

Mrs Carol Jackson

# Bronte Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bronte Care Services is a domiciliary care agency. It provides personal care to people living in their own homes and flats. At the time of the inspection the service was providing personal care to 61 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

Most people, relatives and staff told us the service had improved since the last inspection. People and relatives were generally happy with call times and said they were normally supported by the same staff. Staff confirmed there had been improvements, which included how runs were coordinated and planned.

Recruitment was not always managed safely. We identified not all the required pre-employment checks had been carried out to ensure people were safe.

The provider had introduced a range of new electronic systems to improve the quality of the service. Audit and checking systems needed refining to ensure they were appropriate to monitor this new system.

Staff were knowledgeable about people and the topics we asked them about. They received training to carry out their role. The registered manager had introduced a programme of supervision and appraisal to ensure staff were fully supported in their role.

People's care needs were assessed, and they received person centred care from staff who knew them well. People's care plans had been recently reviewed. They received appropriate support with their nutrition and health needs. The way people's medicines were managed had been improved.

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. Staff encouraged people to make decisions about their own care, and promoted people's rights to dignity, independence and privacy.

The registered manager had introduced a range of quality checks and audits. They had increased the size of the management team and initiated a range of changes which had led to positive outcomes for people and staff. The registered manager was committed to the ongoing improvement of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was inadequate (published 7 September

2019) There were multiple breaches of regulations and the service was placed in Special Measures. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe recruitment. Please see the action we have told the provider to take at the end of this report

#### Follow up

We will continue to monitor information we receive about the service until we 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bronte Care Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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 notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 December 2019 and ended on 6 December 2019. On 5 December 2019 we visited the office to review documentation relating to people's care and the management of the service. Between 4 December and 6 December 2019, we made phone calls to people who used the service, their relatives and staff.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioning teams who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, care coordinator and support workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant 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.

### Staffing and recruitment

At our last inspection the provider had failed to ensure effective systems were in place to ensure staff were deployed efficiently and identify where quality and safety were compromised. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Safe recruitment records were not consistently in place and not all the required pre-employment checks had been carried out. For example, we saw one staff member had been working (supervised) prior to completing both an adult first check or a Disclosure and Barring Service check (DBS). The Disclosure and Barring Service is a national agency that holds information about criminal records. Staff should not be working before completing the adult first check and then only as a last resort and subject to risk assessment.
- Another staff member had started work in October 2019 but the DBS check in place was from March 2018 so was not up-to-date or relevant.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed the appropriate follow up checks and risk assessments had been completed.

- People and relatives were generally happy with call-times and said they were normally supported by the same staff. One relative said, "The service is consistent with regular times and the same girls. There is continuity of care."
- Overall, we found call times were appropriate and met people's individual needs. Rota's showed calls were appropriately spaced with some travel time allocated to staff. Staff confirmed there had been improvements in how calls were organised. One staff member said, "There is time to chat and create a bond."
- However, there were some inconsistencies. For example, we saw on a few occasions staff had finished one run early which suggested that they were not staying with people for the full call time and records showed

they were not always attending calls in the correct order. Call times on the system did not always appear to be accurate.

#### Using medicines safely

At our last inspection the provider had failed to ensure the management of people's medicines were safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives we spoke with were happy with the support they received with their medication.
- Staff told us the systems for administering people's medicines had improved and they had access to clear and detailed information.
- The service had recently moved to an electronic medicine administration recording system. This would allow medicine administration to be reviewed in real time. Whilst we had no concerns people were not receiving their medicines there were some record keeping issues associated with the new system which the registered manager was in process of addressing. The care coordinator was in the process of updating the system to include topical medicines such as creams.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe. One person said, "I feel safe and comfortable because [staff] know what they are doing."
- Staff had received safeguarding training and understood how to raise concerns.
- Safeguarding procedures were in place and we saw evidence they were followed. This included reporting concerns to the local authority safeguarding teams and CQC and discussing low level concerns with safeguarding informally or social workers, to help keep people safe.

#### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed. Risk assessment documents were in place which demonstrated risks associated with topics such as mobility, the environment and pressure areas had been assessed. Key information on the risks each person was exposed to were available to staff on their phone prior to entering a person's house.

#### Learning lessons when things go wrong; Preventing and controlling infection

- Incidents and accidents were logged on the electronic system. Improvements had been made to monitoring systems to ensure outcomes and lessons learned were recorded and shared.
- Staff completed training in infection control. They generally had access to gloves and aprons when supporting people with personal care or serving food. Some people and staff said there had been delays replenishing gloves on some occasions.

# 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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to provide appropriate and effective staff supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had recently received supervision and appraisal. Spot checks had been undertaken. The registered manager told us plans were in place to ensure staff were supported with regular planned one to one meetings.
- Staff said training was valuable and gave them the skills to undertake their role. New staff completed the care certificate and were encouraged to undertake qualifications. We reviewed the training matrix for the service which showed mandatory training was up to date.
- New staff received a detailed induction which included regular meetings and the opportunity to shadow experienced staff.

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

- People's needs were assessed before being offered a service.
- People's care plans generally described the support required for each call and detailed their personal choices and preferred routines. Staff said care plans were clear and updated when peoples' needs changed.

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

- People's needs, and nutritional preferences were met. One person told us staff regularly walked to the fish and chip shop to purchase their lunch when they requested this.
- Where people needed support with meals we saw their preference was recorded. Plans contained details of their likes and dislikes and the level of support they required.

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

- People and relatives said people's health needs were supported. One relative said, "There was a wonderful response when [person] was taken ill. They sorted things with the doctor and visits have been increased."
- Care records showed evidence people's healthcare needs were assessed and the service had contacted

GP's and district nurses appropriately to help ensure people's healthcare needs were met.

- There was a lack of information within care plans about people's oral health needs and a lack of evidence they were being met. We raised this with the registered manager to ensure it was addressed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

We checked whether the service was working within the principles of the MCA

- The service was acting within the legal framework of the MCA
- We saw evidence people consented to plans of care. People told us they were asked for consent on a routine basis before any care or support intervention.
- Staff understood the principles of MCA and how they applied this in their day to day work. They described how people were promoted to be as independent as possible and make decisions for themselves.

# 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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to ensure people received continuity of care from people who knew them well. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People generally received support from the same staff, so their care was consistent.
- People and relatives told us staff were caring and treated people kindly. We received a range of positive feedback, particularly about more experienced members of the team. One person said, "[Staff] are caring, kind and friendly. None of them are stuck up they are down to earth." Another relative said, "[Staff] are fantastic. They go above and beyond what they need to do."
- Staff we spoke with demonstrated caring values and a desire to provide people with personalised care. One care worker said, "When I see people are smiling it makes such a difference."
- Care records were written in a respectful way.
- Through talking to people, staff and reviewing care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff listened to people's views and provided care and support that reflected their wishes. One relative said, "[Staff] are patient and never frustrated. They listen to what [person] says and never try to get them to do what they don't want to do. Some carers will go above and beyond and do extra things."
- People were involved in providing their feedback through reviews. We saw evidence people's views were recorded and changes made to care plans when requested.
- Staff spoke about promoting people's independence and gave person centred examples of how they respected peoples' privacy and dignity. They confirmed generally call times were not rushed and there were opportunities to talk with people.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People and relatives said person centred care was provided.
- People's care needs were assessed, and care plans and summary sheets were in place to guide staff on the required care. However, we identified these were not always kept when people's care packages changed. For example, one person's care plan detailed up to two calls a day, whereas this had recently changed to four calls. In another person's records there were no details of the evening call which had been added. Care records had not always been updated in a responsive way and therefore in these cases there were no instructions for staff to follow at the additional calls.
- We saw other examples of the service being responsive and flexible to people's needs. Staff confirmed they received regular alerts to update them if people's needs had changed.
- People's care plans had been recently reviewed. It was not always documented clearly how people and their relatives had been involved in the review. We discussed this with the registered manager and they agreed they would address this.

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, and information recorded on how staff should best support them. The service had a communication policy in place which detailed how to support people, which the registered manager said she would update to include the specific requirements of the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People and relatives said staff listened to them and resolved day to day concerns. They gave examples of when they had raised concerns and they had been resolved.
- A system was in place to log, investigate and respond to complaints. Information was present within the service user guide to inform people how to raise a complaint. We saw clear records were kept of complaints, including minor verbal concerns, the action taken to resolve and learn from.

End of life care and support

- People's end of life wishes were not detailed in their care plans. We discussed this with the registered manager who said they would address this.

- Staff received end of life training.
- The registered manager told us they were responsive when supporting people who were at the end of their life. They had recently increased the number of calls and ensured the same staff member supported one person and their family.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. 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; 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.

At our last inspection we found governance systems were not robust. The registered manager had failed to ensure staff were monitored and supported with regular and robust monitoring of their performance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were a range of audits in place. Staff had received support, supervision and monitoring of their performance since the last inspection. Plans were in place to ensure this was sustained.
- The registered manager was committed to improvement of the service and had introduced an electronic care management system. This helped improve the safety and responsiveness of the service providing real time information on staff whereabouts to ensure people's needs were being met.
- We identified inconsistencies in some of the call times and medicines records. The system had been introduced in November 2019 and initial problems were being addressed by the management team. Audit and checking systems needed refining to ensure they were appropriate to monitor this new system.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training and supervision about what was expected of them.
- Staff said the registered manager was approachable and supportive.
- Regular staff and management meetings were held. We saw these were an opportunity to discuss quality issues and drive improvement as well as obtaining the views of staff.
- The registered manager regularly sought feedback about the quality of the service through reviews. They had recently sent out surveys. Initial feedback from people and relatives was positive. One relative said, "I

would recommend it because they are kind and reliable and go above and beyond what they have to do. "

Continuous learning and improving care; Working in partnership with others.

- Since the last inspection the registered manager had increased the management team and recruitment plans were in place for further growth. The purpose of this was ensure recent improvements were embedded and support continued progress. The registered manager acknowledged the service was on a development journey and demonstrated commitment to this. They recognised the impact of recent changes. They commented, "I can see the improvements. People are a lot happier because we communicate more."
- Staff told us there had been a lot of improvements recently. One staff member commented, "Yes, it's been good. There have been improvements in every way."
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.
- The registered manager had worked very closely with the local authority commissioning team and attended provider forums.

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 18 HSCA RA Regulations 2014 Staffing  Recruitment was not always managed safely. Pre-employment checks were not consistently completed.