

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Bramble Homecare is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 98 people at the time of the inspection.

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

People and their relatives were positive about the caring nature and approach of staff. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly. The service had employed appropriate numbers of staff to deliver the care and support that people required. Appropriate measures had been implemented to minimise and manage people's individual risks. Where people were supported with medicines, they were supported by staff who had received appropriate training and medicines were managed safely.

Infection prevention measures had been established within the service. Staff had a good understanding of these procedures and people confirmed staff were wearing protective equipment when visiting people in their homes.

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.

The registered manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on.

The registered manager had developed a variety of quality assurance systems to monitor the overall quality of the service provided to people. These systems had led to improvements in the quality of the service being provided to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 November 2019). At this inspection we found improvements had been made and the rating for this service has changed.

Why we inspected

We carried out an announced comprehensive inspection of this service on 26 September 2019. We found improvements were required in relation to managing people's call schedules, risk management and the administration of medicines.

We undertook this focused inspection to check improvements had been made in these areas. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bramble Homecare on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led.

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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 an inspector and Expert by Experience (ExE). An ExE is a person who has personal experience of using services.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

There was a registered manager working at the service. A registered manager along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 November 2020 and ended on 20 November 2020. We visited the office location on 18 November 2020.

What we did before the inspection

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.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff, the operations manager and registered manager.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at seven 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).
- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- The people and relatives we spoke with confirmed they received appropriate support from staff with their medicines.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe with the staff who supported them. One person said, "I always feel very safe with the carers and appreciate everything they do for me".
- Relatives we spoke with told us they felt their family members were safe.
- Staff received training on safeguarding and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff told us they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to people.
- Where people required support with moving and handling, their risk assessments and care plans contained guidelines for staff on how to support them safely.
- We saw risk assessments had been developed in partnership with healthcare professionals. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner.
- Where people were at risk of developing pressure ulcers, we saw their risk assessment contained guidance for staff to manage and minimise the risk. Risk assessments also contained contact details for the relevant health professional to enable staff to raise any concerns and seek advice.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.
- We saw evidence of appropriate action being taken to manage people's risks when their needs changed.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The service used a call monitoring system to ensure people received their care calls as agreed. People and their relatives told us they received their care calls as agreed and they did not have concerns around staffing levels.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment 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.

Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people. One person said, "I have no concerns about catching COVID-19 from them as they appear to be taking all relevant precautions". Another person said, "They always wear face masks and gloves, so I feel very safe."
- We saw the service had sufficient supplies of PPE. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.
- Staff were knowledgeable in infection control practices and had received infection control awareness training as part of their induction. Staff had received further infection control training in light of the Coronavirus pandemic to minimise risk to themselves and the people they were supporting.
- The infection control practices of staff were assessed as part of the manager's observations of staff. The manager also scoped infection control as part of their monthly audit call with the people who used the service.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. We were told that all records of incidents were reviewed by the manager and prompt actions would be taken such as additional staff training and a review of people's care needs to reduce the risk of repeat incidents. Any changes to people's care and support would be immediately implemented and shared with staff through a secure communication system.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had introduced a number of quality assurance processes following our last inspection. Audits had been developed to monitor the quality of the service provided to people. This included audits of people's care records to ensure the care plans and risk assessments were up to date and accurately reflected people's needs. We saw that where people's needs had changed, this information was promptly updated in their care plan.
- Medicine's audits had been completed to ensure any issues with people's medicines were identified promptly and appropriate actions taken.
- The registered manager conducted regular spot checks of staff to ensure they were providing safe care to people. The registered manager told us they would also use these opportunities to speak with people to provide them with an opportunity to give feedback on their care. Areas covered included infection control, staff punctuality, quality of care provided and people's satisfaction with care.
- We saw that where actions had been identified, prompt action had been taken. For example, one medicines audit had identified further development needs for a member of staff. This staff member subsequently received further medicines training and support from the registered manager.
- Where people had equipment such as a hoist, we saw evidence of regular servicing and maintenance of the equipment

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The people and relatives we spoke with were positive about the registered manager. They told us they were easy to contact and took prompt action to address any concerns or complaints. People used words such as 'approachable', 'professional' and 'friendly' to describe the registered manager.
- The staff we spoke with told us they received good levels of support from the registered manager.
- The registered manager told us the service had improved since our last inspection and the service was continually looking at ways to improve to ensure people received person centred care as planned.
- The registered manager was clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements. The registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required.

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

- There was a clear, open and transparent culture within the service.
- The registered manager and staff understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place for staff to report any concerns, accidents and near misses promptly.
- All of the people and relatives we spoke with had confidence in the registered manager to quickly address any concerns they may have.
- The registered manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.

Continuous learning and improving care

- The provider told us they held meetings with staff to discuss work practices, training, development needs and staff well-being.
- All the staff we spoke with told us they were happy in their job roles and had received the required training to do their job effectively.

Working in partnership with others

- The service had built strong relationships with local communities to better support people. For example, the service was working closely with a temple to enable a person to access their place of worship.
- The service had working arrangements with the local authority. The service had also built relationships with other health professionals including local GP practices and pharmacies. This helped people to access and sustain the support they required.