Brunelcare

Brunelcare Domiciliary Care Services Bristol & South Gloucestershire

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 11 and 12 February 2016. We last inspected this service on 28 February and 3 March 2014 and found no breaches of legal requirements at that time.

Brunelcare Domiciliary Care Services Bristol & South Gloucestershire provides personal care to adults in their own homes. At the time of our inspection around 200 people were using the service. Within the service, two distinct service types were provided. One was a reablement service that aimed to provide care for up to six weeks with the aim of assisting people to become more independent. This service was often provided at short (24 or 48 hours) notice, to people leaving hospital or in other circumstances where care was needed quickly. The second as a longer term domiciliary care service providing personal care for as long as people wanted or needed. Some people who used the reablement service moved to the longer term service. Some people who used the reablement service either did not need any further care, or moved to another domiciliary care provider.

There was a registered manager at the service. 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 received a service that was safe. People received care and support from staff they felt safe with. People were safe because staff understood their role and responsibilities to keep them safe from harm. Risks were assessed and individual plans put in place to protect people from harm. There were enough skilled and experienced care staff to meet people's needs. The provider carried out employment checks on care staff before they worked with people to assess their suitability. Medicines were well managed with people receiving the assistance needed.

The service provided was effective. Staff had been trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. People were supported to maintain their independence. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People received a service that was caring. Care staff took time to listen and talk to people. People were treated with dignity and respect. People were involved in planning the care and support they received. Staff protected people's confidentiality and need for privacy. Equality and diversity was seen as important by staff and action taken to ensure people's needs were met. People told us staff went the 'extra mile' to help.

The service was responsive to people's needs. Staff providing care and support were familiar to people and knew them well. The provider encouraged people to provide feedback on the service received. The service made changes in response to people's views and opinions.

The service was well-led. The registered manager and other senior staff provided good leadership and management. The vision and values of each of the two parts of the service were communicated and understood by staff, people using the service and their family and friends. Staff understood their roles and responsibilities. The quality of service people received was continually monitored and any areas needing improvement identified and addressed.

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 received care from staff they felt safe with. People were safe from harm because staff were aware of their responsibilities to report any concerns.

There was sufficient skilled and experienced staff to provide care. Recruitment checks were carried out to ensure people received care from suitable staff.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

Staff promoted and respected people's choices and decisions.

People were cared for by staff who received effective support and supervision.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were caring and compassionate. People said staff went 'the extra mile' to provide a caring service.

Staff provided the care and support people needed and treated people with dignity and respect. People's confidentiality and need for privacy was respected. Equality and diversity were seen as important by staff and action had been taken to meet people's specific cultural and communication needs.

People's views were actively sought and they were involved in making decisions about their care and support

Is the service responsive?

Good

The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

The service made changes to people's care and support in response to requests and feedback received.

The service listened to comments and complaints and made changes as a result.

Is the service well-led?

Good

The service was well-led.

The vision and values of the service were clearly communicated and understood by staff, people using the service and their family and friends.

The registered manager and senior staff were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

Brunelcare Domiciliary Care Services Bristol & South Gloucestershire

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 and 12 February 2016 and was announced. The provider was given 48 hours' notice because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to visit people.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we 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 planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We also sent questionnaires to 45 people using the service receiving 23 responses, 60 staff receiving six responses, 45 relatives and friends receiving no responses and four health and social care professionals receiving one response.

We contacted a further three health and social care professionals who had been involved with the service. Including community nurses, social workers, commissioners and others. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection of the service.

We visited four people in their own homes and spoke with them about the service they received. Two people we visited used the reablement service and two the longer term domiciliary care service. We spoke with nine staff, including the registered manager, two senior managers, two team leaders and four care staff. We also spoke with relatives of two people using the service by telephone.

We looked at the care records of six people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, recruitment, medicines management, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

People felt safe using the service. They said, "I feel safe with my care staff" and, "They're great, I feel safe with them because they know what they're doing". A relative said, "I can relax knowing the staff will be there".

Care was provided at the time identified in people's care records. This was important to people and contributed to them feeling safe and secure. One person said, "They're usually on time and they'll ring and let me know if they're going to be late". Staff said they always tried to contact people if they were going to be late. They said they tried to avoid being late arriving at people's homes but found that at times it was unavoidable due to traffic or unforeseen events. Care staff were provided with mobile 'phones which were programmed with details of their calls and contact details for each person.

The provider monitored any call visits that had not been carried out. A system was in place to alert the provider if a call was more than 15 minutes late. This meant the provider was able to contact staff or arrange for another staff member to attend. We saw that in the previous 12 months, six calls had been missed. Four of these occurred in March 2015. We discussed this with the registered manager who was able to explain why this had occurred and the action they had taken to prevent this happening again. The provider had put in place systems to protect people from the risk of their care not being given.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about 'whistle blowing' to alert senior management about poor practice. The service had raised a number of safeguarding alerts in the 12 months leading up to our visit. Each had been managed appropriately with the provider taking action to keep people safe. Of the people who responded to questionnaires, 100% said they felt safe from abuse or harm by care staff.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. Individual risk assessments were in place where people required help with moving and handling and also where people required assistance with mental health needs. Staff told us they had access to risk assessments in people's care records and ensured they used them. When visiting one person, we observed a care worker supporting someone to stand using moving and handling equipment. The staff member carried this out in accordance with the person's risk assessment.

Each person's care records contained an environmental risk assessment. This showed the provider had considered factors to keep people safe within their homes. For example risks that might result in a fall, such as, uneven flooring or ill-fitting rugs. The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. The registered manager told us they intended to run a workshop at future team meetings with the aim of helping staff better understand risk assessment processes and how they contribute to keeping people safe.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. People told us they received care and support from staff they knew. People told us they were happy with the staff providing care and support. One person said, "They know what they're doing". Another person said, "I have a team of carers they all know me well and are very good at what they do".

There were clear policies and procedures for the safe handling and administration of medicines.
Some people required assistance to take prescribed medicines. Where this was the case the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. People received their medicines as prescribed. Staff administering medicines had been trained to do so. Staff said that as well as receiving training they were observed administering medicines to ensure they were safe to do so.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Of the people who responded to questionnaires, 87% said their care staff do all they can to prevent and control infection. The provider had an infection prevention and control policy. Staff had received training in infection control. The provider maintained a stock of protective equipment at their offices. The registered manager told us staff were able to get equipment from this store whenever needed. One care worker said, "We can come to the office whenever we need to get more gloves or aprons".

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff are great, really well trained and know what they're doing". Another person said, "They've taken my worries away, they're really good". A third person told us that although they found the staff to be 'good' at providing care, they were surprised with some of the staff's limited knowledge of cooking. We fed this back to the registered manager who was able to tell us how they had helped the staff member improve their skills in this area.

Responses we received from questionnaires were mainly positive. For example, 91% of people receiving a service who responded said they would recommend the service to others and 100% said the care and supported helped them be as independent as possible. Relatives also said people's needs were met. Comments included; "It's going really well, the staff look after him really well" and, a relative of a person using the reablement service said, "We want to move onto the domiciliary service provided by Brunelcare because the staff have been so good".

Staff told us they had the training and skills they needed to meet people's needs. Comments included: "We get all the training we need" and, "The training we get is amazing". We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, safeguarding vulnerable adults, medication administration, lone working, risk assessment and moving and handling. The registered manager said they were aiming to increase the training budget for reablement staff as they had identified a need to provide additional training for their role to be even more effective.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. A senior member of care staff with responsibility for inducting new staff said, "On induction we go through policies, make sure staff understand people's needs, then get them to shadow experienced staff". One of the care staff who had recently started working for the service said, "The shadowing was great, I learnt so much". The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015.

Supervisions and spot checks were being used to improve performance. Supervisions are one to one meetings a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. They said their supervisors and senior managers were supportive. Records of these supervision meetings were sometimes very brief and the meetings were not always as regular as the company policy said they should be. We discussed this with senior managers who told us they planned for supervisions to be held more frequently. Spot checks are when a staff member's supervisor joins them when they are providing care to assess how effective they are. We saw records to show these checks were happening on a regular basis and the findings discussed with staff.

Annual appraisals were carried out with staff. Staff said these were useful. We saw that these had been carried out thoroughly and included feedback for staff on their performance, details of any additional support the staff member required and a review of the individual's career goals and training and

development needs.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People said, "We agreed everything with them at the beginning" and, "I agreed to the care, it's just what I want". We saw in people's care records consent forms signed by people who use the service.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. One relative said, "They've been really good at keeping an eye and getting in touch with the Doctor for us". One person with the support of a family member told us how the staff were helping them to speak more clearly. They said they see a speech and language therapist (SALT) who advises the staff on how to help them and where possible the care staff meet with them and the SALT to review how things are progressing.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "When I came home from hospital, I didn't know where to start, but (Staff member's name) came around and helped me get sorted, they went the extra mile to make sure I was OK". This phrase was used by another person who said, "They go the extra mile to help". Another person said, "They've been brilliant, really caring, I can't speak highly enough of them". Of the people using the service who responded to questionnaires, 100% said their care staff were kind and caring. People received care, as much as possible, from the same familiar care staff. A relative we spoke to said, "All the care staff are good, but the main carers are excellent".

Care staff told us they felt it was important to make sure they had time to talk with people. One staff member said, "I always try to make time to talk to people and make sure they don't feel rushed, even if inside I know I need to get a move on". Another said, "I think that's the thing that marks us out, we care". People told us care staff ensured they had time to talk with them. The registered manager said they encouraged staff to consider people's wellbeing and make them feel listened to and cared about.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. Staff caring for one person had been given instruction by a family member on how to help a person put on their sari. Another person's care plan gave clear instruction on staff not wearing outside shoes in a person's home. This had been identified as important by the person for cultural and religious reasons. The provider had considered this, along with the health and safety implications for staff. An agreed compromise was reached and staff provided with plastic overshoes. Staff told us of other occasions where English was not the first language of people receiving care. They said they had received help from people's families to learn key phrases to help communicate with the person. Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. Senior staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times. When planning the service the provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The views of the person receiving the service were respected and acted on. Senior staff said they matched the skills and characteristics of care staff to the person. One person told us they had asked for a change of staff, to someone quieter and this had been accommodated. Where appropriate family, friends or other representatives advocate on behalf of the person using the service and were involved in planning care delivery arrangements.

People were given the information and explanations they needed, at the time they needed them. Prior to the company commencing care with a person they were given information on how the service was organised and who to contact if they had any questions. People and relatives said they received the information they

required. One person said, "To be perfectly honest, they went out of their way to be helpful and explain everything".

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect. When visiting a person in their home, their care staff arrived for their visit. The staff member allowed us time and privacy to talk. When the person quietly requested assistance to use the toilet, the staff member asked the person if they wanted us to leave or move to another room, then communicated their decision to us. People said staff treated them with dignity and respect and with kindness and compassion. Staff we spoke with understood the importance of this, one said, "We have to treat people as if they were a member of our family". People's confidentiality was respected. Staff told us confidentiality was important to people. One member of care staff said, "People need to know things will be kept confidential".

People told us they would recommend the service to others. Care staff spoke with pride about the service provided. One staff member said, "I would recommend the service to anyone". Relatives we spoke to said they would recommend the service. Of the people who responded to questionnaires, 100% said they were happy with the care and support they received.

Throughout our inspection we were struck by the caring and compassionate approach of staff. We heard managers and senior staff answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first.

The registered manager told us they did not currently provide care for people identified as nearing the end of their life. However, they stated they had previously done so and would again if requested. In the PIR they said they had recently attended a workshop aimed at developing training for staff providing end of life care for people living in their own homes. We spoke further about this and they told us that if they were requested to provide care in these circumstances, they would ensure staff received this training. They also said they would seek guidance and support from specialists in this area to ensure, "People were cared for exactly how they wanted to be at the end of their life".

Good

Is the service responsive?

Our findings

People said they made choices and decisions regarding their care and support. One person said, "The care staff always check things out for me and will change the way things are done if I want". Relatives confirmed the service responded to their family member's needs. Care staff said the service was responsive to people's needs. They said call times and the way care was provided often changed as a result of people's preferences, requests or changing needs. One staff member told us that additional care had recently been provided to allow a person's partner to participate in moving and handling training provided by Brunelcare.

The service provided was person centred and based on care plans agreed with people. Care records were held at the agency office with a copy available in people's homes. We viewed the care records of the people we visited. People's needs were assessed and care plans completed to meet their needs. Staff said the care plans held in people's homes contained the information needed to provide care and support. They said the registered manager and senior care staff took care to ensure any updated information was placed in care records in people's homes and at the office. Care records were person centred and included information on people's likes, dislikes, hobbies and interests. For example one person's stated, 'make sure (Person's name) bed is made and lights in kitchen and hallway are off before leaving them for the night'. Other examples gave information on people's involvement with a local sports clubs and previous employment. Staff told us this information meant they could get to know the person they were caring for. We saw that people's care plans were regularly reviewed with their involvement.

People said they felt able to raise any concerns they had with staff and that these were listened to.
One person told us, "If I'm not happy with anything I tell the staff". Another person said, "I can tell the staff or contact the office if I'm not happy about anything". Relatives said they knew how to contact the provider if they wished to and were confident they would be listened to and changes made if required. A record of complaints was kept at the agency offices. In the 12 months before our inspection 13 complaints had been received. We looked at the records of these and saw each had been appropriately investigated, with the outcome recorded and feedback provided to the complainant. We saw changes had been made as a result of complaints including changes to staff providing care. The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements.

Care staff told us they were able to raise concerns with managers. One of the care staff said, "We are well supported and can raise any concerns we have". Another said, "They always listen to us and take any concerns seriously". Care staff were confident any concerns they expressed would be dealt with appropriately by the managers.

The provider kept a record of compliments received. These were on display in the providers offices. Care staff told us they were told when compliments were received that involved them. One care worker said, "It's nice when you get a compliment and we are told about it".

The time-limited nature of the reablement service resulted in some people's care moving to another provider after six weeks. People's care records included details of how this transition was managed to ensure continuity of their care. Information had been shared with the new provider with the person's agreement.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection we found the registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted in the best possible light.

People told us they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service was being put into practice. People using the service, relatives and staff understood the aims of the service provided. This was particularly significant given the two aspects of the service. The specific aims of both the reablement and domiciliary care service had been clearly communicated.

Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the registered manager and senior staff were approachable and could be contacted for advice at any time.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Quality assurance systems were in place to monitor the quality of service being delivered. These included satisfaction surveys for people using the service and staff. The most recent survey of people using the service had been carried out in January 2016 and feedback was very positive. In addition an exit questionnaire was completed by people leaving the reablement service.

The most recent staff survey had been completed in 2015 and had contained some suggestions for improvement. The registered manager told us they were investigating how to improve the mobile 'phone system for reablement staff as it relied on mobile reception that was not always consistent. This had been raised during the staff survey. The registered manager and other senior staff also carried out observational visits with care staff to assess the quality of the service provided.

The provider had health and safety policies and procedures in place. Health and safety was seen as a priority by the registered manager. Care staff had contributed to an individual risk assessment to assess the risks in them working alone. Individual arrangements had been put in place, including carrying a personal alarm and a buddying system to alert the on call person if a staff member's whereabouts were unknown.

The registered manager attended a variety of forums and meetings to keep up to date with best practice and service developments. These included bi-monthly meetings with senior local authority and hospital staff and quarterly meetings with the council and other domiciliary care providers.

Regular meetings were held with staff in different localities. These were well attended and the registered manager went to one of these meetings each month. The registered manager and other senior managers also attended managers meetings run by the provider for services operated by Brunelcare across the region.

The registered manager had a clear vision for the future of the service and had managed change effectively. They told us of changes to the management structure that had taken place over the previous 12 months. They said these changes had been beneficial and whilst they were becoming established they had decided to consolidate the services provided rather than seek to grow and provide services to more people. As a result the reablement part of the service now consisted of around two thirds of the care provided. They said they were now looking to increase again the domiciliary care which now made up around one third of the service provided.