

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bracknell Forest Council Home Support Services

Heathlands Day-Centre, Crossfell, Wildridings,
Bracknell, RG12 7RX

Tel: 01344360775

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Bracknell Forest Borough Council
Registered Manager	Mrs. Linda Frances Parsons
Overview of the service	Bracknell Forest Council Home Support Services provides a service to people with dementia living in their own homes in Bracknell Forest.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 April 2013, talked with carers and / or family members and talked with staff.

We reviewed all the information we have gathered about Bracknell Forest Council Home Support Services and looked at records related to the management of the service.

What people told us and what we found

We were not able to speak to people who use the service because they had complex needs and were not able to fully understand our questions. To help us understand their experiences we spoke with the relatives of five of the 17 people who were receiving a service at the time of our inspection.

We found people's privacy, dignity and independence were respected. Relatives we spoke with told us they felt their relative's needs were being met and their care was delivered in the way it had been planned. Comments received from relatives were all complimentary and included: "the staff are very respectful and are very friendly with my relative, that's why it works."

Systems were in place to identify the possibility of abuse and relatives of the people using the service told us they felt their relatives were safe with the staff. People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

We found staff were supported to deliver care and treatment safely and to an appropriate standard. Relatives of people using the service said the staff had the skills they needed when providing care to their relatives. Comments received from relatives about the care staff were all positive and included: "I can't fault them, they are absolutely brilliant", "they do their job and do it very well" and "what is important is creating a good relationship. I think they do that very well."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We looked at the care plans for five of the people who use the service. The care plans documented people's preferences in relation to how their care was provided. The relatives we spoke with told us the care and support available to their relatives had been explained to them and they had been involved in the planning process. One person told us they had been asked how their relative preferred things done and that this had been noted and acted upon.

We spoke with six of the 11 support workers currently employed by the service. They gave examples of how they supported people to remain as independent as possible and were clear on the importance of doing things the way people wanted things done. All staff told us they involved people in their care by asking them how they wanted things done whenever they carried out a visit.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Relatives we spoke with felt the staff always respected their relative's privacy and dignity and helped them to remain as independent as possible. Comments received from relatives included: "the staff are very respectful and are very friendly with my relative, that's why it works", "my relative certainly perks up when they arrive" and "the staff are very patient, they always try to coax my relative to do things my relative can still do."

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

Our judgement

The provider was meeting this standard.

People experienced care and support that was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at five care plans. They were clearly written and person centred. We saw they were based on a Bracknell Forest Council care manager's assessment carried out prior to the person being offered a package of care. The initial assessment process included identifying any equality and diversity needs or preferences the person had. We saw staff assessed and documented levels of independence for the person using the service. The plans took those independence levels into account when setting out the assistance the person required to help them maintain their independence.

The care plans contained details of the care package, including how many calls the people received each day and the length of those calls. The service had drawn up 'detailed care guides' for each person that gave instructions for staff to follow when carrying out each separate call. Risk and other assessments had been carried out and included in the care plans to provide clear guidance to staff on managing identified risks. Some risk assessments were routine, for example: checking the temperature of the person's home during winter calls and instructions on what to do if rooms were cold. Other assessments were specific to each person, for example, risks of wandering outside their home.

The care plans demonstrated people's needs and any risks to their welfare and safety were assessed and monitored. The daily notes were detailed and showed care and treatment was planned and delivered in line with people's care plans.

Staff we spoke with all told us they read and checked the care plans on each visit. They explained that any changes to people's needs or care would be communicated in the daily notes and verbally to colleagues by telephone. We saw the staff meeting minutes for two recent months. In those minutes we saw staff discussed the care of each person using the service at each monthly meeting. The minutes showed those meetings included reviewing the care provided to each person and any changes or newly identified needs were communicated to the team.

Relatives we spoke with told us they felt people's needs were being met and their care was delivered in the way it had been planned. Comments received from relatives were all complimentary and included: "they write everything down. They are very honest and communication is good. I wonder what I would do without them?"

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

Relatives of the people using the service told us they felt their relatives were safe with the staff and they knew who to talk to if they had any concerns.

We spoke with six members of staff. All knew how to recognise the signs of abuse and told us they would report any safeguarding concerns to the manager or person in charge. Staff we spoke with were also aware of the Bracknell Forest Council's whistleblowing procedure. They told us they would feel comfortable using the process if the need arose.

Our records showed there had been no safeguarding concerns raised about the service; this was confirmed by the manager. The manager was clear on the procedures to follow should any concerns be identified. All staff were aware of the online Berkshire safeguarding adults policy and good practice guidance manual and how to access it should the need arise.

Training records showed staff had received training in safeguarding adults and that new staff had safeguarding training as part of their induction. We saw that dates had been booked for staff to attend refresher training where it was due.

The manager and staff we spoke with demonstrated a good understanding of people's rights to make their own decisions and were able to describe their responsibilities under the Mental Capacity Act 2005.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had suitable arrangements in place to support staff in providing care safely and to an appropriate standard to people who use the service. A common induction system was used to plan necessary training for new staff.

Three of the six staff members we spoke with had been employed within the past year. All confirmed they had received structured induction training and all felt the training had been useful and included everything they needed to feel confident doing their job. They described how they had been supervised by an experienced member of staff during visits until the management had assessed them to be safe to carry out visits unsupervised.

The manager provided us with details of staff training undertaken in all health and safety topics plus details of additional training provided. The records showed staff had received training in health and safety mandatory training subjects such as moving and handling and infection control. Where staff were due refresher training we saw dates had already been booked. We saw staff were being provided with training in additional areas dependent on their roles and the people they worked with. For example: training in the Mental Capacity Act 2005 and working with people with dementia.

The manager provided us with a copy of the staff training matrix. The matrix detailed all staff and listed the topics the provider considered appropriate for staff working for the service, together with the frequency of training for each topic. Dates of the last training sessions and when training was next due for each topic were included for all staff. The matrix demonstrated the manager had introduced a system for monitoring staff training and ensuring required updates were carried out as needed.

All six members of staff we spoke with felt they received the necessary training to fulfil their role safely and effectively. All staff told us they were encouraged and supported to undertake additional professional qualifications. Of the eleven staff employed at the service, nine held a National Vocational Qualification in care at level 2 or above, one person was undertaking the training and the newest member of staff was booked to start training in September 2013. The manager confirmed all new staff were supported to register for the new qualifications and credit framework training when their induction period was completed.

We were provided with the manager's monitoring log of staff formal supervision sessions and annual appraisals. We saw staff were all scheduled for their next supervision sessions with their managers and annual appraisals were booked for those due. Staff we spoke with felt they received the advice and support they needed from their managers and colleagues.

Relatives of people using the service said the staff had the skills they needed when providing care to their relatives. They told us staff always arrived when they should and stayed the length of time they needed to provide the care required. Comments received from relatives about the care staff were all positive and included: "I can't fault them, they are absolutely brilliant", "they do their job and do it very well. We are very pleased with them" and "what is important is creating a good relationship. I think they do that very well."

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at five care plans of people using the service. We saw they were accurate, up to date and gave clear instructions for staff to follow in order to provide care for people in the way they wanted.

We looked at staff records and other records relevant to the management of the service and found them to be accurate and fit for purpose. We saw records were kept securely in the office or electronically on a restricted access system and could be located promptly when needed.

The service had a policy and system in place for the safe handling and storage of confidential information away from the office. The policy covered any information regarding the care of people who use the service, as well as the staff rota detailing which people they would be supporting on a day to day basis. All staff were aware of the policy and confirmed they were provided with the equipment they needed and that the managers monitored that they worked within the policy. The training log showed all staff had received, or were booked on, training in the Data Protection Act 1998.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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