

Bramble Homecare Limited

Bramble Home Care – Worcester

Inspection report

7 Barbourne Road
Worcester
Worcestershire
WR1 1RS

Tel: 01905677700
Website: www.bramblehomecare.co.uk

Date of inspection visit:
15 February 2017

Date of publication:
13 April 2017

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 15 February 2017 and was announced. At the time of our inspection 47 people received care and support services. The provider employed 21 members of care staff to provide personal care to people in either their own homes or a family member's home.

At the time of our inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager was in post and they were in the process of applying to the Care Quality Commission for their registration. Following this inspection we were informed by the manager they had submitted their application.

The provider was registered in February 2016 and has not been previously inspected.

The manager was aware of the need to improve on systems to monitor call times and was introducing new methods from staff to log in and out of calls. Call times were not always on time and people's expectations were not always met regarding when staff arrived at their home.

People felt safe while they received care and support from the staff attending their call. The manager and other staff members had received training and they understood their responsibility to report abuse. Risks assessments were undertaken in people's own homes to maintain the safety of people and staff who visited them in their own homes.

Staff were available to meet the current needs of people. New staff had recently been recruited to reduce the need for staff to work additional hours. Recruitment procedures were in place to check potential employee's suitability. Newly appointed staff shadowed more experienced staff initially as part of their induction training.

Staff received support from the manager and other staff to ensure they had the knowledge and skills to meet people's needs. People's healthcare needs were met as required for example through the administration of people's medicines or by contacting healthcare professionals as needed.

People's consent to care and support was gained by staff who also knew of the importance to help maintain people's independence. People's privacy and dignity was maintained while personal care was provided.

Management systems were in place and people's opinions about the service provided were in place. These enabled the manager to look at where improvements were needed to the service. The manager was aware of improvements needed in the monitoring and auditing of people's care records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were kept safe from potential abuse as staff had received training to heighten their awareness.

Risks associated with people's care were assessed. Staff were aware of these risks and how they were to be managed.

People were supported with their medicines as needed to maintain their wellbeing.

Is the service effective?

Good 

The service was effective.

Staff had received training and support to enable them to meet people's needs and keep them safe.

Staff understood the need to gain people's consent before assisting them and how to support them to make informed choices.

Staff gave people the support they needed to prepare their meals and eat and drink.

Is the service caring?

Good 

The service was caring.

People found staff to be caring and had good relationships with staff who visited them.

People were treated with respect and their dignity and privacy was respected.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

People received care and support from staff they knew. Call times were however late at times meaning people were left

waiting for their care to be provided.

People knew how to complain about the care provided.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the quality of care they received.

Staff felt supported by the management.

The manager was aware of the need to register with the Care Quality Commission.

Bramble Home Care – Worcester

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 15 February 2017 and was announced. The provider was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection team consisted of one inspector.

We looked at information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from the local authority who commission services on behalf of people. We used this information to help us plan this inspection.

During our inspection visit we spoke with the registered manager, who was also the provider and to the care manager. We looked at the care records of three people, staff recruitment files, staff training, accident records, complaints and compliments and records regarding the provider's quality assurance checks.

Following our visit to the office we spoke with five people who used the service, six relatives and six members of staff. We left messages for a further four members of staff asking them to call us back who did not return our calls. These telephone calls were to seek their views about the care and support provided to people.

Is the service safe?

Our findings

People we spoke with told us they felt comfortable with having staff in their own homes and that they felt safe. One person told us, "I have never had one person who is unsocial or unkind. No one offensive or impolite in any way. I never feel worried about them". Another person told us, "I feel very safe when they are here. I have had no problem with any of them".

A relative told us they believed their family member to be safe because they always had two members of staff attend to meet their care needs. The same relative told us, "I am not worried about leaving [family member] in their care [staff]. I don't worry I need to be there."

We spoke with members of staff who were able to tell us about the action they would take in the event of them suspecting abuse or potential abuse. Staff told us they would speak with the manager and were aware of the possible intervention of other agencies such as the local authority or police. The manager was aware of their responsibilities to inform the local authority of any actual or suspected abuse. Following this inspection the manager completed a notification to the Care Quality Commission having raised some concerns with the local authority about one person and some concerns they had regarding their care.

Staff we spoke with confirmed risk assessments were in place in people's own homes and they were able to follow these. Staff believed risk assessments to be up to date and to include information about keeping people safe. We saw copies of these risk assessments while we were at the office. These covered risks to people's wellbeing and safety such as the use of equipment as well as risks identified within people's own homes such as steps or other environmental factors. We brought to the attention of the manager that risk assessments we viewed were not always signed or dated to show when they were either done or reviewed to show how staff were to support people and reduce risks.

Accidents and incidents to people were recorded and care plans and risk assessments updated when needed to reduce the risk of similar incidents occurring in the future.

People we spoke with were complimentary about the staff who visited them. Staff told us they frequently needed to work longer hours or overtime to cover the rota due to staff sickness and holidays. The care manager believed they had sufficient staff to cover the rota and had recently recruited more staff members including bank staff to cover regular staff when unavailable for work. The manager told us they would only take on additional packages to provide care and support for new people if they had the capacity to do so. This was because they would not want to have unallocated calls leaving people without a member of staff visiting them.

The provider had carried out checks on all new staff to confirm they were suitable to provide care to people who used the service. Copies of records to show a person's identity were held. A Disclosure and Barring Service (DBS) check was undertaken and references were also obtained. The DBS check helps employers to make safer recruitment decisions. Staff we spoke with were aware of why these checks were carried out and confirmed checks were completed prior to them providing care and support to people. One member of staff

told us the manager the manager was, "Strict" about the need to have a DBS in place before allowing new staff to provide care and support.

Some people who used the service required assistance with their medicines while others told us they looked after their own. One person told us their medicines were, "Always done" and "Staff are diligent about this." A relative confirmed their family member received assistance to have their medicines. We were told this was done, "Without fail" and continued by telling us, "Staff will carry out new instructions if medication is prescribed by the doctor such as antibiotics." Another relative told us the medicines for their family member were, "Always done correctly".

We saw details of the medicines people were prescribed recorded within people's care records at the office. Audits were undertaken of the medicine records once they were returned to the office. These highlighted areas such as any gaps within the records. The manager was aware these audits needed to be improved to ensure they identified any areas of concern to ensure consistency and to ensure people were receiving their medicines or other items as prescribed by a doctor.

Is the service effective?

Our findings

People were happy with the care they received and liked the staff who visited them. People felt staff knew what they needed to do and how to do this in order to provide them with the care they required in a safe way.

One person told us, "They [staff] all know what they are doing. A relative told us they believed staff to be, "Doing a good job" and were confident they were suitably knowledgeable about their family member's needs. Another relative told us, "They [staff] know what they are doing". A further relative told us new staff seemed to know what they were doing and felt they had therefore received training before attending to their family member.

Staff we spoke with told us they had received an induction to their role when they first started to work for the provider. Staff told us their induction had included training as well as spending time shadowing experienced members of staff. One staff member told us they had asked for additional time shadowing in order for them to gain the confidence and further skills before working on their own. At the time of our inspection additional staff were due to commence their induction following recent recruitment for new staff.

Staff confirmed they had received training although the feedback on the quality of the training provided was not consistent. Some staff believed the training to be good and to have equipped them with the skills they needed. Other staff members felt the training to be basic and minimal and felt they needed more. Staff told us they had requested additional training when one person received a new piece of equipment. We were told this training was provided by the manager following this request and as a result staff felt more confident. The manager told us and staff we spoke with confirmed that training on safeguarding people from abuse and medicines administration had recently taken place.

Staff we spoke with told us they felt supported by the manager and other staff at the office as well as their colleagues. Staff confirmed management undertook checks on their practice and competency in areas such as the administering of medicines. These areas were then discussed as part of the staff members supervision sessions to improve on practices where needed. Staff we spoke with saw the checks made on them as a positive way for them to improve in their work and provided an improved service for people who were using the service.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found manager had an understanding of the Mental Capacity Act 2005.

People we spoke with confirmed staff asked them for their permission before they assisted them with their care. One person told us, "They [staff] asked me yesterday 'Anything else you would like me to do before I go'". The person confirmed staff would regularly say this and always sought permission from them to do

anything.

Staff told us they would ask people what they wanted them to do and would seek consent. The manager told us nobody had a Court of Protection in place which would restrict their freedom or deprive them of their liberty in relation to their care.

Some people required assistance with meals and drinks. Other people either prepared their own meals or had support from a relative. Details of the support people needed to maintain their nutritional needs were included with the care plan as well as instructions for staff such as to leave the person with a drink. One person told us staff will "Help me with my meals."

Staff told us they had previously contacted healthcare professionals for people if either needed or requested. A member of staff told us they had contacted the on call staff member at the office for advice on finding a person on the floor and then called for an ambulance. One relative told us staff had rung them up, with the person's permission, because they were unwell. The relative was confident someone from the agency would make contact with them if staff had any concerns about their family member.

We saw a written compliment from a relative as a result of the action taken in contacting the emergency services when their family member needed such a response. They described the action taken as a 'Very professional approach' and showed staff training to be to a 'High standard.'

Is the service caring?

Our findings

People we spoke with were happy with the level of care and support staff provided for them. People were complimentary about staff and told us they liked them. One person described the staff as, "Very good" and "I am satisfied with them as they are very friendly". Another person described the staff as, "Lovely" and "Very caring. They care for me really really well". A further person told us, "They are caring. They help me" and "I can find no fault in them". Other terms used included, "Extremely nice", "Spot on", "Considerate" and, "Thoughtful."

The majority of relatives we spoke with told us they were happy with the care provided for their family member. One relative told us their family member had a 'named member of staff who attended most of their calls and felt this had improved the care and support they had received as a result of consistency. Another relative told us, "I am really happy with the care provided". Some relatives were happier with the care provided by some staff to others. One relative told us staff are, "Mostly brilliant". We brought these comments to the attention of the manager for them to look at.

The manager told us where possible people who used the service had their care and support provided by the same staff members to ensure continuity. People we spoke with confirmed they usually saw regular staff and this supported them to build relationships with these members of staff. People were happy with how tasks such as assisting them with personal care were undertaken and confirmed their individual needs were met as a result. People told us staff encouraged them to maintain their independence and felt this was important.

Staff believed the care they were providing to people to be of a good quality. One member of staff told us they would be happy for a member of their family to receive care from the staff employed by the provider.

We saw compliments about the level of care and support provided for people written by relatives and comments the provider had received from health care professionals. These included reference to people being, 'Impressed' by the care provided.

We spoke with people about privacy and dignity and how these were upheld by staff members. People we spoke with told us staff were mindful of this while they assisted them with their care and support. One person told us, "They like me to have privacy. Staff seem more concerned about my privacy than am I". Another person told us staff treated them, "Like a person which is what I like". A further person told us, "No problem with them and my privacy and dignity".

A relative told us they believed the privacy and dignity provided to their family member to be "Really good". We spoke with staff and they were able to tell us how they ensured people's privacy was maintained and told us this was an important part of the care they provided for people.

Is the service responsive?

Our findings

People told us staff supported them and confirmed they had their needs met. However, there were mixed comments regarding the timing of people's calls and the number of occasions when staff arrived late.

One person told us staff are, "On time more or less" which was a similar comment to another person. Another person told us, "Timing is not good. It's not the time you would like it to be" and "Never know how long I am going to have to wait. For ever waiting and not forewarned when going to be late." Another person told us, "Not always on time". The same person told us they were not too bothered as they felt they had little alternative and liked the staff who did support them but did not always know who that would be.

We discussed call times with relatives and received mixed comments. One person told us, "Now arrive when scheduled. This has got better". The same person told us their relative had previously received late calls but they now received a schedule of the calls therefore knowing when staff were expected. Another relative told us the timing of calls was, "Not too bad" and that staff could at times be late if caught in traffic.

The manager told us they allowed 10 minutes for staff to get from one call to another and as staff worked in local areas believed this time to be sufficient. We were told by the manager, "Calls are on time". This was not always confirmed by staff who felt call times needed to be better organised and managed more effectively in order for staff to respond to people's needs at times people required assistance. Staff told us at times they needed to travel across the city sometimes at busy times of the day and therefore encountered traffic difficulties making them late for calls to people.

We were informed staff should telephone into the office in event of them becoming delayed so either alternative arrangements could be made or so people were informed staff were going to be late. We received mixed feedback from people on whether they were informed of late calls or not. While at the office we heard discussions about the posting out to people of a rota informing them who was scheduled to provide the call. Some people we spoke with confirmed they received a rota however many commented that they were frequently not adhered to due to staff changes.

The manager showed us a system they had in place for the monitoring of calls. This however relied on people allowing staff to log in via their land line telephone. The manager told us some people had not given consent for staff to do this or did not have a land line for staff to use. As a result the provider was looking at a new system which it was anticipated would be better suited. This was because this system would support the management better in managing calls and provide the knowledge about the whereabouts of staff members.

The manager was able to tell us about occasions when calls were missed. It was evident they took this matter seriously because they had reported these to the local authority as safeguarding matters because people had been placed at risk. We saw the manager had taken disciplinary action as a result of missed calls.

People confirmed they had a care plan at their own home. People told us staff wrote in these when they visited them. Most people felt these were for staff members only and they had not looked at them or believed they had not been involved in devising them. People were not however concerned about this and believed staff worked well in their own home and received the care and support they required to meet their individual needs. Staff told us they would be informed of people's care needs if they were going to see somebody they had not seen before.

One relative told us, "We [family and management] agreed the care plan and it seems to work". The same relative told us they had subsequently, "Discussed anything that could improve". Care plans were available at the office for staff to view and for management purposes. We saw initial assessments to identify people's care and support needs were done. These identified whether people had any preference regarding the gender of the care workers who would visit them. Care plans described the level of care and support people required to meet their needs and ensure they were safe. We saw care plans demonstrated the level of assistance required and showed where people could be independent in their own care where possible. It was evident these were reviewed to reflect changes in people's needs however they were not always dated and signed to show when they were done to show they were the most recent updates to support staff in responding to people's needs in a personalised way .

Most people we spoke with were happy with the ability to contact the manager as needed regarding any concerns or complaints. We brought to the attention of the manager comments raised by one family and their desire to hear from the manager. The manager confirmed they would do this. Another relative told us, "If I was not happy I will say so". The same person told us they had not had the need to make a complaint.

The manager showed us records of complaints received regarding the care and support provided to people. We saw they had reported the actions taken to resolve the matters raised. Complaints were investigated and disciplinary action taken where needed.

Is the service well-led?

Our findings

On the day of our inspection there was no registered manager in post. The previous registered manager deregistered with the Care Quality Commission (CQC) in November 2016. A new manager was in post and awaiting documents for them to apply to the Care Quality Commission for registration. Prior to completing our report the manager confirmed they had submitted their application to us for registration.

People we spoke with were positive about their experience regarding the care they had received. One person told us, "They are a very caring company"

The manager and the provider submitted before the inspection a Provider Information Return (PIR). Within this document they told us the manager lead from the front (by example) and that they operated an open door policy.

The manager had good knowledge about the needs of people who were receiving care and support. They acknowledged areas identified during the inspection as needing to have improvement such as with missing details from care plans and risk assessments. Audits were in place and were to be undertaken by the management as a result of shortfalls with the audits previously undertaken whereby issues had not been fully identified.

Staff we spoke with told us they liked the manager and felt overall the service provided to people to be of a good standard. Staff generally felt the manager to be open and willing to listen. Comments about the manager included, "Knows what she is talking about", "Has a good approach with people", "Approachable with staff" and, "On the ball". Another member of staff told us, "Management are always at the end of phone" while a further member of staff told us, "Any problems I can go to the office. You often see staff at the office." Staff told us they liked working for the provider. One member of staff told us, "I am really enjoying the job".

A relative described the office based staff to be, "Polite" and told us they had listened to them whenever they had contacted them. The majority of relatives told us they had found communication between staff at the office to be good. One relative told us, "Messages seem to get through."

The manager told us they felt supported in their work. They told us the provider visited regularly and they also received weekly visits from their direct line manager who was also available on the telephone if needed.

The manager was able to describe to us their vision for the future. They saw the recruitment of quality staff to be one of the most challenging areas in order to increase the service provided and ensure people received a service which reflected their individual care and support needs. The manager told us they took any missed calls seriously and had taken action to address these when they had happened. These actions included informing the local authority under their safeguarding procedures.

In August 2016 the provider had sought the opinions of people who used the service. Comments from the

customer satisfaction surveys were analysed available. The responses received were positive. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service.