

Brunelcare

Brunelcare Domiciliary Care Services Somerset

Inspection report

Cryton House, Cryton Technology Park
Bristol Road
Bridgwater
Somerset
TA6 4SY

Date of inspection visit:
26 February 2019

Date of publication:
07 May 2019

Tel: 01278439177

Website: www.brunelcare.org.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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: Brunel Care Domiciliary Care Services Somerset is a domiciliary care service that was providing personal care to 361 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People told us that they had experienced late visits and at times visits had been cancelled.

Care plans did not always contain detailed guidance for staff. This meant that staff may always be clear about the level and type of support that people required.

People told us that they received support to eat and drink. However, guidance for people eating a modified diet did not always include details about suitable types of food or fluid.

People and staff spoke positively about the management team. People felt comfortable to complain and raise concerns with staff, team leaders and the management team.

People told us that staff who visited with them were caring and took actions to protect their dignity and privacy.

People told us that they received a safe service. Staff spoke positively about the actions that they would take if they suspected a person was experiencing abuse and was at risk of harm.

Staff sought peoples' consent before starting to provide their care and people's choices were respected by staff.

Rating at last inspection: Good (September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found one breach of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.

Follow up: We will review the report on actions the provider intends to take following the inspection. We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

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 ●

Brunelcare Domiciliary Care Services Somerset

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and one 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 care service. The expert by experience's area of expertise was older people.

Service and service type:

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 service 48 hours' notice of the inspection site visit to make sure that there would be staff available to speak with us.

Inspection site visit activity started on 26 February 2019 and ended on 26 February 2019. We visited the office location on 26 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed various records including, the training matrix, recruitment files for three employees, four care plans, audits, compliments and complaints. We spoke with 14 people who were using the service, four

relatives and six staff, including the registered manager, team leader and three care staff.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Care plans did not contain sufficient detail to guide staff. For example, one person required assistance to sit up in bed and the care plan recorded, "...Requires support from carers", but did not specify what support was required.
- People told us that their care visits could be late or cancelled. Comments from people included, "They [care staff] are sometimes late but usually phone to tell me" and, "I think staffing levels are pushed at times, especially at [the] weekend – I still get the support but they [staff] have a lot to do."
- Care plans for people requiring a modified diet did not always include detailed information for staff in line with published guidance. For example, one person's care plan said, "Please ensure my food is edible as I may lose my ability to swallow harder items over time." This did not include descriptors of food that the person could eat and meant there was a risk the person could be offered inappropriate food.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Increases in the numbers of missed care visits had been identified and the service had worked to reduce these. Actions included improving communication and closer monitoring of care visits. We saw evidence that the number of missed visits was decreasing. This meant the risk of peoples' needs not being met because of missed visits had decreased. The provider contacted us after the inspection and told us 222 people had responded to surveys in the last twelve-month period. Of these responses, "Only 6.2% of these mentioned that calls were not always on time."
- The service was working to improve the numbers of staff available. Relief staff were paid an enhanced rate to be flexible and cover both expected and unexpected staff absence. Senior care staff, office staff and the registered manager covered care visits when required. The provider contacted us after the inspection and told us staffing levels were monitored and staff were rostered according to the needs of people.
- People told us that they felt safe. Comments from people included, "I feel safe in their [staff] care, they [staff] are so gentle and professional" and, "[I] feel very safe indeed, especially when I have a shower."

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place and acted to protect people from the risk of harm. We saw evidence that the service had made safeguarding referrals to the local safeguarding team when appropriate.
- Staff spoke confidently about how they could identify potential abuse and what actions they would take if abuse was suspected. Comments from staff included, "If abuse was suspected I would report right away"

and, "I feel confident to whistle-blow."

Staffing and recruitment

- Staff were recruited safely. Recruitment files included a copy of the person's ID, employment history, two references and a disclosure and barring service reference number.
- The service had recently completed a staff survey to improve staff retention. The survey asked staff what they wanted the service to stop, start and continue doing.

Using medicines safely

- People told us that their medicines were managed safely. Comments from people included, "Very prompt with medication, done twice a day" and, "They [staff] check that [person has] taken [their] medication."
- Suitable actions were taken when medicines errors occurred. For example, staff had received training and supervision sessions. Staff were supported to understand what had gone wrong and to help prevent a recurrence.

Preventing and controlling infection

- People told us that staff worked to prevent the spread of infection. Comments from people included, "[Staff] always put aprons and gloves on" and, "They [staff] put gloves and an apron on when they put cream on my heels."
- Staff used the personal protective equipment (PPE) including gloves and aprons as required and there was no limit to these supplies.

Learning lessons when things go wrong

- The service encouraged staff to reflect on incidents and we saw evidence that when things had gone wrong, staff involved had apologised to the person.

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.

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

- People told us they were involved with planning their care. Comments from people included, "Yes I was involved in writing the care plan and reviews" and, "I have the care plan here they ask my needs and view."
- Assessments included information about the person and about the people who knew the person best.
- Staff knew people well. Comments from people included, "They [staff] always talk to me, they know me well" and, "Yes they [staff] know me well I am very grateful."
- People told us that their visits were not rushed. Comments from people included, "There is enough time I'm not rushed" and one relative said, "They [staff] take their time and don't rush [relative]."

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 checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People told us that staff sought consent before providing care. Comments from people included, "They [staff] always ask my consent before doing anything, and one relative said, "They [staff] are respectful they [staff] ask [relative's] consent."
- People were asked to sign a consent form. The form was signed by the person to record that they consented to receive assistance with specific tasks, for example medicines administration and manual handling.
- All people receiving personal care at the time of the inspection had capacity to make their own decisions. This meant we did not review capacity assessments or best interest decisions.

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

- People told us that they were supported to eat and drink. Comments from people included, "[Staff] prepare food I ask for and leave enough food and drink for me" and, "They [staff] always offer to help with food but I'm ok."

Staff support: induction, training, skills and experience

- Staff received training relevant their role, including an induction and staff new to care completed the Care

Certificate. Comments from people included, "They [staff] are very well trained [and] retrained every year" and, "No concerns at all – they [staff] are well trained and nice people."

- The service undertook staff supervision sessions, observations and provided staff with positive feedback. One feedback letter read, "You clearly made a real difference to this person's wellbeing and you should be proud of this."

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

- The service had participated in meetings with healthcare professionals when required and had challenged decisions believed not to be in the best interest of the person. We saw evidence that this had positively impacted on the life of one person.

Adapting service, design, decoration to meet people's needs

- People receiving care lived in their own homes and retained control over the design and decoration.

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

- We saw evidence that staff had supported people to access healthcare services. For example, one person was supported to eat a textured diet recommended by the GP. Comments from people included, "A Brunel carer suggested I go to the doctors about my eyes...I got it treated. That was very helpful."

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 told us that staff were caring. Comments from people included, "They [care staff] are so very kind" and, "When it was very cold I was really cold in the night – a carer stayed longer, switched the fire on...so kind, [they] came back in the evening and switched the fire off."
- People chose who supported them with their care. Comments from people included, "Yes I am given choice of regular carers, all female on my request" and, "Did once send a male but I sent him away they don't send males to me anymore."
- The service had an equality, diversity and inclusion policy that included details about the Equality Act 2010 and actions that would be taken if staff did not follow the policy.

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

- The service kept a log of compliments received. One member of staff had taken emergency action and the person's relatives had written, "We can't thank you enough for your courageous and quick response. Without you we would not still have our mother", the staff member had also been presented with flowers.
- People told us that their choices were respected. Comments from people included, "Yes. They [staff] listen to my choices" and, "I Have ready meals – I choose what I want. They [staff] give me a choice." This meant people could retain control of choices that affected their lives.
- The service had received responses from a questionnaire sent to people in October 2018. Of the ten people who responded each person agreed that, "All carers [were] friendly and very helpful."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected when they were receiving care. Comments from people included, "Carers shut the bedroom door to maintain privacy" and, "[Staff] help maintain privacy and dignity with towels."

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

- Care plans included personalised information. For example, 'My preferences: things that are important to me'. This offered people the opportunity to record information that was significant to them. One care plan said, "I love singing and joking with my carers and that helps me eat."
- Care plans contained details about the person's advanced decisions about their care and if they had a lasting power of attorney for finance or health and welfare decisions. The service reviewed the original power of attorney documents before including details in the care plan.

Improving care quality in response to complaints or concerns

- People were not familiar with the complaints policy however told us that they would speak with a member of staff, team leader or the manager if they were concerned. Comments from people included, "I go to the team leader and am able to contact them" and, "Any complaints...I go straight to the top."
- The registered manager investigated complaints thoroughly, provided an apology and acted when required. For example, one person who complained received an apology and the staff member involved was supported with a themed supervision session. This helped to encourage a transparent culture and to prevent a recurrence.

End of life care and support

- The service did not undertake formal end-of-life care planning. However, care plans included information about a person's next of kin and who should be called in an emergency.
- The relative of one person who had passed away wrote, "You [care staff] are just angels quite simply. My [relative's] final days were lit by your love".

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There was a programme of quality audits, results were analysed for themes and trends and actions taken when appropriate. For example, the medicines audit had identified when medicines errors had occurred, and actions were taken when required. However, not all audits had been effective as gaps in care records guidance that were identified during the inspection had not been recorded.
- The service recorded the numbers of complaints received and actions were taken when the numbers of complaints increased. For example, one team leader had met with the management team and worked together to monitor progress.

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

- People and staff spoke positively about the management team. Comments from people included, "Leadership is excellent and the whole team is excellent" and, "The manager takes swift action where necessary."
- We observed staff visiting the office and there was a team identity. Comments from staff included, "Our team work is key. We are one part of a team. Team leaders support each other".

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

- The service operated a 'guaranteed interview scheme' for people living with a disability. This meant all applicants met the minimum job requirements and lived with a disability, would be offered the opportunity for an interview.
- The service had worked to improve staff retention and engagement. For example, the 'staff engagement project' involved members of the senior management team attending staff meetings and allocating a staff representative for colleague to speak with anonymously or formally.
- People had the opportunity to complete questionnaires and we saw evidence that actions were taken to improve the service because of comments made. For example, the registered manager had spoken with a person and remained as their point of contact.
- People received a regular newsletter that included information about people and staff. For example, one newsletter we saw included pictures of a person enjoying a trip out and of staff working in the snow.

Continuous learning and improving care

- The office team and registered manager had recently attended a 'train the trainer' course about the new system for care planning and care visit monitoring. This meant that they had the skills and knowledge to help care staff use this system.
- The service had introduced magnets for people to display in their homes. The magnets included details of the service and contacts that enabled healthcare professionals to easily access the information in an emergency.

Working in partnership with others

- The service had worked to build links with the community. For example, local school children had designed a Christmas card, and this was sent to people using the service.
- During the festive season, the service had hired a local hall and held two parties that included entertainment from a singer and local school children. The registered manager said the parties were, "Absolutely fantastic, people enjoyed it so much that they asked when it will happen again, we plan to do a summer fete in June."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care plans did not always contain guidance for staff about how to support people or the level of support required.