

Bramhams Homecare Ltd

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Inspection report

Unit 10
Wellington Mills, Quebec Street
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Tel: 01422315671

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Bramhams Homecare Limited on 20 April 2016 and the visit was made at short notice to make sure the registered manager would be available.

This was the first inspection of the service since it was registered in January 2014.

Bramhams Homecare Limited is a small domiciliary care agency which provides care services to people in their own homes. On the day of our visit 18 people were receiving a personal care service. The agency can provide a service to adults, older people, people living with dementia, people with physical disabilities, people with mental health conditions and people with sensory loss.

There was a registered manager in post, who is also the owner of the company. 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.

People who used the service told us they felt safe with the care they received. We found there were appropriate systems in place to protect people from risk of harm.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS).

We found that people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. The skill mix and staffing arrangements were also sufficient. Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. This included obtaining references from the person's previous employer as well as checks to show staff were safe to work with vulnerable adults.

Staff had opportunities for on-going development and the registered manager ensured they received induction, supervision, annual appraisals and training relevant to their role.

The staff we spoke with were able to describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes.

People using the service and relatives told us staff were reliable, kind and caring and always provided care and support in line with the support plan in place. We found staff provided a person centred service.

The care plans we looked at were person centred and reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans

as working documents and they contained sufficient information to enable them to carry out their role effectively and in people's best interest.

Medicines management systems were in place to ensure people received their medicines at the right times. When necessary staff involved district nurses, GP's or the emergency services to make sure people's health care needs were met.

People's individual dietary needs and preferences were being planned for and met.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

People using the service, relatives and staff we spoke with were very positive about the registered manager. They all said the registered manager was committed to providing the best service they could offer, was approachable and provided effective leadership. Relatives and staff all said they had and would recommend the service to other people.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify any shortfalls in service provision.

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.

Staff understood how to keep people safe and where risks had been identified action had been taken to mitigate those risks.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed.

Staff made sure people received their medicines safely.

Is the service effective?

Good 

The service was effective.

Staff received training appropriate to their job role, which was continually updated. This meant they had the skills and knowledge to meet people's needs.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff supported people to maintain good health and to consume an appropriate and varied diet.

Is the service caring?

Good 

The service was caring.

Feedback about the quality of care provided was consistently positive.

People were supported by regular care staff. This consistency enabled care staff to develop meaningful relationships with the people they supported.

Staff used their knowledge of people to deliver person centred care.

Is the service responsive?

The service was responsive.

People had their health, care and support needs assessed. Individual preferences were discussed with people who used the service. People's care records had been regularly updated and provided staff with the information they needed to meet individual's needs.

People were provided with information about how to make a complaint.

Good ●

Is the service well-led?

The service was well-led.

People using the service, relatives, staff we spoke with were very positive about the registered manager. They all said the registered manager was committed to providing the best service they could offer and was approachable.

There were effective systems in place to monitor and improve the quality of the service provided.

Good ●

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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.

The inspection started with a visit to the provider's offices on 20 April 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of inspection the service was providing care and support to 18 people.

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service.

During the visit we spoke with the care co-ordinator, senior care worker, two care workers and the registered manager. The expert by experience carried out telephone interviews with 15 people who either used the service or their relatives on 19 April 2016 and 21 April 2016.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the local authority contracts and safeguarding teams and received feedback from three social workers.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Is the service safe?

Our findings

Risks to people's health and safety were assessed. For example, moving and handling risk assessments were put in place to guide staff on how to safely assist with moving and handling tasks. Care records also demonstrated staff took action to follow risk assessments in order to reduce potential risks. For example, care records showed one person who was assessed as being at risk of developing pressure sores, had a specialist mattress and cushion in their chair. We spoke with care workers who provided support to this person and they told us they monitored their skin integrity on each visit. During our visit a relative contacted the service to say their mum was staying in bed. The registered manager immediately contacted the district nursing team to obtain a specialist pressure relieving mattress because of the risk of the person developing tissue damage if they remained in bed. We concluded staff effectively assessed, monitored and managed risks to people's health and wellbeing.

One person who used the service told us, "I feel in safe hands and looked after very well by wonderful people." Safeguarding procedures were in place. The registered manager demonstrated a good understanding of safeguarding and how to identify and act on concerns. They told us no safeguarding incidents had occurred within the service. Staff had received safeguarding training. The staff we spoke with had a thorough understanding of how to identify and respond to any suspected abuse or concerns they had about people's wellbeing. People who used the service were regularly asked if they had any concerns about the service through quality assurance questionnaires, spot checks and informal contact with the registered manager and office staff. This provided people with opportunities to report any concerns they had. This demonstrated that the provider had appropriate arrangements in place to help reduce the likelihood of abuse going unnoticed and help protect people from the risk of abuse.

Bramhams Homecare Limited is a family run business. The registered manager told us it would be unlikely for family members to work together providing personal care and support unless there was an emergency. They agreed to put a risk assessment in place to cover this.

We saw financial transactions sheets were in place if the staff spent money on behalf of people who used the service. The registered manager confirmed that once completed these were returned to the office for audit purposes.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

The registered manager told us that sufficient care staff were employed for operational purposes. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. People using the service told us they received support from the same group of carers which helped to ensure continuity of care. Our review of records, discussions with people who used the service and staff, led

us to conclude there were sufficient staff to ensure people's needs were met and that people received consistent care.

We asked people using the service if they received assistance with their medicines. Some people told us they were reliant on carer's to give them their medicines and that worked very well. One person said, "Having very dry skin on my legs they (the staff) cream them and always check them over."

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. We looked at the medicines care plans and saw they gave staff clear instructions on how medicines should be administered. For example, "remove from dosette box and put in small silver pot and pass pot to [name], verbal prompt and record on the medication administration record (MAR)." We looked at the medication administration records in the office and saw they had been consistently signed by staff and the time each medicine was given had also been recorded. One member of staff told us the importance of recording the times medicines were given. For example, they could check there was a four hour gap between doses of Paracetamol being given. We also saw where people had been prescribed topical ointments. Creams or lotions body maps were in place to show staff exactly where these needed to be applied. This showed us people were receiving their medicines at the right times and medicines were being administered safely in line with the prescribers instructions.

Is the service effective?

Our findings

We asked people using the service and relatives if they felt staff had the right skills and experience to provide them with care and support. These were the comments people made; "Staff are well trained, patient and tolerant." "My Dad needs jolly on with his personal care and they do a good job with him." "From my observations and from what I have been told, I would believe the management have standards and this has been ingrained into the carers"

The registered manger told us staff completed induction training and any new staff would be completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw from the training matrix existing staff had or were working towards a qualification in care.

We saw from the training matrix staff training was up to date. Staff we spoke with told us the training was good and provided them with the knowledge and skills they needed to deliver care and support.

The registered manager told us once care workers had successfully completed their probation period, supervision was arranged every six to eight weeks. The registered manager also explained if care workers needed additional support they could contact them at any time. A system was also in place to make sure staff received an annual appraisal of their performance. In addition to this 'spot checks' were made on care workers to make sure they were applying their learning to practice in people's own homes.

Staff we spoke with told us they felt supported by the registered manager. One care worker said, "[Name] is an approachable manager and respects confidentiality. She will listen if you have any concerns. I enjoy my work, it's a very rewarding job." This showed us staff were receiving appropriate training and were being supported in their roles.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principals applied to their role and the care they provided.

We saw evidence people's individual dietary needs and preferences were being planned for and met. Staff had a good knowledge of people's dietary preferences and the level of nutritional support people required. They said they sought opportunities to encourage people to retain independence over this aspect of their

life where ever possible, such as assisting with the washing up and helping prepare and cook the food they ate. There was information within people's care records which detailed people's dietary needs, preferences, likes and dislikes. For example, one person liked fresh meals cooked in the slow cooker. Staff explained one person they supported had a poor appetite and they recorded each meal and drink they were given so their dietary intake could be monitored by the district nurse.

When we spoke with staff they told us in an emergency they would call for an ambulance. If there were other concerns about a persons health they told us they would call the GP, speak with the relatives or seek advice from the registered manager. This showed us staff knew what action to take to make sure people's healthcare needs were met.

Is the service caring?

Our findings

Everyone we spoke with were perfectly satisfied and happy with the care workers who provided their care and support. People using the service and relatives told us, "The girls are very patient and gentle with me and with my personal care. I have no concerns at all." "My personal care is just how I like it. I do not feel rushed." "The girls are lovely they always go that bit further when needed." In response to a survey the service had sent out this year one person had stated, "I have every confidence in the carers who come to me. They are empathetic, caring, willing and able."

We asked people if they were involved in developing their care plan. One person told us, "My care is very person centred and my daughter was involved when the care plan was made and they stick to this."

We looked at two care plans, they were easy to follow and provided care workers with information and direction to make sure that people received the care and support they needed safely and in the way they preferred. There was detailed information about people's preferred routine and their personal preferences, past life and experiences.

Everyone we spoke with confirmed the care workers and the office staff were always respectful and helpful in the dealings had with them. One person told us, "I don't mind who comes to help me as they are all nice girls."

We asked staff how they ensured people's privacy and dignity was maintained. One person told us, "I always make sure doors and blinds are closed."

We saw a letter in the compliments file from March 2016 from a relative which stated, "We would like to express our sincere gratitude for the care that you and your lovely team gave to my Dad over the last 3 years or so of his life. As you are aware Dad loved you and the staff that visited daily. Often they went above and beyond the basic requirements and I know that you and your team displayed a genuine affection towards him. Looking after an elderly person can be very difficult for families and you took a substantial part of the burden away from us. We could never have managed without you."

One person using the service told us, "I try to be independent and they support me in that but ensure I don't take risks." Staff also gave us examples of how they encouraged people to maintain their independence and involve them in their care. For example, one person helped the carers to peg out the washing. Another example was someone who had lost their confidence in walking following a fall. Staff were working with them to help regain their mobility. This showed us care workers supported people to be as independent as possible

We saw there was a policy regarding confidentiality. People using the service were informed about how staff would maintain confidentiality of personal information in the 'Statement of Purpose.' We also saw staff were reminded of their responsibilities at a meeting in January 2016. This showed us people could be assured personal information would be held securely.

Is the service responsive?

Our findings

People using the service we spoke with told us they were very impressed with the standard and quality of care they received. They also said care workers always checked in with them to "see if they needed anything else before they left." People also told us staff were punctual and they liked that they got the same staff each time so they could really get to know them.

A social worker told us, "Bramhams has been brilliant. I have one of my ladies they support. The girls that go in are pro-active, they report things on time and issues are resolved before they get to a crisis point. [Manager's name] is very professional and is on the ball with her work."

Care records demonstrated people's needs had been assessed prior to commencement of the service. Clear instructions were recorded to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. There was a good level of person centred information recorded within care records, for example, one person like to use wipes instead of soap and water to wash. This information was important to enable staff to deliver person centred care.

Information within people's daily records provided evidence that care was being delivered in line with people's plans of care, for example, in the provision of mealtime support and support with washing and dressing. This was confirmed through our discussions with staff and the people who used the service. Daily records also provided evidence that people received care and support at consistent times each day and the registered manager had a call monitoring system in place which enabled them to monitor that people received support at the time they needed it.

We saw care plans were reviewed every two months, or sooner, if people's needs had changed. One person who used the service told us, "My care plan is checked every few months and this is the best firm I have been with." In response to a survey the service had sent out this year one person had stated, "They confirm visits to review and ascertain if you are satisfied. The visit is followed by a phone call to update you." This showed us care plans were kept up to date and responded to people's changing needs.

We saw the services complaints and compliments procedure was detailed in the 'Statement of Purpose,' which people were given when the service first started. We also saw in the care files people were told how to raise any concerns if they needed to. People who used the service and relatives we spoke with said they felt very happy speaking to the registered manager if they had any concerns and found them very helpful. The service had not received and formal complaints.

Is the service well-led?

Our findings

We asked people using the service and their relatives about the management of the service. These were some of the comments we received; "I wouldn't change anything about them." "The carers are very approachable, pleasant and helpful and Company wants it that way." "The carers are reliable and you can depend on them. The boss is good, she is approachable also."

We received feedback from two social workers. One told us, "I have only used Bramham's twice but they were excellent on both counts. It's a very small family run company and [Name] who owns it keeps it purposely small so they can provide the high level of care that they do. Apparently, [Name] turns away a lot of requests rather than take on people they can't provide the standard they set." The second one said, "I have worked with one lady who chose Bramham's as her managed service was failing her. This lady is a highly intelligent who wants value for money. She is happy with the support she receives and feels she is getting value for her money."

We asked care workers if they would recommend the service. One person said, "I would recommend it for people to use and for people to come and work with us."

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right care workers available to meet people's needs.

We saw there was a quality assurance monitoring system in place that continually monitored the service provision. We saw the registered manager audited people's support plans and risk assessments, the daily reports completed by staff and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information. This showed us any shortfalls in the service were being identified and action taken to address them.

Systems were in place to seek and act on people's feedback about the quality of the service. The registered manager met and spoke with people on an informal basis during periodic visits. Quality questionnaires were sent to people on an annual basis. We looked at the ones which had been returned in March 2016 and saw responses were very positive. Out of nine questionnaires returned, eight people indicated they were very satisfied and one person said they were satisfied with the service. This showed us the registered manager was continually looking at ways to improve the service and was interested in people's views.