

Bracknell Forest Borough Council

Bracknell Forest Borough Council - Intermediate Care

Inspection report

Time Square
Market Street
Bracknell
Berkshire
RG12 1JD

Tel: 01344351627

Website: www.bracknell-forest.gov.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 16 and 17 April 2018. It was announced and was carried out by one inspector. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Bracknell Forest Borough Council - Intermediate Care is a domiciliary care service providing personal care to people living in Bracknell Forest. The service provides short term support and therapy to people in their own homes and is designed to maximise people's independence and reduce their need for long term packages of care. They also aim to facilitate safe discharge from hospital and prevent avoidable admission or readmission to hospital or care settings. People are provided with short term packages of care to increase their independence, usually lasting up to six weeks. Bracknell Forest Borough Council - Intermediate Care also provides end of life care as part of the services they provide for people in their own homes. At the time of our inspection the service was providing personal care to 37 people. In the year from April 2017 to March 2018 the service provided a reablement service to 416 people and 21 people received end of life care in their own homes.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. Medicines were stored and handled correctly and safely.

People received effective care and support from staff who knew them well and were well trained and supervised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's right to make their own decisions were protected.

People were treated with care and kindness and their right to confidentiality was protected. People were treated with respect and their dignity was upheld. People were supported to maintain and increase their independence where reablement was their goal. Where people were receiving end of life care, staff were made aware of their needs and wishes. The service worked with healthcare professionals, including palliative care specialist, to make sure people had dignity, comfort and respect at the end of their life. People's diversity needs were identified and incorporated into their care plans where applicable.

People received care and support that was personalised to meet their individual needs. They knew how to complain and staff knew the process to follow if they had concerns.

People benefitted from a service which had an open and inclusive culture. Staff were happy working for the service and people benefitted from staff who felt well managed and supported.

Further information is in the detailed findings of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Bracknell Forest Borough Council - Intermediate Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 16 and 17 April 2018. It was announced and was carried out by one inspector. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager, the provider's nominated individual and the provider's head of community team for older people and long term conditions. We also spoke with members of the office staff team. As part of the inspection we sought feedback from 21 people who use the service and received responses from 10 as well as feedback from two of their relatives. We requested feedback from 35 community professionals and received responses from nine. We also requested feedback from 31 members of staff and received 13 responses.

We looked at four people's care plans, daily notes, monitoring records and medicine administration sheets. We saw staff recruitment files for the only two staff members who had been employed since our last inspection. We reviewed a number of other documents relating to the management of the service. For

example, staff training records, staff supervision and appraisal log, audits, policies, incident forms, staff meeting minutes, compliments and concerns records.

Is the service safe?

Our findings

The service continued to provide safe care and support to people who use the service.

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They said they would feel confident about reporting any concerns or poor practice to their managers. People told us they felt safe from harm or abuse from their care workers. Community professionals and people's relatives felt people were safe from harm or abuse from the staff of the service. .

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling. People said care staff did all they could to prevent and control infection. Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.

People could be confident staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks.

Staff were provided in line with the hours of people's individual care packages. People told us staff stayed the agreed amount of time. One person who had recently finished using the service commented, "My support workers were always friendly and cheerful and very professional in all they did for me. I never felt I had to rush anything I found difficult. They were very patient and caring." Another person said on their end of package survey, "Each of the ladies were patient and I was never rushed to get all done." Relatives said staff arrived on time and did everything they should do at each visit. Staff said they had enough time to provide the care people needed within the time allocated to them. Community professionals said people told them staff stayed the agreed length of time and completed all the support in their care plans.

Emergency plans were in place, such as emergency plans for extreme weather conditions. Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. Records showed appropriate action was taken to deal with any incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents where applicable.

People's medicines were handled safely. Staff had received training and their competence had been checked by a manager observing them administering medicines. Only staff trained and assessed as competent were allowed to administer medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

Is the service effective?

Our findings

The service continued to provide effective care and support to people who use the service.

People received effective care and support from staff who were aware of people's abilities and goals for their intermediate care. Each care plan was based on an assessment and demonstrated the person had been involved in drawing up their plan. Occupational therapist, physiotherapists and other community professionals had been fully involved and contributed to the care plans with guidance and instructions to people and the staff. For example, detailed guidance on daily exercises that a person needed to do to improve mobility. The care plans were kept under review and amended when changes occurred or if new information came to light. One community professional commented, "The feedback I get from most of my clients is that they are given a chance to reach their rehab goals within a given time period and feel that the confidence they get from the rehab focused team is totally different to a mainstream provider. I am happy as a therapist that I am able to set up rehab goals with this team and that they will do their best to help my clients reach their goals as much as possible." One person told us, "I have had the need to use Intermediate Care several times over the last few years. I have known a lot of the carers. They have always been consistent in the care provided to me, and delivered the service to me, whatever my current problems. They have helped me to return to a measure of self-support."

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. One member of staff told us, "I feel that as a support worker I am offered fantastic training which equips me to carry out my job to a high standard." Another commented, "Since working for the service I feel I have gained a lot of knowledge in all different areas due the training I have attended, and working with other professionals." Community professionals said staff were competent to provide people with the care and support they required. One professional commented, "Very well trained and professional staff." And another added, "The staff receive a high level of training and they are very experienced and knowledgeable. There is a very low level of staff turnover and most of them have worked in the team for many years."

The service provided training in topics they considered mandatory, such as fire awareness, medication and first aid. All mandatory training was up to date or dates had been scheduled where the training was due. A community professional commented, "The staff of this service are highly trained, and have documented good outcomes for those they work with. When they move from the intermediate care service to a regular agency, often the customer is disappointed to be leaving this group of staff due to their care and attention to detail."

Staff were encouraged to study for additional qualifications. Of the 35 total care staff, eight held a National Vocational Qualification (NVQ) in care at level 2, 22 held an NVQ (or equivalent) in care at level 3 and one member of staff was undertaking a Qualifications and Credit Framework award in care at level 3.

We noted the mandatory training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in first aid every three years. However, Skills for Care "Ongoing learning and development

guide" sets out that staff training in first aid and basic life support should be at least every three years but recommends that staff skills are refreshed at a minimum of once a year in both topics. Other topics recommended for social care staff were not included in the provider's training curriculum, such as recording and reporting.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff were observed working with people every six months in order to ensure they were working to the standards and policies expected of the service. The observations were carried out by one of the senior staff and records were kept noting the outcome. Staff received formal supervision every six weeks to discuss their work and how they felt about it. Staff had received appraisals of their work every year. Staff told us they had regular supervision and appraisal which enhanced their skills and learning. One member of staff added, "I feel extremely proud to be working for the Intermediate Care Team. I feel fully supported, with regular supervision and on-going training to enable me to perform my duties professionally and with confidence."

Where meals were part of the care provision, people were able to choose their meals, which they prepared with staff support where needed. Where there was concern that someone was losing weight, staff made referrals to the GP. Staff would seek advice from dietitians and speech and language therapists where people were on special diets or swallowing problems were a concern. Any such advice would be included in the person's care plan.

People's rights to make their own decisions were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in their own home, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. Although there was no-one being deprived of their liberty at the time of our inspection, the registered manager was aware that applications to the Court of Protection were necessary and knew the correct procedure to follow.

We saw a thank you card from one person's daughter saying, "Just wanted to say a BIG thank you to everyone who has been caring for and looking after my mum for the past few weeks. You've all been wonderful and so kind. Hopefully she will continue to improve as she has recently." Another person commented, "All the staff visiting me treated me very well and I am grateful for all their help. I would recommend them highly."

Is the service caring?

Our findings

Bracknell Forest Borough Council - Intermediate Care continued to provide a caring service.

People and their relatives told us the care workers were caring and kind. One person commented, "All carers were very kind, helpful, pleasant etc." Another person told us, "The care workers I had over my few weeks of care were kind and caring and very helpful. I felt very lucky to have such nice people to come to help. I have finished my timescale and I would like to say a big thank you to all people that were involved with my care." A relative said, "We have found it to be a most caring service and invaluable help at a difficult period of decline in my husband's health condition after leaving hospital recently. All the staff we have met are lovely caring people and we are extremely grateful to them."

Community professionals reported that people who use the service told them they received care and support from familiar, consistent care staff. One professional added, "The Intermediate Care Service is highly regarded in Bracknell. The feedback from people that are having this service is always positive, particularly about the care and kindness shown to them by the staff." Another told us, "I feel that the support workers are in this role because they want to be, not because they 'need a job'. They honestly care for those that they support and want to help to improve their lives and live at home independently."

Staff told us the time allowed in the care packages meant they were able to complete all the care and support required in people's care plans. People's equality and diversity needs were identified and set out in their care plans. Records showed staff were respectful of the cultural and spiritual needs of people who use the service.

People and their relatives said staff treated them with respect and dignity. This was confirmed by community professionals. People said the support and care they received helped them to be as independent as they could be. This was confirmed by their relatives and the community professionals who gave us feedback. The care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The care plans gave details of things people could do for themselves and where they needed support to work towards their goals to increase their independence. We saw compliments sent to the service. One person said, "Thank you very much for all your help over the last three weeks to enable me to live independently again." and a relative wrote, "With many thanks for looking after my dad with dignity and consideration so he can be self-sufficient and stay in his own home."

People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction training. In the office, any personal records were kept in a lockable cabinet and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

We saw some compliments sent by people or their relatives at the end of their reablement care packages. These included, "I would like to thank you all so much for all the care and patience I've had from you all and help and chats. I shall miss you all so much. Your kindness will never be forgotten.", "Just to thank you all for

the kindness and care and also the respect you showed to my mother. I don't know what we would have done without you all.", "To all the carers who looked after me so well." and "To all my carers, thank you for all the care and help you have given me. I will miss you all. Thanks for all the laughs."

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people who use the service.

People received support that was individualised to their personal needs. Relatives said their family members received the care and support they needed, when they needed it. A member of staff said, "I believe the services we provide and the way we provide them is very person centred and each individual's needs and preferences are taken into consideration."

Where people were receiving end of life care, staff were made aware of their needs and wishes. The service worked with healthcare professionals, including palliative care specialist, to make sure people had dignity, comfort and respect at the end of their life. Relatives were complimentary of the end of life care provided to their family members. One relative wrote, "Thank you so much for making our mum's last days so comfortable. We really appreciate your kind help and caring support during what was a very difficult time."

People's care plans were based on a need's assessment, with information gathered from the person, their relatives and community care professionals. The assessments and care plans captured details of people's abilities and wishes regarding their personal care. The daily notes demonstrated staff knew the people well and provided personal care based on the way they liked things done. People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs as necessary. The daily records showed care provided by staff matched the care set out in the care plans. The care plans we saw were well written and up to date. The registered manager was working on making the care plans even more person centred in the personal care provision and was looking for training in care planning and goal setting.

Information was provided, including in accessible formats, to help people understand their care and support. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

People and their relatives knew how to raise a complaint. They said staff responded well to any concerns they raised. There had been three complaints to the service in the past 12 months. We saw they were well documented with the outcomes and actions taken to prevent a recurrence recorded. Staff were aware of the procedure to follow should anyone raise a concern with them. One person commented, "I have had no need to complain, but I feel sure that my carers would help if that was what I wanted."

Is the service well-led?

Our findings

The service continued to be well-led.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

There were effective management and monitoring systems in place for the registered manager to ensure that the service continued to meet the fundamental standards. The systems in place helped the registered manager to identify and manage any risks to the quality of the service.

People benefitted from a staff team that were happy in their work. They felt well supported by the registered manager and the management team. The service had a positive culture that was person-centred, open and inclusive. It had a well-developed understanding of equality, diversity and human rights and put these into practice.

People received a service from staff who worked in an open and friendly culture. Staff told us their managers were accessible and approachable and dealt effectively with any concerns they raised. Community professionals felt the service was well-managed and tried to continuously improve the quality of care and support they provided to people. They said the managers and staff were accessible, approachable and dealt effectively with any concerns they or others raised. One professional added, "The team is well managed and always responds quickly to changes in people's needs, ensuring they have the appropriate number of care calls in place, whilst continuing to promote their independence."

Feedback on the service provision was sought at the end of each package of care from people and/or their relatives. People were also asked for feedback during staff spot check visits. We looked at the service's correlation of the survey forms received between April 2017 and March 2018. We saw the feedback from people was extremely positive. Some comments received between January and March 2018 included, "My wishes and choices could not have been cared for better. The staff were wonderful, caring and considerate.", "All the staff were very attentive and thoroughly pleasant. They helped me practically and helped me to regain my confidence so I could do things for myself.", "All of the carers were excellent. I was not aware of this service but it was better than I would have believed." and "The family would like to thank all the ladies that helped our mother and the people in the background. You all do a fantastic job. Thank you."