The service's guide, statement of purpose and staff handbook identified the policies relating to safeguarding, including care workers acceptance of gifts from people who used the service. The service had made safeguarding referrals where concerns about people's safety were identified. This demonstrated that staff working in the service understood when concerns should be reported.

Risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own home environment. These were reviewed to ensure they were up to date and reflected people's current needs.

People told us that their care workers always turned up for their visits and they were mostly told if they were running late. They also told us that they had seen improvements in the time keeping of their visits. One person said, "Mostly turn up on time, if a crisis can be later, some let me know, not late enough to be a worry, they are not too bad." Another person told us, "Turn up when they should do, we know what time they are coming and they do come at that time." One person's relative commented, "We have seen improvements recently, they have changed things and more on time now. I can't find fault, if they are late they are always apologetic. The office ring to let us know or if we ring they let us know what is happening." Another relative said, "They did not always turn up on time do now though." Another relative told us, "They come when they should, told us between 8.30 and 9.30am usually come just after 8.30 so perfect."

A staff member showed us the computerised system to plan visits to people who used the service. There were plans in place to update the system in place which would enable the office staff to track that care workers arrived for their visits at the planned time. This would enable them to identify if there were late visits or the potential of missed visits. In addition, this enabled them to check on care worker's safety if they were not arriving for the visits as expected. The managing director and registered manager told us that there were enough staff to ensure all visits were completed. The managing director said that they continued to actively recruit to ensure that they could support any new demand. Where missed visits had happened, the service took action to reduce the risks of reoccurrence, including disciplinary action and apologies to people. This showed that the service had systems in place to learn from incidents.

Recruitment records demonstrated that appropriate checks were made before care workers worked in the service. These included checks that prospective care workers were of good character and suitable to work in the service.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "I am capable of doing my own with no problems, I do have some creams which they soon put that on for me and they do it well." One person's relative commented, "They check my [family member]

has took them, checks the box, one of those memory boxes with the days, to see if they have been taken just to make sure [family member] is okay."

There were systems in place to provide people with the support they required with their medicines safely. People's care records identified the support they required with their medicines, and the medicines prescribed. Medicines administration records (MAR) were appropriately completed and identified when people had received support with their medicines, as prescribed. MAR were returned to the office when completed and these were reviewed by a member of the office staff team. However, there was no documentation to confirm this the registered manager and managing director told us this would be addressed. Care workers had received training in medicines administration and their competency was assessed by the management team.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. During our visit to the office we saw a care worker collecting boxes of gloves. They told us that these were always available.

Is the service effective?

Our findings

People's care needs were assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. Prior to people starting to use the service, a member of the senior team undertook a needs assessment, in consultation with the person and their relatives, where required. This provided a smooth transition to start using the service. One person's relative told us, "They listened to what [family member] wanted and wrote it down in the book [care plan] here."

People told us that they felt that the care workers had the skills to meet their needs. One person commented, "They all know what they are doing, I think they are trained yes." One person's relative said, "They are very well trained." The service had systems in place to provide care workers with the training they needed to meet the needs of people effectively. We reviewed training records which showed that staff received training in subjects including moving and handling, safeguarding, medicines, infection control, dementia and fluid and nutrition. The majority of training was on line training and worksheets. Face to face group training was also provided in moving and handling and first aid. Care workers were being provided with the opportunity to achieve recognised qualifications relevant to their role. New care workers were provided with an induction which included training and shadowing more experienced care workers. They also completed the Care Certificate, which is an industry recognised set of induction standards.

Records showed that care workers received one to one supervision meetings. Supervisions provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The care workers we spoke with told us that they felt supported.

The service worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and had access to health professionals, where required. Where care workers had identified concerns about people's wellbeing, records showed that, with people's consent, health care professionals were contacted to arrange for appointments, if people were not able to do this themselves.

The service supported people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area.

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 told us that the care workers asked for their consent before providing any care. One person said, "Yes they do ask for my consent, they ask before they do anything." People's care records included information about if people had capacity to make their own decisions. People had signed their care records to show that they consented to the care they were being provided with. Care workers received training in the MCA.

Is the service caring?

Our findings

People told us that their care workers treated them with kindness and respect. One person said, "The carers treat me well." Another person commented, "Great group of carers." Another person told us, "We do have a laugh. They are all lovely. I really like the [care workers] we have fun." One person's relative said, "[Family member] gets on very well with the [care workers], they make [family member] laugh. Depends what mood [family member] is in but they get on and the carers work hard to make [family member] feel better." Another relative commented, "They are very very helpful. They will do anything for us, post our letters, even pay the paper bill to save me going out." All staff spoken with talked about people in a compassionate manner. They clearly knew the people who used the service well.

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. People told us how they felt their privacy and dignity was respected by their care workers when they were provided with personal care. One person's relative said, "They help [family member] in the bathroom, they always make sure the door is shut. I am happy to sing their praises." Another relative commented, "They are polite and go over and above as far as I can see and hear, do respect [family member's] privacy." Records were stored securely in the service, which reduced the risks of their personal information being accessed.

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person said about their medicines, "I take my own can do it myself, yes, they do respect my independence." Another person told us, "We have got it to a fine art, they [care workers] do exactly what I want and how I want, I help them sometimes as well, definitely respect independence I do what I can and they help."

People told us that the care workers listened to them, acted on what they said and they were consulted relating to their care provision. One person said, "They do what I want them to do, I am in control yes, do anything I ask them to do, even opened the tin of soup I am having for my lunch today." One person's relative said, "They do listen to us. Staff are kind and considerate." People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported.

Is the service responsive?

Our findings

People said that they were happy with the care and support provided, which met their individual needs. One person said, "I am absolutely happy, they have been great, I am cared for very well."

A staff member told us how they tried to provide people with a consistent service with the same care workers supporting them. This was confirmed by records and discussion with people who used the service. One person said, "I am quite happy, get the same two carers all the time I am happy with that, they are always friendly." Another person told us that they did have different care workers visit them, but they knew them all and were happy with this.

Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care provided. Reviews on the care provided was undertaken to ensure people received care that reflected their current needs.

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. One person said, "There were two [care workers] I was not happy with and they took them straight out, called the office and told them and they did something straight away, didn't do anything wrong just did not get on with them, that happens sometimes doesn't it? I'm old I'm not daft." There was a complaints procedure in place, each person was provided a copy with their care plan documents.

The managing director told us that there were no people using the service who required end of life care. However, they would provide this service if required. There were plans in place to provide end of life training. An improvement had been identified as being needed to include people's end of life decisions in care records.

Is the service well-led?

Our findings

This service was registered in December 2017 and was their first inspection. The service had been previously registered at another location which was inspected in July 2017 and had been rated good overall.

Since registration there had been a change with a new managing director. They had sent in a notification to advise the Care Quality Commission (CQC) of this change. Since the managing director had started at the service, they had assessed and monitored the care provided and systems in place. They had developed an action plan which identified the improvements to be made and timescales for the implementation. When improvements had been addressed this was included in the action plan. The managing director had sourced support from an organisation who checked the health and safety of the service and improvements had been made to meet their recommendations. The Provider Information Return (PIR) identified what the service did well and the improvement they intended to make. This demonstrated that the management team understood their roles and responsibilities and continued to improve the service provided to people.

The managing director and registered manager were supported by a team of staff who worked in the office. Their roles included organising visits to people, assessing people's needs, completing care plans, monitoring daily care and medicines records, finances and human resources. This assisted the management team in assessing and monitoring the service provided. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards.

The management team also received updates of changes in the care industry from the local authority and the Care Quality Commission. The managing director and a member of the office staff had recently attended a care show. This included attending seminars and looking at new equipment and systems which they could use. As a result of this, the managing director and staff member had identified systems which they were planning to pilot relating to the planning of visits. The staff member had taken ideas of how to incorporate more information in care plans relating to people's diverse needs. The managing director told us that they had a colleague who ran a care agency which was rated outstanding. They were planning to visit the service with a member of the office team to share ideas and to see where they could improve the service. The registered manager had achieved a recognised qualification relevant to their role. The managing director and a member of the office staff had signed up to complete the qualification.

The service's statement of purpose clearly identified the care and support that people could expect to receive. There were policies and procedures in place which gave guidance for care workers to meet people's needs. We reviewed the service's registration documents which identified that the registered manager understood their roles and responsibilities in providing a good quality service.

There was an open culture in the service, people and care workers were asked for their views and these were listened to and valued. Satisfaction questionnaires were planned to be sent out to people to express their views of the service. Where comments from people were received the managing director and registered manager said they would address them. People had also provided their comments about the service provided during their reviews. People told us that they felt that the service was good. One person's relative

said, "They have been excellent, we trust them well."

Care workers told us that they felt supported by the service's management team. Care workers told us how there had been improvements in the service and morale was good. One told us that they felt listened to when they had reported concerns and actions were taken to address them. Another care worker told us, "If you have an issue [member of the management team] sorts it out like that [and clicked their fingers to indicate quickly]." Staff meeting minutes showed that care workers were kept updated with any changes in people's needs and in their roles and responsibilities.

The managing director and registered manager told us about the positive relationships they maintained with other professionals. This included those who commissioned the service, other professionals involved in people's care and GP service.