

Browncross Healthcare Limited

Browncross Healthcare Limited (Domiciliary Services)

Inspection report

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Date of inspection visit:

24 April 2019

25 April 2019

29 April 2019

Date of publication:

03 June 2019

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

About the service: Browncross Healthcare Limited (Domiciliary Services) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger disabled adults. At the time of the inspection they were supporting 61 people in the London Boroughs of Bexley, Barking and Dagenham and Camden. This included reablement care for a period of up to six weeks and urgent discharge to access care, where people received support immediately after being discharged from hospital.

People's experience of using this service:

People and their relatives were positive about the caring nature of their regular care workers.

People told us staff were sensitive when providing personal care which helped them to feel comfortable and ensured their dignity was respected.

People and their relatives felt the service was personalised and the provider listened to them if they had any concerns. With reablement and urgent discharge care, the provider tried to be as flexible as possible to meet their needs.

People were given regular opportunities to give feedback about the service and felt the provider was approachable. Issues were discussed across the organisation as a learning opportunity and the provider had been proactive in addressing areas that needed improvement.

People were cared for by staff who felt valued and supported in their role. Care workers spoke positively about the support they received and how they were encouraged to improve the quality of care.

The provider worked closely with a range of health and social care professionals to ensure people received effective care and support. Staff had demonstrations from occupational therapists to help with safe moving and handling procedures.

Rating at last inspection: At the last inspection the service was rated Good. (Report published 5 May 2017).

Why we inspected: This was a planned comprehensive inspection based on the outcome of the previous inspection. We had been in regular contact with the provider to monitor the size of the service.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Well-led.

Details are in our Well-led findings below.

Good ●

Browncross Healthcare Limited (Domiciliary Services)

Detailed findings

Background to this inspection

The 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.

Inspection team: This consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Browncross Healthcare Limited (Domiciliary Services) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger disabled adults. At the time of the inspection the service was supporting 61 people in the London Boroughs of Bexley, Barking and Dagenham and Camden. Not everyone using Browncross Healthcare Limited (Domiciliary Services) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the provider five days' notice because we needed to ensure somebody would be available to assist us with the inspection. This was also due to the Easter bank holiday weekend.

Inspection activity started on 24 April and ended on 10 May 2019. We visited the office location on 24, 25 and 29 April 2019 to see the registered manager, office staff and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We reviewed their provider information return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we reviewed six people's care records, five staff recruitment, training and supervision records, samples of staff rotas and call monitoring data, complaints and safeguarding investigations and audits and records related to the management of the service.

We called 26 people and spoke with nine people and three relatives. We also spoke with 12 staff members. This included the registered manager, the director, the quality assurance manager, the care manager, the general manager, a monitoring officer, a senior administrator and five care workers.

After the site visit, we contacted five health and social care professionals who worked with people using the service for their views and spoke with two of them.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. Comments included, "They are very trustworthy and provide me with receipts" and "I do feel safe with them. I need physical support and they are very helpful and strong and help with what I need."
- Staff had a good understanding of their safeguarding responsibilities and were confident any concerns would be followed up.
- Staff completed safeguarding training, including external training provided by the local authority and had safeguarding guidelines from the Department of Health.
- Safeguarding was discussed during team meetings and staff were reminded to report any concerns of suspected abuse. One care worker said, "We need to make sure our clients are safe and report any concerns. They have always followed up anything I have raised."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were reviewed if there were any changes. There was guidance in place for care workers to follow so they could support people safely.
- We saw guidelines and detailed information related to behaviour that challenged the service, pressure sores and epilepsy. One health and social care professional told us staff they had worked with to support a person were experienced in managing their behaviour.
- Where people needed support with their mobility, we saw the provider arranged demonstrations with occupational therapists to ensure staff knew how to manage any moving and handling risks. One relative said, "[Family member] is hoisted carefully. I observe them and the occupational therapist has checked. There have been no accidents."
- Internal and external environmental risk assessments had been completed to ensure people and staff worked in a safe environment. Staff were reminded to ensure people's homes were safe and secure when leaving the property.

Staffing and recruitment

- The provider used an electronic call monitoring (ECM) system where care workers logged in and out of visits through an app on their phone or from a person's landline to confirm attendance. This was monitored from the office and staff would receive an alert if a care worker had not logged in for a call.
- Where we received mixed feedback about timekeeping, we saw the provider had a 30 minute 'call window' agreement with the local authority, which was explained to people at the start of the service.
- Samples of ECM data showed that the majority of calls were within the 30 minutes agreement. Where one relative had raised issues about their evening calls, improvements were seen with ECM visit times. We also saw examples where care workers had stayed longer than planned visit times.

- The provider was aware of these issues and had recruited drivers and had company cars to transport groups of care workers to difficult to reach areas.
- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Appropriate checks for staff had been completed and there was evidence of photographic proof of identity, proof of address and two references.

Using medicines safely

- The majority of people were prompted with their medicines, but the provider was able to provide more support if this was agreed as part of people's care and support needs.
- The majority of people we spoke with told us they managed their own medicines. One relative said, "I am informed and updated if there are any issues with medicines and they run everything by me."
- Staff received training and had a competency test before they supported people with their medicines. Care workers recorded people's medicines in daily log records and we saw they recorded any issues. Issues around medicines were discussed at team meetings.
- One care worker said, "If there are any issues, we make sure the next carer is aware of the concern and also report to the office. It is then followed up with the local authority and their family."
- We did see records for one person needed to be updated to highlight a medicine they were being prompted to take. The registered manager said they would update the care plan accordingly.

Preventing and controlling infection

- People's care records included guidelines for disposing clinical waste and to make sure safe food handling practices were followed.
- Care workers received training in infection control and food hygiene. Infection control procedures and the use of personal protective equipment (PPE) was also discussed at team meetings.
- One care worker said, "We are always able to access PPE. The monitoring officer drops it off for us and we keep boxes of it in the pool car in case we run out."
- One relative said, "Browncross do audits of the home and the carers. They check the hygiene of both." We saw that one complaint related to hygiene issues was being investigated at the time of the inspection. Reminders had been sent out to care workers about the disposal of waste and the need to observe safe infection control procedures.

Learning lessons when things go wrong

- There were procedures in place for the reporting of incidents and accidents and staff were aware of their reporting responsibilities.
- Incidents were shared with staff to remind them about their responsibilities and as a learning opportunity. One care worker said, "We do get updates if there are any incidents. They send out notices and tell us what we need to do."
- Issues regarding ECM and the need for staff to log in and out of calls was discussed, with information about the correct procedures to follow. This was also discussed in team meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

- We saw the provider continued to follow best practice in how they recorded people's consent to the care and treatment they received. Detailed capacity assessments were completed and there was evidence of best interests' meetings where people lacked capacity.
- Consent forms were also in place to confirm if people were happy for staff to log in and out using their phone, permission to share information with relevant health and social care professionals and for monitoring checks to be carried out in their homes. A health and social care professional told us they worked closely with staff and were involved in best interests' meetings.
- Staff completed training on the MCA and we saw it was discussed at team meetings to ensure people were encouraged to make their own decisions wherever possible.
- One care worker said, "The MCA training was very informative. It helped us to understand the importance about decision making and also how we can support people to do this."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives confirmed their needs were assessed before they started using the service. Where people received reablement care, once referrals were received, assessments were completed within 48 hours.
- Care workers said at times there would be limited information sent from the discharge teams. They spoke positively about how the provider followed this up to get more accurate information for them to help understand people's support needs.
- The provider had used best practice guidance materials from the Department of Health regarding the MCA.
- One relative said, "Browncross work closely with social services and the occupational therapist about what can be done."

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction, training and shadowing before they started to work with them. The majority of people and their relatives were confident with the competence of care staff.

Where we received a few negative comments, this related to cover staff, who did not know the person as well as their regular care worker.

- Staff had access to practical and online training, which included moving and handling, behaviour that challenged the service, health and safety and dementia awareness.
- Care workers told us they found the training detailed and it helped them to meet people's needs. One care worker said, "Anything we don't understand, they explain it to us and make sure we know what we are doing."
- Staff had shadowing opportunities to help them understand people's needs. We saw two care workers had two weeks of shadowing with a monitoring officer.
- Care workers received supervision at least every six months but told us they could speak with the care manager and monitoring officers at any time if they had issues or concerns. One care worker said, "We have one to one and group supervision. We discuss our progress and what improvements we need to make. If I'm struggling with something, they help me with what I need."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough if this was part of their agreed care. People's records included what support was required, preferred foods and any nutritional risks. Care workers encouraged people to be independent with this if they could and were reminded to give people a choice at each visit.
- One person was at risk of choking. There was guidance for care workers about the support needed at mealtimes.
- One person said, "The carer leaves me teabags, milk and a flask of water all lined up. I really think she goes the extra mile doing this."
- One relative said, "They prepare their meal and supervise. They are aware of the needs and the family input regarding a balanced diet. They always ask what they would like."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Care workers were given information about people's health conditions and if they needed to be aware of any issues or concerns. We saw care workers recorded this so their colleagues would be aware at the next visit.
- Where appropriate, staff were reminded to monitor people's health conditions and report any changes or concerns. Samples of daily logs showed care workers responded to any changes in people's health and wellbeing.
- One relative said, "If [family member] is unwell, they'll inform me and contact the GP. They don't leave without any action."
- We saw the provider worked closely with a range of health and social care professionals and followed up any concerns that had been reported by care workers. This helped to ensure people received effective care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the caring nature and attitude of their regular care workers. Comments included, "My morning carer is very kind and always makes sure that I am fine when she leaves", "By the end of the care package, I had two wonderful carers who were superb" and "All my carers are pleasant girls, very friendly and chatty. Nothing is too much trouble and they'd do anything for you."
- Only one person told us they had not been happy with one of the care workers they had and reported this back to the office.
- Where possible, people were supported by regular care workers. One person said, "The care is dignified, it is good that I have the same carer to help with this." One relative said, "We have two carers, one long standing one who has been with us for several years." A health and social care professional said, "You couldn't ask for better carers. They are patient, tolerant and always go the extra mile."
- Care workers told us how important it was to build positive relationships. One care worker told us it was also important to develop relationships with people's relatives, especially if they lived together. They added, "I feel I have a good relationship with all their children."
- One person told us they felt staff were aware of respecting their equality and diversity. They added, "Quite a number of them are not of my faith but they always respect mine, and I respect theirs."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed they were involved in making decisions about the care and support provided. Comments included, "We have regular chats with the service provider and they come to our house to discuss this" and "I was able to have a say in what I wanted them to do for my [family member]."
- We saw people who received reablement support were contacted on a weekly basis to find out about the care and if any changes were needed with the level of support received.
- One member of staff said, "This is really helpful as with the regular feedback we can find out about the service and if people are improving or if care workers are having any concerns."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected them when providing support. One relative said, "They are respectful and treat them well. They always let them have a choice."
- One relative told us the care worker was very respectful when carrying out personal care and understood the importance of privacy at this time. They added, "They do their body and hair and cover them up. [Family member] trusts the carer with this."
- There was guidance in place for people who received reablement care, which highlighted the importance about encouraging them to participate in their daily activities to improve their abilities after a discharge from hospital.

- One care worker said, "We had specific training about reablement and encourage people to be independent. We have to give them confidence for what they need to do. They might have a fear, but we have to help them overcome this."
- We saw the importance of respecting people's privacy and dignity was discussed at team meetings. There were also reminders for staff about treating people's personal information and records confidentially.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans included a personal profile and a summary of their care and support needs. It included an overview and guidelines for staff to follow to ensure people's outcomes were met.
- The majority of people and their relatives were happy with how the provider tried to be as flexible as possible to accommodate their needs. Comments included, "They always do what I ask them to do" and "When I have my shopping delivered, the carer usually comes earlier to help with this." One person had a flexible schedule each week when care workers came earlier to support them to get ready to attend a day centre.
- The senior administrator said, "We listen to people at the start and see if any changes are needed. We then try to be as flexible as we can with people's preferred times."
- Care workers told us they had regular updates discussing the needs of people and if there were any issues. One care worker said, "We get information about their needs and get an understanding of the package, especially if it is reablement. We work closely with the assessor and let them know if any changes are needed."
- Although we saw specific reablement training and guidelines in place for care workers to follow, one health and social care professional felt that not all staff were fully aware of the reablement approach which did not always help people to fully reable themselves.
- The provider listened to people's preferences in relation to how they wanted staff to support them with their cultural, religious and social needs. One relative said, "We always have a female carer and they keep [family member] covered. As we have a Muslim background, the carer ensures their head is always covered." One person's records highlighted the need for Bengali speaking staff and their care plan had information about their faith and for staff to respect their culture when working in their home.
- The provider met the requirements for the Accessible Information Standards (AIS). The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People and their relatives were confident any concerns they raised would be addressed. Comments included, "We haven't needed to ring the office. We are perfectly satisfied and have no complaints", "When there was an incident, an assessor came the next day and a senior carer worked with our carer. She came last week and was better" and "When there were issues in the beginning, they took action straight away and replaced the carers. They listened to us."
- We saw one relative had complimented the care manager for arranging a home visit to discuss some concerns they had raised.
- A complaints policy was in place and was given to people at the first point of contact. The registered manager told us they discussed this with people and their relatives at the first meeting and made them aware they could openly report any issues or concerns. They added, "We reinforce this at home visits and

acknowledge when we are wrong and assure people we will put it right."

- Where complaints had been received, there was evidence appropriate action had been taken. We saw the provider had communicated with one of the commissioning local authorities regarding how complaints related to reablement care could be more effectively managed.
- However, one health and social care professional felt some improvements were needed in how complaints were addressed.

End of life care and support

- At the time of the inspection the registered manager told us that they were supporting people receiving end of life care. The registered manager told us they would liaise with the relevant health and social care professionals when referrals of this kind were received.
- An end of life training programme was in place which staff spoke positively about. There was information and guidance for staff, including scenarios to discuss what support is needed and how to support people receiving end of life care. We saw this was also discussed with staff during supervisions.
- One care worker said, "The palliative care training was really good and gave us good understanding and knowledge about equipment and techniques to support people at this time."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The majority of people and their relatives spoke positively about the management of the service and the support they received. Comments included, "With Browncross, they've been receptive, listened, actioned anything really well and been very supportive for us" and "There's always someone there to speak to. I have a direct line with the managing director."
- Two negative comments were related to timekeeping issues, mainly with evening visits. We saw the provider had been proactive in responding to this feedback and had systems in place to monitor calls.
- All the staff we spoke with were positive about the support they received and confident in the management team. Comments included, "Management are very approachable. I always get a response and issues are dealt with" and "I am happy with the help I get, they make me improve with all the guidance I'm given." Care workers were also positive about the support from the monitoring officers when in the community.
- A new care manager had been in post for two months and was positive about the support they received. They said, "Senior management have an open door policy, always making time for us, always making contact with us. They are aware of their responsibilities and understand the nature of the home care industry."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and quality assurance manager had a good understanding of their registration requirements regarding statutory notifications. They had submitted the relevant notifications for incidents that occurred across the service and were always proactive in contacting the Care Quality Commission if they needed any advice.
- Staff duties were discussed at team meetings. Samples of meeting minutes showed that guidance was shared with staff to remind them about their responsibilities, including recording in the log books, logging in and out of calls and reporting any concerns.
- Staff we spoke with were aware of their responsibilities and spoke positively about the support they received. One care worker said, "We get regular updates and reminders to report any issues. The office staff are responsive and give us the correct advice and guidance."
- The care manager told us their monitoring visits gave them the opportunity to work closely with care workers to get an understanding of their role from their perspective. They added, "I can see any issues they may face and then discuss in supervisions."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and their relative's views about the service with quarterly monitoring calls. In some cases we saw monthly calls were being made to check up on the service. Samples of feedback forms between February and April 2019 were mainly positive. One comment stated, 'No areas to be improved. The carers are treating me well and the service is good.'
- People who received reablement care and support had weekly calls to discuss the service which was reported back to the commissioning authorities.
- Staff felt listened to and involved with the organisation. One care worker said, "The best thing is that they put us in situations we can handle. If they have concerns, they make changes. If I'm not happy, they listen and make the changes."
- Staff spoke positively about how the provider had listened to them regarding travel concerns to an area with limited public transport and regular traffic issues. Company cars had been purchased and drivers recruited to ensure timekeeping issues were kept to a minimum. One care worker said, "It has made the job much easier and really helped with getting to calls on time."

Continuous learning and improving care

- There were systems in place to monitor the service and to find ways of making any necessary improvements. Regular staff and management meetings discussed areas of the service, including monitoring responsibilities, guidelines for care workers and challenges faced. Weekly office meetings discussed out of hours, training and any concerns that had been raised.
- People's care records were checked by monitoring officers. We saw examples where audits picked up any issues, which was then shared with care workers and discussed in team meetings. One care worker said, "They check the paperwork and get feedback from the clients. We get called into the office and sit down and discuss everything."
- Home visits were carried out to assess the quality of service being provided. The care manager told us they carried out visits to observe practice, get a clear view of what people needed and get feedback to see if there was anything to improve. They added, "These observations can help to pick up any issues and we can give advice to the staff."
- Care workers felt supported with these visits and told us it helped improve the quality of the service. Comments included, "We are only human and if we make mistakes, they support us to improve our skills" and "They just turn up and they always help to guide us with what to do. It is very supportive."

Working in partnership with others

- The provider worked in partnership with a range of health and social care professionals and had regular correspondence to discuss people's health concerns.
- The provider attended local forums with other home care providers.
- The provider had accessed specific training from one local authority in relation to their reablement contract. One care worker said, "The training we had about reablement has been really helpful, knowing the different approach and how to help improve their independence."
- We saw the provider had also worked closely with the local authority to overcome initial teething problems and when issues were highlighted.