

Brunelcare

Waverley Court

Inspection report

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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

This inspection was announced and took place on 20 and 24 October 2016. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Waverley Court is owned and managed by Hanover Housing Association and the onsite care team is provided by Brunelcare, which is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection 30 people received care and support services.

There was 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.

People we spoke with told us that they felt safe when staff entered their home and that staff knew how to support them.

Staff were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe.

There were sufficient numbers of staff, who had a good understanding of protecting people from the risk of abuse and harm and their responsibilities to report suspected abuse.

Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

People told us they received reliable care from a regular team of trained staff who understood their likes, dislikes and preferences for care and support and that they were kept informed of any changes.

Staff sought people's consent and demonstrated their understanding of people's right to refuse care.

Staff supported people to make their own choices and decisions about their care and support. We found people were involved in how their care was planned to meet their needs.

Staff supported people to access health care services such as their GP or district nurses.

People told us they had developed good relationships with staff and they were treated with dignity and respect.

People received care that met their individual needs.

People and staff said managers listened to them and they felt confident they could raise any issues if they needed to.

The registered manager ensured regular checks were completed to monitor the quality of the care that people received and action had been taken where areas were identified for improvement.

People and staff spoke positively about the registered manager and the support they provided.

People were positive about the care and support they received and the service as a whole.

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 supported by staff who had a good understanding of the various types of abuse and knew how to report any concerns.

People had regular staff and received their visits at the time they agreed.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were given training and had supervision with their manager to ensure they had the skills and knowledge to support people.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were supported with meals where needed and had access to healthcare support.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

People were supported by staff who understood people's individual needs and they respected their choices.

People were cared for by staff who respected and protected their privacy and dignity, and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported in the assessment of their care.

People were supported by staff who knew people's care needs well.

People felt able to raise any concerns with the provider through their complaints process.

Is the service well-led?

Good ●

The service was well led.

People were supported by staff who felt encouraged and supported to carry out their duties.

People used a service led by a respected manager who led a caring staff team.

People had opportunities to provide feedback regarding the quality of care they received.

Waverley Court

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 20 & 24 October 2016 and was announced. We gave the service 48 hours' notice of the inspection because the manager is often out of the office supporting staff. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector. The provider completed 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. We reviewed the information we held about by service including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the service. We also spoke with the local authority for this service to obtain their views on the service and used their feedback when planning this inspection.

We spoke with six people who used the service, four relatives of people who used the service, three members of care staff, the registered manager and the community services manager. We looked at six people's care records, seven staff recruitment files and staff training records. We also looked at accident and incident records, complaints received and quality assurance audits.

Following the inspection, we spoke to two healthcare professionals.

Is the service safe?

Our findings

The service was safe.

People who used the service, and their relatives, told us they felt safe when staff were supporting them. People also told us they felt safe because they knew that a carer from the service was going to visit them. One person said "They come three times a day and they are always on time". They went on to tell us this was why they felt safe. Another person said "They always turn up" and a third person told us they felt "Safe with them [carers] because it is a wonderful team."

People were protected from avoidable harm by staff who had received relevant training relating to safeguarding. Staff had a good understanding of the various types of abuse and knew how to report any concerns. The provider had a safeguarding policy in place with information about the various types of abuse and where to get guidance on reporting any concerns. The registered manager explained that they chose a theme each month for the staff to re visit and this month was safeguarding. This meant staff were asked to read the policy again and discuss it in supervision and team meetings. Staff also told us they were confident any concerns they had would be acted on. Staff were aware of the Whistleblowing policy and when to use this.

The manager told us they used assessments from health professionals to inform the care plans to help keep people safe. We saw that risk assessments in relation to people's care had been carried out. They were specific to people's needs and identified hazards and any actions that staff needed to take to reduce the associated risks for the person using the service. For example, one person who used the service had begun to have regular falls. In conjunction with the district nurses, referrals had been made to the falls team. This meant staff were helping to ensure the safety of people they were supporting. One member of staff told us they would never leave a person at home alone in the house unless they believed they were safe. They told us they kept people safe by following the instructions in the care plan.

People told us they had regular staff and they received their calls at the times that were agreed with the service and on the rare occasions they were going to be late, staff rang and apologised when they did arrive. One person told us "They have never not turned up". Another person told us "I'm satisfied with the carers", they went on to tell us they get the same regular carers and they were happy with this. We spoke with the registered manager about the staffing levels. They explained how, before they agreed to provide a new service for a person, they ensured they had regular staff to cover their needs. They also had an extra member of staff undertaking administrative responsibilities in the office who could be called upon if there was a staff shortage and the registered manager also provided cover if needed. The registered manager also told us that whilst they were using some agency staff to cover shifts, they tried to ensure that staff from the agency were always the same staff, which provided continuity for people. The registered manager was currently in the process of recruiting new staff which, they told us would hopefully stop them having to rely on agency staff altogether. This showed the service was planning to have enough staff working in the right place at the right time to meet the needs of the people who used the service.

Staff told us about the recruitment process they had been through. This included completion of an application form, an interview and the carrying out of pre-employment checks prior to them starting work. We looked at the recruitment files of seven staff who worked at the service. We found that all of the required pre-employment checks had been carried out. These included Disclosure and Barring Service (DBS) checks. These checks help to ensure people are kept safe by only employing staff of good character as carers.

People told us that staff reminded them to take their medicines when this was part of the care plan. One person who required assistance with taking their medicine said "They give pills; they always give the right pills". Staff confirmed they prompted people to take their medicines when this was required and they ensured information about what medicines had been taken were recorded in their care plans. One member of staff told us "I can't sign the MAR [medicine administration records] chart unless I've seen them [person] take them [medicines]". The medication administration records are a way of recording what medicines people take and when they are given. There was clear information in care plans for staff about how to support individuals with their medicines. We saw from records that staff had received training in medicine awareness and this helped to support them to ensure the safety of medicines for people.

Is the service effective?

Our findings

The service was effective.

People told us they felt staff had the skills and knowledge to support them with their care needs. One person told us, "The staff know what they are doing and know me well". Another person said, "I can't say anything bad about the staff". The provider told us in their provider information return (PIR) that new staff have an induction and complete shadowing before working on their own. Staff spoken to confirmed this and told us that prior to starting work, they completed an induction that included completing training and shadowing a more experienced member of staff. One staff member told us, "At induction, we covered fire training, manual handling, safeguarding, medication and spent time learning about who we support how we should support them. The shadowing was also really good", and another stated "It was really good training."

We saw that new members of staff were completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere too. Staff told us they received training to support them in their role and felt this equipped them to support people effectively. One member of staff told us, "The training is excellent". Records we looked at confirmed that staff received training relevant to their role and that where required training was available according to people's specific needs. We saw that where staff required updates to their training, this had been booked and the registered manager and senior staff had completed observations to ensure staff remained competent in their role while they awaited training updates.

Staff received regular one to one sessions with a manager to discuss their role and identify any training needs. One member of staff told us, "We have supervisions with a senior. We discuss any concerns or issues and you can request extra training if you want it". Records we looked at confirmed these discussions took place. Staff told us that they were provided with the information they needed to support people effectively. One member of staff told us, "There is a written handover in the communication book and staff talk you through any issues that have occurred (on the previous shift). I find this gives us all the information you need". This was confirmed by another staff member who said, "People's files are updated when there is a change, the seniors do handovers at the end of each shift [to share information]".

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. We checked whether the service was working within the principles of the MCA. People told us that staff sought their permission before supporting them. One person told us, "They [care staff] ask my permission. They will say things like 'Are you ready to get up?'. Another person said, "They [care staff] ask me what I want". We heard staff continually asking people whether they would like support with anything, or that what they were doing was what the person wanted.

Staff we spoke with confirmed they had received training in MCA and DoLS and could demonstrate how they support people to make their own decisions. One member of staff told us, "It is not to be assumed that people do not have capacity, just because they make unwise decisions. I gain their permission by asking and prompting". Records we looked at gave staff information on how people prefer to communicate to support staff in how to gain consent. No-one currently living at the service had a Deprivation of Liberty safeguards (DoLS) authorisation in place.

People told us they were supported to have enough to eat and drink to maintain a healthy diet. One person told us, "I have lovely meals and there is something different every day". We saw that people were given the option of having meals within their own flat or in the communal restaurant. One person said, "The food in the restaurant is ok". We saw that where people required support with eating, staff provided this support.

People were supported to maintain their health and wellbeing by accessing healthcare services where required. One person told us, "I have only ever needed the GP once and they [care staff] got him straightaway". Another person told us how they were supported to gain healthcare support following a fall. The person said, "I had a fall and the staff were very good. They were here before you knew it". Staff we spoke with knew the actions to take if people were unwell and explained how they worked alongside health professionals. One staff member told us that some people had input from community nurses and said, "We are guided [on what we should do for people] by the nurses input when they visit". Records we looked at showed that people had been supported to access a number of health services including; physiotherapy, speech and language therapy and the falls team.

Is the service caring?

Our findings

The service was caring.

People told us that staff were caring and provided care in a compassionate manner. One person said, "Staff are very caring and support me." Another person said, "Carers are very good." A third person said, "Staff are kind."

Staff spoke passionately about people they supported. A member of staff said, "I find it very rewarding to work with the people we support." Another member of staff said, "We get on really well with the people we support." When we visited people in their flats with the registered manager, we observed pleasant and respectful interactions between the person and the registered manager.

From the interactions between people and staff we observed, it was evident that staff knew people they supported really well because they always had something relevant to talk about with each person.

People told us that they had been involved in making decisions about their care and support needs. Everyone we spoke with said that they had been involved in planning their care and that staff took account of their individual choices and preferences. One staff member said that it was important that they supported people in a way that allowed them to remain as independent as possible and that they were already doing a lot to achieve this. They said, "I really like this type of service because living in their own flats gives people we support much more independence." This view was supported by a person who said, "I am very independent here, but I get enough support if I need it." Another person told us, "I am very independent now. I wasn't when I came as I was in a nursing home, but the support I have had has helped me to be independent and I am really happy." A third person told us that they were happy that their life had changed a lot since being supported by the service. They added, "If I could have opened a window in time to see what I have now, I would have never believed it." A relative of one person said, "It's a great quality of life for [relative]. It's brilliant [relative] is settled and living in their own flat. I am very pleased with everything."

People told us that staff treated them with respect and promoted their dignity. One person said, "They show me respect and dignity." Staff demonstrated that they understood the importance of promoting people's privacy, dignity and human rights. A member of staff said, "I believe every staff member here treats people with respect. We have to treat people the way we would like to be treated too."

Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We saw that copies of people's care records were held securely within the provider's office. People also had copies of their care plans and other paperwork in their flats, so that they and their relatives could make sure care was been given as described. People told us that they liked having their paperwork in their home as it "Makes it easier if the doctor comes so they can write down things for the care staff and my relatives."

When people started using the service, everyone had been given a 'service user guide' which included details about services provided and where they could find other information, such as the complaints

procedure. Most people were able to understand the information, however some of the people's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. If required, there was information about an independent advocacy service that people could contact if they needed additional support. Advocacy services provide support to people to help them express their views and wishes, and to help make sure their voice is heard.

Is the service responsive?

Our findings

The service was responsive.

The registered manager told us in their PIR that people would receive an assessment of support prior to receiving care and people we spoke with confirmed that this was the case. One person told us, "When I first needed help. They came to see me and see what I needed them to do for me". Another person said, "Care staff support me with my needs as we agreed months ago [when the care started]". Care staff we spoke with told us the registered manager and senior carers were responsible for completing these initial assessments and told us how people were involved. The registered manager told us, "I involve people initially on the first visit by talking to them about what they can and can't do and what they would like help with". People and relatives we spoke with and records we looked at confirmed that these assessments took place.

People told us that care staff knew their needs well and always provided the care that had been agreed during the initial assessment. One person told us, "I get all of the care that I need and what had been agreed when the service first started". A relative we spoke with said, "The care has been provided as we discussed some weeks ago [when care staff first began visiting]". Care staff we spoke with displayed a good understanding of people's needs and how these should be met in line with people's preferences. Records we looked at held personalised information about how people liked their care to be delivered.

People and their relatives told us that care staff were responsive to their needs and would make changes to the care provided when needed. One relative told us, "I needed to change the time that the carer called due to a hospital appointment and they did it straight away which was great for us". This was confirmed by care staff who told us, "We have some people who when you go to them, they do not want to get up, so we call the office and make arrangements to go back later. It is all about their choices". Another person told us, "They [care staff] sometimes call in to see me around midday, they don't have too and again, it is to make sure that everything is alright".

People and relatives we spoke with were aware of how to make a complaint but told us they had never needed to do this. One person told us, "If I had any problems or worries I would talk to the carer who would help me" another told us "I have never had to complain but if I did I would go straight to [name] the manager and they would sort it out". Relative we spoke with said, "I have no worries or concerns about the care they [care staff] provide for my relative" and "They [staff] are always there to listen to us if we have any concerns and know how to deal with things."

Staff we spoke with were aware of the complaints procedure and the action they should take to support people to make a complaint. One member of staff told us, "There is a complaints form in people's folders that they can complete or we offer to help them to contact the office and then give them privacy to make the call". We looked at the records kept on complaints and saw that three complaints had been made this year, two by people using the service and one by a member of staff. All three had been investigated fully by the registered manager and an outcome was given to the person making the complaint. We saw that the registered manager also kept a log of issues raised by people that they had not wanted to make a formal

complaint about, this ensured the registered manager ensured any complaints, whether formal or not, were looked into.

Is the service well-led?

Our findings

The service was well led.

People, their relatives and staff told us that the service was well led. One person said, "I cannot thank [name of registered manager] highly enough for all the care I have been given" and one relative stated, "I think [name of registered manager] is magic."

Staff we spoke with felt supported by the registered manager. One member of staff told us, "I am so supported, I cannot praise [registered manager's name] enough. This is the best place I have ever worked in. They get the best out of people". Staff confirmed they have regular meetings with the management team to discuss the service and gain support if needed. One staff member informed us, "We have meetings pretty much monthly, with my team and senior, where we discuss any issues and get to give feedback. We are all in this together and I think it is good we [care staff] are given a say".

Staff confirmed that there was always a manager available outside of office hours if they needed support. We saw there was an open culture at the service and staff were clear on how they could whistle blow if they needed too. One member of staff told us, "If I had a concern about the provider, I would go to you at Care Quality Commission or local authority", another stated "I have whistle blown in my previous job and I wouldn't hesitate to do that same here if I thought I had to."

The registered manager understood their legal obligation to notify us of incidents that occur at the service and we saw that notifications had been sent in appropriately. We asked the registered manager 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 manager had completed and returned their PIR to us within the timescale we gave and our findings reflected the information given to us.

We saw that the registered manager and the provider completed audits to monitor the quality of the service. These included; checking people's care records to ensure these were accurate, spot checks on staff and medication audits. We saw that where areas for improvement were identified, these had been acted on by the registered manager. In addition, we saw that a manager based elsewhere also completed six monthly audits on the service that looked at analysing any trends in accidents and incidents, ensuring complaints had been resolved and how the service is ensuring they are meeting the Care Quality Commissions key lines of enquiry. We saw from these audits that where needed, actions were recorded to improve the level of service and the registered manager was in the process of completing these before the next round of audits.

We saw that the registered manager had sought feedback on people's experience of the service. This was done via questionnaires twice a year. We saw from the analysis of the feedback that where people had made suggestions for improvement in their care, the registered manager had taken action to address this. From this, we saw that the registered manager had used the feedback given to make improvements at the service, for example, the changing of shower times to enable people to go out with family and friends.

We saw that a number of compliments had been received from people. For example, one person wrote a card that said, '[staff were] brilliant, always there when I needed them' and '[name of registered manager] is fantastic – thank you for everything you did for my loved one'.