

Bramble Homecare Limited

# Bramble Home Care - Tewkesbury

## 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 took place on the 5 January 2017 and was announced.

Bramble Home Care (Tewkesbury) carry on the regulated activity 'personal care' supporting adults with varying care needs to remain in their own homes.

Bramble Home Care (Tewkesbury) had 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.

We heard positive comments about the service such as "Very good", "No concerns at all, very happy" and "I'm very pleased with them. They have never missed a call and rarely late".

People were enabled to live safely; risks to their safety were identified, assessed and appropriate action taken. People's medicines were safely managed. People were protected from the risk of being cared for by unsuitable staff because robust recruitment practices were operated.

People were satisfied with their support and the approach and effectiveness of staff. People's individual needs were known to staff who had achieved positive relationships with them. People were treated with kindness and their privacy and dignity was respected.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The registered manager was accessible to people using the service and staff. Systems were in place to check the quality of the service provided including gaining the views of people who used the service.

## 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 safeguarded from the risk of abuse and from risks associated with receiving care and support.

People were protected against the appointment of unsuitable staff because robust recruitment practices were operated.

There were safe systems in place for managing people's medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's rights were protected by the correct use of the Mental Capacity Act (2005).

People received support to prepare meals according to their needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People and their representatives were consulted about the care provided to meet their needs.

People's privacy and dignity was respected and promoted by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support.

Concerns and complaints were investigated and with appropriate responses given and actions taken to improve the service.

### **Is the service well-led?**

The service was well-led.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and support provided.

**Good** ●

# Bramble Home Care - Tewkesbury

## **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 11 January 2017. We gave the service notice of the inspection because it is small and the registered manager is often out of the office providing support to people and staff. We needed to be sure that they would be in. The inspection was carried out by one inspector. We spoke with the registered manager and one member of staff. Following our inspection we spoke with twelve people using the service, seven relatives and five staff on the telephone. A second inspector made some of the telephone calls.

We reviewed records for three people using the service and checked records relating to staff recruitment, support and training and the management of the service. Before the inspection the provider completed a provider information return (PIR) in March 2015. The PIR 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. Due to technical problems more recent information submitted by the registered provider for the PIR was not available. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

## Is the service safe?

### Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff had received safeguarding training and were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. One told us "I would report any concerns straight away and always follow up that the manager had done something about it." Staff were confident any allegations of abuse reported would be properly investigated. A record was kept of all safeguarding referrals made with the actions taken. Contact details were available for all the local authorities were the agency operated for reporting safeguarding concerns. People told us they felt safe having staff support them in their homes.

Risks to people were assessed and managed following a general risk assessment. This covered such risks as falls, fire risk, electrical items, manual handling and infection control. Risk assessments had been kept under regular monthly review. A plan was in place to deal with any interruption to the service provided from the office caused by such events as computer failure, fire or flood. Staff told us they had good supplies of personal protective equipment (PPE) to promote infection control. Staff also carried first aid equipment.

People commented about the timeliness of staff visits, "reliable, they normally arrive on time". One person told us they received late calls occasionally but there was always an explanation for these. Another person commented, "They come on time, that's what I like". Another person told us staff stayed for full amount of time allocated to the visit. People told us they received information in advance about which staff were visiting them. However some people told us this had not been their experience we discussed this with the registered manager who agreed to look into this. Arrangements were in place to respond to any short notice staff absence through the use of office staff or the registered manager.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment such as where applicants had worked in caring for and supporting people as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. People we spoke with were satisfied with how their medicines were managed by staff. The support people received with taking their medicines was subject to a risk assessment and an agreement with the person receiving the service. People had medicine lists for staff reference this included the strength, dose, frequency and route. Where people were taking certain medicines that required additional guidance for staff supporting them, this was included in people's care plans. Procedures were in place in the event of any medicine errors. A record was kept of any errors and the action taken. Medicine administration records (MAR) were audited on a monthly basis with a record made of any follow up action required. Appropriate action had been taken when staff discovered an error with medicines supplied to one person by a pharmacy. Staff had received training and competency checks to support people with their medicines.

## Is the service effective?

### Our findings

People using the service were supported by staff who had received training and support suitable for their role. Staff had received training in such subjects as first aid, moving and handling and infection control and also training specific to the needs of people using the service such as dementia and epilepsy. Staff new to the role of caring for people had completed the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. One new member of staff commented "I learnt most of what I know on the five days shadowing, it was really good. I got a lot of support and information from other carers and the manager". One member of staff told us they had not completed their induction, we discussed this with the registered manager who agreed to look into this. We heard positive comments about the staff such as, "The girls are really good", "Sensible", "They are very helpful and come in time" and "It's good when someone coming through the door has such a positive attitude". A relative of a person told us staff were very observant and had recognised when the person's skin was getting sore.

Staff were also supported through individual meetings with managers and senior staff called supervision sessions as well as annual performance appraisals. Discussions at supervision meeting included any identified areas where improvements were needed with providing care to people as well as issues affecting the individual staff member. The provider information return stated "Staff have supervisions every 6-8 weeks & unannounced spot checks". One member of staff described "Good ongoing training and support".

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. Assessments had been made of people's capacity to consent to managing certain areas of their care and support where it was judged they may lack mental capacity. For example receiving personal care, support with taking medicines and the use of a key safe. Staff had received training in the MCA although we found their knowledge was variable. We discussed this with the registered manager who agreed to look into this.

People were supported with meal preparation depending on their circumstances, and needs. They described how staff supported them and were satisfied with this. Their care plans included information for staff to support the person with meal preparation including any food allergies. Staff had received food hygiene training. People were satisfied with the support they received to prepare meals.

Bramble Home Care (Tewkesbury) did not routinely provide support to people using the service to access health care appointments. People generally relied on relatives for this and this was detailed in their care plans. However on one occasion a person had been supported to attend a GP appointment at the request of a relative who was unable to take the person. An agreement was also in place for this person for the agency to receive information from the GP practice. The services people received from other health care professionals was described in people's care plans for staff reference. One person received input from

district nurses for pressure area care. Their care plan noted this and clearly described the role of agency staff in monitoring the condition of pressure areas.



## Is the service caring?

### Our findings

People were treated with kindness and respect and had developed positive relationships with the staff supporting them. A review of the care provided to one person by a local authority had resulted in the following comment "(The person) is an anxious lady and finds building relationships difficult however the staff have worked hard to offer her reassurance and build on her confidence".

We heard positive comments from people such as "We have a laugh and talk and if they are not in a hurry they will sit and chat with me, I look forward to them coming", "we get on well together", "Staff are all from Thornbury so we chat about this area. All the staff are good. You will hear no complaints from me", "They will do anything for me" and "I couldn't have nicer people." Another person told us they and the staff were "at ease with each other" and "there was no bossing about". We also heard staff had a "friendly positive attitude".

Relatives of people using the service told us "I can hear them chatting to (the person) and having banter with them"; "The carers are very understanding and helpful. They are used to him (husband) and make him feel relaxed". We also heard staff were "very caring and very gentle", "very considerate", "very friendly", "kind and polite" and "nice people to have in your house". A compliment received by the service described staff as "polite and pleasant" and also stated "you showed great humanity and were always kind". Other compliments posted on a social care review website described staff as "thorough, loving and exceptionally kind and helpful" and "cannot fault anybody for their bedside manner and caring attitude".

The provider information return (PIR) stated "We believe our service is a caring one because we treat each client as an individual, ensure that we support each client to maintain their independence as much as possible, treat everyone with dignity and respect, maintain privacy". People's care plans directed staff to treat people with respect for example "Staff to greet (the person) who will be in bed waiting for them". Communication from the registered manager to staff in October 2016 reminded them to ensure they checked older people were warm enough when they visited, as winter approached.

People and their representatives had been consulted about plans for their care. People received a copy of their care plan titled 'My care plan'. People using the service were given information about advocacy services. Advocates are people who provide a service to support people to get their views and wishes heard.

People's privacy and dignity was respected. A privacy and dignity policy outlined the expectations of staff practice in with this area. Staff gave us examples of how they would do this when providing care and support to people. A relative confirmed staff acted to preserve the privacy and dignity of the person when providing personal care. Care plans made reference to actions to preserve people's privacy and dignity for staff to follow. Care plans provided guidance for staff in promoting people's independence, outlining areas where people were independent and areas where they required staff support.

## Is the service responsive?

### Our findings

People received care and support which was personalised and responsive to their needs. Care plans and assessments contained detailed and specific information about people's needs and how they liked to receive their care and support for staff reference. For example "(the person) does not like to be told what to do or have people take over as this can make (the person) very annoyed", "All of (the person's) toiletries can be found on the sideboard in the bathroom". Another person's care plan directed staff not to get the person's legs wet when giving them a shower due to the person wearing support stockings. To ensure another person received the care they needed their care plan stated "Bramble Home Care staff to involve (the person) at every part of the visit and get her agreement". The provider information return (PIR) described the care plans as "a working document and are regularly reviewed and assessed so that the care provided can adapt as the persons needs change". One person described how they had a set routine when staff visited which ensured their personal care needs were met.

People's care plan folders contained personal histories for staff to refer to help them get to know the people they provided care to. The PIR stated "Person centred care plans include detailed information about the individual's personal history, their likes and preferences; this can include their hobbies and activities or food". Care plans had been reviewed on a regular basis, a member of staff told us "Care plans are up to date and match people's needs" and "Any changes in a person's needs I will always report it and discuss it with the manager or office staff". A relative of a person told us how a review of the person's care had been arranged and staff from the head office were visiting to carry this out. One member of staff told us personalised care meant, "What they want to do in their life, that's personal to them".

There were arrangements to listen to and respond to any concerns or complaints. In the twelve months prior to our inspection, five complaints had been received by the service. Investigations had been carried out into the complaints with appropriate responses given. One example we saw included a response to a relative of a person using the service giving an explanation and details of actions that would be taken to prevent a reoccurrence of the issues raised. As a result of complaints the registered manager described areas of the service where improvements had been made such as with recording on Medicine administration records (MAR). We saw copies of e mails to staff reminding them of the importance of this.

People were provided with information about how to make a complaint with a summary of the complaints procedure included in the Service user guide which was supplied to all people using the service. People were aware of how to raise a complaint. One person told us "I know I can speak to the boss if I had any concerns but I haven't had to complain".

## Is the service well-led?

### Our findings

Bramble Home Care (Tewkesbury) had a registered manager who had been registered as manager since May 2016. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

Staff demonstrated an awareness of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. One member of staff told us they would use the whistleblowing procedure "without hesitation". Whistleblowing allows staff to raise concerns about their service without having to identify themselves. There was honesty and transparency when mistakes occurred. We saw an example of a medicines error which had resulted in an investigation with appropriate action taken. This included a letter to the person's relative acknowledging the incident, describing the action taken and apologising. The letter quoted the requirement for such action under Regulation 20 Duty of candour of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a clear direction described in the aims and objectives of the service set out in the service user's guide. The aims included "Providing a high quality flexible, responsive and non-intrusive service that is tailored to the needs of the individual." The registered manager described one of the current challenges was for the service to grow but at the same time maintain the quality of the service provided. In addition as growth occurred there was a desire to give more staff contracted hours.

Staff were positive about the current registered manager and the way they managed the service. One member of staff told us the registered manager was "approachable". Another said the registered manager was "really, really supportive". An 'on-call' system was operated by the registered manager and senior staff to support people and staff outside of normal working hours. Staff described a good on call system and said "Someone answers the phone every time, the manager and office staff are good and always respond to our concerns." We also heard "Good out of hours on call – they always respond even over the smallest thing". Regular staff meetings were held. This enabled staff to keep up to date with any changes to the needs of the people they supported and resulting increased visit times, planned developments with the service provided and plans for staff training. Staff were positive about their role, one said "Best care company that I have worked for so far" and "I'm really happy working for them".

An annual survey was completed to gain the views of people and their representatives, about the service provided. The responses were analysed and a response recorded for any issues under the heading "what do you think we could do better" with a plan of how this would be addressed. The responses from the 2016 survey were generally positive. One notable area of improvement was around staff rotas. In 2015 the majority of people responding said they did not receive a rota of their visit times and the staff allocated to

them in a timely fashion. By 2016 all respondents indicated they had received their staff rotas on time. Regular audits were carried out on daily record sheets and dietary and fluid intake charts. An incident report audit was completed monthly. A volunteer had completed telephone checks by contacting people using the service and their representatives to gain their views about the service provided. At the time of our inspection the registered manager was waiting for the results from these checks.