

Brunswick Healthcare Limited

Brunswick Healthcare

Inspection report

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Date of inspection visit:
02 March 2020
03 March 2020

Date of publication:
08 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brunswick Healthcare is a domiciliary care agency which provides personal care and support to people with a variety of needs including older people, people living with dementia and physical disability. The agency's office is located in Hove in East Sussex. At the time of our inspection the service was providing personal care to six people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The registered manager did not have effective oversight of the service and had actively been on site on only three occasions since January 2019. This meant staff felt isolated, unsupported and discouraged. The registered manager had not submitted statutory notifications to the CQC as required. The registered manager acted to address these concerns during the inspection.

At the last inspection quality assurance systems were not always being used to ensure accurate records were maintained and to drive improvements. We recommended the registered manager review and implement robust systems for monitoring all aspects of the service to ensure the quality and safety of the service remained good. At this inspection the registered manager had failed to ensure quality assurance tools were in place and effective at identifying, implementing and sustaining improvements. The registered manager had not engaged with and involved people using the service, the public and staff to improve the service.

Due to the availability of the care coordinator there were enough staff to care for people safely. This had impacted on their time to oversee the quality of care people received. This had not impacted people's delivery of care or their safety however, more staff were required to ensure the care coordinator was able to do their role more effectively.

Not all staff had received supervision to gain feedback on their performance, identify training needs and discuss any concerns. The registered manager had not ensured staff received training according to national guidance to ensure their skills remained current.

People said they felt safe and were protected from harm. Staff had a good understanding of what safeguarding meant and the procedures for reporting any issues of harm to people. All the staff we spoke with were confident any concerns they raised would be followed up appropriately by the care coordinator.

The staff recruitment procedures ensured appropriate pre-employment checks were completed to ensure only suitable staff worked at the service. Policies and procedures were in place to ensure the safe ordering,

administration, storage and disposal of medicines. Medicines were managed safely. Effective practices were in place to protect people from infection.

The care coordinator and training coordinator carried out spot checks to monitor the quality of the service provided and to seek the views of the people who were supported. People had a choice of meals and told us they had plenty to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received appropriate healthcare support as and when needed and staff knew what to do to request assistance.

People were supported by kind and caring staff who knew them well. People spoke highly of the staff who looked after them and said they were treated with dignity and respect. People were involved in day to day decisions affecting their care. Complaints were investigated and managed appropriately in line with the provider's policy.

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

Rating at last inspection

The last rating for this service was Good (published 14 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach of the Care Quality Commission (Registration) Regulations 2009. The registered manager had not notified us of incidences as required.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not established systems and processes to audit and monitor the safety and quality of the service provided. The registered manager had failed to provide appropriate support, supervision and appraisal as is necessary to enable staff to carry out their duties. The registered manager had failed to display their rating on their website.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the registered manager to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Brunswick Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider was also the manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 2 March 2020 and ended on 3 March 2020. This included phone calls to staff, people and a relative. We visited the office location on 2 March 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch and the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the nominated individual who is responsible for supervising the management of the service on behalf of the provider (who was also the registered manager), care coordinator, office manager, training coordinator and care workers.

We reviewed a range of records. This included two people's care records and two medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Due to the availability of the care coordinator there were enough staff to care for people safely. This had impacted on their time to oversee the quality of care people received. We have commented further on this in the key question, is the service well led.
- People said staff were punctual and always stayed for the allotted time. If staff were delayed, people said they were contacted by telephone for further updates. A person said, "I like the carers; they're always punctual, no no-shows, always nice carers." A relative said, "I would recommend them, and the main reason is that they're reliable and the carers are so good at their job. They've never let me down [no missed calls] and they seem to be a team."
- Recruitment procedures were safe. Staff underwent a Disclosure and Barring Service (DBS) check before commencing employment. The DBS check helps employers make safer recruitment decisions in preventing unsuitable potential staff from working with people.
- People were introduced to new staff before they started to provide support. The care coordinator said they always ensured people using the service met their care staff before they started supporting them. People confirmed new staff were introduced before they were supported. People said this provided them with assurances of who would be working with them.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. A person said, "I feel safe. They're trained very well. I'm very confident with them." A relative said, "I am very happy with Brunswick. They treat [person] very well and are very careful who they send as they know she's vulnerable."
- Staff had received training in how to safeguard people. Staff knew what signs to look for to keep people safe from harm or abuse.
- Up to date procedures were in place for staff to follow. Staff had identification badges to identify themselves, so people could be assured they worked for Brunswick Healthcare.

Assessing risk, safety monitoring and management

- Before a person received a service an assessment of risks in their environment was undertaken. This was to identify potential hazards in the person's home, such as uneven floors or with electrical appliances, and to look at ways to minimise risks.
- Risks to people had been assessed. A person said, "I feel totally safe. They do all personal care, bathing. My [relative] used to do it. It allows us to live a more normal life and takes pressure off [relative]." A relative said, "I've not had to worry one bit. They've looked after [person] so well and it's why they are still alive."
- Where a risk had been identified, control measures and guidance for staff detailed how to minimise the

risk. For example, to people's health and wellbeing such as when moving around their home, choking and showering. Where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to safely assist the person, and the equipment to be used. A staff member said, "A person has a ceiling hoist. It is regularly serviced, next due in [month]. We are constantly checking slings, to make sure they are in a good condition each time. To make sure the person is kept as safe as possible during transfers." The person's care plan instructed staff to do this.

Using medicines safely

- The service safely supported people with the administration of medicines. People said they were happy with the support they received to take their medicines.
- Care plans and risk assessments described the support people required to ensure medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan to ensure staff knew how and when to administer them.
- We reviewed two people's medication administration records which were all completed accurately with no missing signatures.
- Overall records showed, and staff confirmed, they received training to administer medicines safely. The care coordinator and training coordinator shadowed staff to help them understand how to manage medicines correctly and safely when supporting people.

Preventing and controlling infection

- People were protected from the prevention and control of infection. Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access.
- Staff demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before and after supporting people with their personal care. A staff member said, "As soon as I arrive and leave the property, I wash my hands. I also wear gloves and change gloves between tasks. I ensure surfaces in the kitchen are regularly cleaned with anti-bacterial spray. Making sure the equipment we use is cleaned with anti-septic wipes such as wheel chair handles and hoist bars. Food preparation equipment is washed and cleaned. The most important thing is handwashing."

Learning lessons when things go wrong

- Processes were in place to monitor and review accidents and incidents, together with lessons learned from the incident. At the time of our inspection, the care coordinator told us none had occurred since the last inspection. This matched the intelligence we held on our systems.
- The care coordinator told us, in response to finding a care link not working, these were checked for everyone who had one. The care coordinator said, "We have now identified whose got a care link and with the agreement of the person tested them to ensure they are in good working order to maintain their safety. This is documented in their folders and recorded if there were any issues. They are now tested on a monthly basis." Records confirmed this was happening.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff records identified office staff had not received regular supervisions or annual appraisals. The office manager, care coordinator and training coordinator had not received any form of formal support or supervision from the registered manager within the last 14 months. Staff told us, this had left them feeling isolated, unsupported and discouraged.
- Three staff had not received training according to national guidance to ensure their skills remained current in regard to their medication training. No staff had received an observational competency assessment for administering medication. Following our feedback, we received assurances the three staff would not be administering medication to people until they had completed their refresher training.
- Following the inspection Brighton and Hove local authority informed the provider, 'For medication training for staff working out in the community it is and has been recommended by the council that medication refresher training must be undertaken annually to ensure knowledge and practice is contemporary and there must also be an annual on-site competency assessment.' This guidance was not included in the provider's medication policy and the registered manager had not checked staff were being annually competency assessed.
- People were being supported with a high-risk condition called dysphasia, which could result in a person choking, staff had not received training in this area. Staff told us, the care plans and risk assessment provided sufficient guidance for them to support people, however would benefit from knowing more about the condition and how it can impact on a person's life. A staff member said, "I don't feel like I am completely trained to the best I can be for the role I am in."

The registered manager had failed to provide appropriate support, supervision, appraisal and training as is necessary to enable staff to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People and a relative told us staff had the skills to meet their needs appropriately. A person said, "They're very good at what they do." Another person said, "They seem well-trained. They know what they're doing." A relative said, "I was very impressed with their training. They even do a shadowing before they let the carers go in by themselves."
- Staff were provided with training which included, safeguarding, moving and handling, hand hygiene, first aid, infection control and record keeping. Training related to people's specific and diverse needs was also provided, which included, dementia care and alcohol misuse.
- New staff completed a comprehensive induction, which included shadowing experienced staff. New staff

studied for the Care Certificate covering 15 standards of health and social care topics. These courses are work-based awards that are achieved through assessment and training.

- The care coordinator ensured staff delivering care received regular ongoing support. This included monthly supervision and three-monthly spot checks. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed as well as considering any areas of practice or performance issues. Staff told us they found these meetings useful.

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

- People's needs in relation to food and fluids were assessed and the support they required was detailed in their care plan.
- A person assessed by a speech and language therapist had recommended the person's fluid intake was monitored by care staff. The amount of fluid required on their fluid balance chart was not specified in a recommended daily allowance (RDA). The person's fluid balance charts were not completed. Total fluids given each day were not calculated and the amount given daily varied considerably. Fluid totals showed inconsistent levels of fluid consumed daily. The person's daily records indicated they were not unwell as a result and we have reported on this further in well-led.
- People received support to prepare and cook meals to meet their nutritional needs. People's likes and dislikes were recorded in their care plans. People said they were happy with the support they received at mealtimes.

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

- The care coordinator ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place. A person said, "Brunswick was only a temporary fix until another agency found. We stayed with them. I've been very pleased. It's their attention to detail."
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence (NICE) guidance, data protection legislation, oral health and standards relating to communication needs.
- The care coordinator ensured people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. For example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant equipment to maintain their safety and allow them to receive effective care was in place and used to meet their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved occupational therapists when required. A person said, "They ask me how I am and there is no hesitation to call a GP. They are always asking can we help you do this and that. They're very flexible and I am very appreciative." A relative said, "They keep me up-to-date [with changes] and they are ever so good at liaising with the GP. It took a while to find an agency like Brunswick. If not, [person] would be in a [care] home. I'm so grateful."
- Records confirmed advice obtained from health and social care professionals was transferred into care planning. This enabled all staff to have the most up to date information on how to support a person's needs.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People told us permanent staff sought their consent prior to providing support and enabled people to make their own decisions and choices.
- People's capacity to make decisions was assessed and recorded.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 a relative were complimentary about the staff providing the service and the way they delivered care and support. Feedback from people and their relative indicated staff were very friendly but maintained a professional approach. Staff addressed people and their relatives by their preferred names.
- A person said, "They're very caring and good." Another person said, "They're very considerate and they respect me. They are very caring and nice people." Another person explained staff knew what was important to them, "I have immune system issues, so they take their shoes off when they come in, they respect this." Another person said, "They are genuinely caring people. I know how it feels when somebody comes into your house. They really are great. They are a god-send."
- Care plans included a section on people's cultural, religious and gender preference of carer. This showed staff treated and supported people without discrimination, and in a caring and kind manner.

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

- People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and what they needed help with. A staff member said, "Its about offering as many choices as possible. Being patient and seeing what they choose. What tea or food [person] would like? Checking they are ok with that choice. Ask [person] if they are enjoying it. You can then learn about a person's decision making."
- We saw where a person had the capacity to consent, they had usually signed their care plan to show they had agreed with the planned support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. A relative said, "I feel very confident. They are very caring. Before Brunswick, I was always worried. I am very pleased on the whole."
- Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. A staff member said, "When a person is on the toilet, we cover them up, we make sure no one else is walking in. When we brush [person's] teeth, we don't do this while they are on the commode, we do this in a chair as its more dignified. When [person] is well we leave them on their own and wait outside the door and they call

us in."

- Staff understood their role in providing support to maintain people's independence. A staff member said, "I encourage them to do things themselves. I help where I can, if they make the decisions themselves then I encourage this. For example, walking, even if it takes longer, but if it's in their best interest to do this, for their independence this is encouraged."
- Confidential information was handled appropriately by staff and this included the use of any information held electronically. The staff induction programme included handling information, and staff had a good understanding of how they maintained confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care in line with their preferences, interests and needs. Care plans included specific guidance for staff on the tasks to be completed during each visit; which included people's life histories, routines, interests and hobbies.
- People and their relative said they received a personalised service. A person said, "One of the carers has been coming for six years. The carers know me pretty well and they know my interests and likes." Another person said, "They know me very well; I am quite lazy, and they know not to push me. When there is a programme on TV, they will say 'I was thinking about you' and make recommendations."
- From our conversations with care staff, it was clear they knew people well. A staff commented, "It is arranging the care around their needs, choices, beliefs and that can be religious beliefs as well. That the care is created around them and not pigeon holed into a pattern of care. It is done for the individual." Another staff member said, "We take people's wishes into consideration. We are helping hands. We don't take over and do what we think is best. We let them decide, what they want to do even if it's harder. We respect their choices to live their life how they want to live it, not how we want them to live it."
- Staff completed hand written daily records at the end of each care visit. These records were informative and included details of the support provided, any changes in people's needs alongside a record of staff arrival and departure times.
- People told us they were involved in developing and reviewing their care plans. A person said, "There are quarterly reviews and they will ask about my medication, about my general health and about the service (to check I am happy)." Another person said, "They review my care with me." This meant care plans were updated if there were changes in people's care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. The care coordinator said if people needed information in any other format, they would accommodate this. Care plans instructed staff whether people wore glasses and how to keep these clean. They also included if the person wore hearing aids and to encourage people to wear them. This meant people were supported to see and hear effectively.

Improving care quality in response to complaints or concerns

- A complaints procedure had been implemented and people said they knew how to raise concerns if

necessary. They told us they were confident any concerns would be dealt with seriously if raised. At the time of our inspection, the care coordinator told us there had been no complaints raised since the service was last inspected.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager did not always make sure CQC were notified of events as required. This meant we could not monitor the safety of the service or follow-up any actions if required. For example, during our visit we were made aware of an incident which the service reported to the Police and an incident of a safeguarding nature reported to the local authority. The registered manager had not notified CQC to enable us to have oversight and ensure appropriate actions were being taken to ensure people's safety.
- The provider did not have an effective system to prompt them to send notifications to CQC of significant events in line with requirements.

The registered manager did not always make sure they notified CQC of events where required. This was a breach of Regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

- It is a legal requirement a provider's latest CQC inspection report rating is displayed at the service where a rating has been given and on a provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had failed to display their rating on their website.
- When we notified the provider of our visit, we also notified them their rating was not displayed. We provided them with the guidance to initiate this without further delay. The provider informed us they were unaware of their legal obligation to display their rating, despite being given the guidance to do this at the time they received their final report in 2017.
- At the time of our visit to the office, the rating was still not displayed on the provider's website. The provider was unable to follow the guidance and at the time of our site visit, terminated the website.

The registered manager had failed to display their rating on their website. This was a breach of Regulation 20A: Requirement as to display of performance assessments of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- At the last inspection, quality assurance systems were not always being used to ensure accurate records

were maintained and to drive improvements. Although we found some improvements, not enough improvement had been made and we found similar issues.

- At the time of the manager's interview to become registered with the Commission, the registered manager told us, they would ensure the service was monitored through, 'Monthly manager's audits including health and safety and infection control. Staff meetings. Staff supervision, appraisal and training. Weekly office meetings. Monthly manager's meeting and review. Stakeholder surveys and telephone surveys. Annual business planning and action plans.' At this inspection we found no evidence of these areas being fulfilled by the registered manager.
- There was a significant lack of oversight and monitoring of the service as the registered manager remained absent from the service. The registered manager had actively been on site on only three occasions since January 2019. The registered manager did not have suitable systems in place to check the quality of the service and relied on the care coordinator to do the monitoring without any input. It was clear the care coordinator cared about people and demonstrated an enthusiasm for the service to improve. However, they acknowledged they could not do this on their own.
- The provider's business continuity plan had not been updated since 2016. The information around how the business would be supported was out of date and referred to previous staff no longer employed. Based on our feedback at the time of the inspection, the registered manager updated this.
- The registered manager failed to have a system to audit the fluid balance sheets to check these had been completed correctly. This would ensure appropriate action could be taken to support a person's wellbeing. The registered manager failed to identify staff were not being annually competency assessed or that training was not always being met, or where it could be improved.
- The care coordinator and/or office manager emailed the registered manager a weekly overview of staffing issues and key messages about people's quality of care. We asked them what feedback they had from these weekly updates. The care coordinator said, "It's not even acknowledged. It's been over a year now. I don't even know if he has read them. There is no feedback, there is no support or encouragement that we have done a good job, or if there are concerns, or if I haven't picked something up." The office manager said, "I send him emails how I am doing, but he doesn't respond." The registered manager did not give the care coordinator or office manager a reason for this at the time of our site visit, upon hearing how they were feeling.
- We reviewed the weekly emails shared with the registered manager regarding staffing/recruitment difficulties and key messages about people's quality of care. Each week there was an area identifying risk to people's safety which the registered manager had not responded to and had not acted to assure themselves people were in receipt of safe care. We reviewed these areas and found no one's safety had been impacted due to the actions of the care coordinator.
- Due to the availability of the care coordinator there were enough staff to care for people safely. More staff were required to ensure the care coordinator was able to do their role more effectively. The registered manager had not identified this as part of their quality monitoring and had not elevated these concerns or stresses by communicating effectively with people using the service or its staff.
- An on-call service was available should people experience any emergencies or staff required support. Without exception all of the staff we spoke with expressed concerns about management support outside of office hours and gave examples of when the on-call system had failed. The on-call system was made up of the office manager, care coordinator and training coordinator. Only the care coordinator was able to deliver care to people in the event of a staff member cancelling a shift.
- When asked about the registered manager, people and relatives' feedback was negative and the care staff told us they rarely saw the registered manager. The lack of involvement and support from the registered manager had impacted on the oversight of the service and support provided to staff who were in day-to-day management of people's care. A person said, "They have been extraordinarily good, but just the last six months things have gone a bit awry. They're very well aware of this and obviously they have to prioritise."

Another person said, "I don't know his name (registered manager) or anything about him. He seems not to be in the office. I'm not quite sure why that is but they have somebody for the IT work and payroll and to sort out emergency calls."

- Staff morale and a team spirit had been impacted by the registered manager's behaviour. The care coordinator said, "[Registered manager] is my line manager. We need a registered manager who is supportive and active, for guidance. We don't do team meetings anymore." We asked the care coordinator what oversight the registered manager had of what she does, they responded, "He (registered manager) doesn't (have any oversight). I have had to involve him very recently, re two things. I needed advice about what to do, he didn't come up with anything and I came up with the solution." The registered manager also informed us this was an accurate account of their conversation.
- Most people felt their views were not sought about the running of the service. The registered manager had not effectively sought feedback from people, their relatives and professionals to review and plan improvements to the service. Staff told us there were no staff meetings. All staff members we spoke with, told us they would find this useful. Staff felt their feedback about the running of the service was not encouraged. A staff member said, "I would like them. It means everyone is singing from the same hymn sheet, reaffirm we are providing care in the same way. Suggestions for improving care and tasks we can discuss this and see if there are better ways. We can keep up to date with providing the best possible care." Another staff member said, "Not having them, the impact is side line gossip. We all want a team meeting and it would be beneficial to express how we are feeling."
- There was a lack of clarity about each person's role in the office and some staff, when asked, were unable to explain what their role and responsibilities were. This resulted in staff feeling stressed and unhappy in their roles. Staff commented that communication from the office was not always effective. The office manager was relied upon for doing rotas and being part of an on-call system. The office manager did not have a job description and told us they did not feel confident in doing these tasks. The training coordinator said, "I don't have a job description as far as I am aware. I do induction, spot checks if needed and supervisions if [care coordinator] hasn't been able to do them all." The registered manager had not identified this as part of their quality monitoring.

Systems and processes were not robust in relation to governance and records and were not effective in measuring and monitoring the quality of care provided and the service overall. The failure to seek feedback from relevant persons for the purposes of continually evaluating and improving the service was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

- During the inspection and after, the registered manager demonstrated commitment towards the service and its progression. The registered manager showed us their plans for an overhaul of how the service would now be managed going forward and the support that would be offered to the management team. The registered manager provided assurances team meetings would be implemented and quality surveys would be sent to people and their relatives for their views to improve the service. The registered manager provided assurances they would also explore using an agency to help compliment the current staffing team with agency staff, who were skilled and experienced to help support people safely.
- The registered manager recognised the service was not where it should be to be compliant with all of the regulations and stated they needed time to make the changes and embed best practice required. The registered manager said, "I know it slipped (regarding the overall management and oversight of the service), we have got to move forward and take the appropriate measures and steps to ensure there is improvement in the service that we provide."
- Since the last inspection, the care coordinator had made improvements to other auditing systems, resulting in the robust management of medicines, accidents, incidents and care planning. Accident and incidents were now audited, meaning there was improved oversight of what was happening. This meant

they were able to identify trends and recognise any potential issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their duty of candour requirements. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.
- Policies and procedures included disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Brunswick Healthcare had a clear set of values and a vision staff understood and followed in practice. The service's values were explained during induction training and through general contact with staff. A person said, "They've been really good. I had a really negative feeling about care agencies, and they've proven me wrong. It's not always a given, you know." A staff member said, "Our values are to provide the best possible care in the best possible way we can." Another staff member said, "Our values include trying to help people live their life as independently as they can. To support them with their decisions."
- The care coordinator, office manager and training coordinator had created a culture where the service was open, transparent and supportive with an honest and enabling leadership in place. A staff member said, "I feel very much supported. [Care coordinator, training coordinator and office manager], I can go to with any issue." Another staff member said, "[Care coordinator] is very approachable. I can talk to her about everything."
- The care staff told us they worked within a caring and supportive team where they were valued and trusted. A staff member said, "We work well as a team. If there are any issues, we can talk about them as a team. There has never been an occasion where I have not been able to discuss an issue with senior staff and team members." Another staff member said, "The team I work with, the carers, it's a pleasure to work with everybody. We consider the people we care for very carefully. We try to do our best. Even though there is management stress, I believe everyone is great which is why I have been with the company a long time."
- The care coordinator worked in partnership with other organisations to support care provision. For example, the local district nursing teams, GPs, occupational therapists and speech and language therapists. This was to meet and review people's needs. Records demonstrated an occupational therapist was working with the care team to support a person with their mobility.
- Staff recognised the importance of enabling people to maintain their local links and sign posted them to groups and activities that may be of interest to them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the CQC of an incident where a service user suffered abuse or an allegation of abuse had occurred, including a police incident.</p> <p>(1)(2)(e)(f)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established systems and processes to audit and monitor the safety and quality of the service provided. The arrangements in place were not as effective as they should be to ensure compliance with the fundamental standards.</p> <p>(1)(2)(a)(b)(c)(e)(f)</p>
Personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The registered person had failed to display their rating on their website.</p> <p>(1)(2)</p>
Regulated activity	Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had failed to provide appropriate support, supervision, appraisal and training as is necessary to enable staff to carry out their duties.

(1)(2)(b)