Brunelcare

Brunelcare Domiciliary Care Services North Somerset

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

The previous registered manager had just left the service, however the community services manager was starting the process of registering themselves with the Commission. 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.

At the last inspection in February 2017, we rated the service as 'Requires Improvement'. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Brunelcare Domiciliary Care Services North Somerset on our website at www.cqc.org.uk.

At this inspection, we found the provider had made the necessary improvements.

There were enough staff to carry out visits in a timely way and ensure people's needs were met.

The service had clear information about what decisions people could or could not make regarding their care.

People and relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, whistleblowing and health and safety. Staff were trained in safeguarding and understood the importance of acknowledging poor practice and reporting their concerns to the provider.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely.

The provider had systems in place to record accidents, incidents and safeguarding concerns.

Infection control procedures were followed. Staff had access to personal protective equipment. Plans were in place to cover emergency situations. The provider carried out assessments before planning support to meet people's individual needs.

Staff were trained in a range of subjects to meet the needs of the service. Staff were supported and received regular supervision. Referrals to health and social care professionals were made when necessary to ensure healthcare was monitored.

Staff provided support and guidance with nutritional needs when required.

Staff gained consent before any intervention with the person.

People and relatives felt staff were caring in their approach with people. Staffing rotas were developed to try to ensure staff had time to complete planned care without being rushed.

The culture within the service was one which promoted personalised care tailored to people's needs. Staff respected people's privacy and dignity ensuring their independence was promoted. Care plans were individualised and contained information on how to care for the person in a person centred way.

The provider used a variety of methods to gain information when developing care plans. For example, information from family members and health and social care professionals. The person and their relatives, if appropriate, were involved in how they preferred their care to be delivered.

The provider had a system and process in place to manage complaints.

The provider had a quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives views and opinions were sought and used in the monitoring of the service.

The provider maintained links with and worked in partnership with organisations to ensure best practice and national guidance was incorporated into the quality of care provided. Staff felt the management team were open, approachable and supportive.

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.

The provider recruited staff safely and there were enough staff to carry out care safely.

People were protected from abuse and risks as systems were in place and risks to people's safety were assessed and action taken to mitigate them. .

Staff understood their responsibilities regarding infection control.

Is the service effective?

Good

The service was effective.

People's consent was sought and recorded in relation to receiving care.

People's care was appropriately assessed and planned.

Staff received induction, training and felt supported.

People and their relatives were involved in care planning.

Healthcare professionals were involved in people's care as required.

Is the service caring?

Good

The service remains good

Is the service responsive?

Good

The service remains good

Is the service well-led?

Good

The service remains good

Brunelcare Domiciliary Care Services North Somerset

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection, we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection, we went to the Brunelcare North Somerset office. We spoke with the community services director, operations manager, regional community services manager and four staff members. After the inspection visit, we made phone calls to 13 people and relatives who received care and support from the service.

We looked at 12 people's care and support records and six staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

At our last inspection in January 2017, we found there were enough safely recruited staff to meet people's needs but some visits to people had been missed. People were put at risk by these missed visits. At this inspection, we found that this had improved and there had only been two missed visits this year.

There were enough staff to carry out the visits in a timely way and ensure people's needs were met. All the comments we received were positive about the reliability of the service. One person said, "I have four Brunel staff that visit, they are always on time and would let me know if they are running late." Another person commented, "No staffing issues I have the same [two] carers, just when they are on holiday I get different staff." And "I have had to cancel visits and change times and this has never been a problem". However, one person commented "We like routine, [five] times they were going to send unknown staff and it's just not worth the hassle so my wife will step in on these occasions, this was a couple of months ago but I get the impression they are short staffed.". We spoke with the management team and they told us that they are actively recruiting and that they would not increase their care hours until they have enough staff to fulfil them. They stated it was an ongoing issue in the area for all care services.

Where two staff were needed to carry out a care visit, we found that two staff always attended. A staff member said, "It's ok as there are always two of us". They also told us that they felt that there was enough time to carry out the care tasks explaining, "There's more than enough time for each call. It's never a demand that you're panicking". People who used the service confirmed that they did not feel rushed.

People told us they felt safe and trusted staff to keep them safe. One person said, "Yes very safe, the staff are wonderful, they have dealt with an emergency when I was found on the floor and they called an ambulance and stayed with me until I went into hospital. They informed my family what had happened." There were measures in place designed to keep people safe from abuse. Staff were provided with relevant training. Staff told us about how they would ensure people were kept safe from abuse and knew how to recognise possible signs that someone was at risk. They were also clear about how to report concerns both within the organisation and directly to the local authority or to the commission. One staff member said, "I would tell my manager or I would tell you".

Measures were in place to enable people to take risks safely and to protect them from avoidable harm. Assessments were in place regarding a variety of risks including safe moving and handling, eating and drinking, taking medicines and the risk of developing a pressure sore. Assessments were clear and contained specific details. For example, one person had moving and handling needs due to a particular health condition. We saw that their moving and handling risk assessment contained information to ensure the person was safely supported. Staff had been trained in moving and handling procedures. This helped to reduce the risks associated with moving people as staff worked consistently.

Risk assessments had been appropriately reviewed according to an appropriate timescale or due to changing needs. Some routine reviews of assessments were now due and the provider told us they had begun to address this. Potential risks to staff had also been assessed and we reviewed risk assessments for

staff that were lone working. These assessments considered any specific risks and the provider had put measures in place to reduce these risks.

People told us the staff gave them the support they needed with their medicines. One person said, " Medicines are given to me by carers, never had any problems, and they always make me drink lots." There were procedures about the administration and management of medicines. All staff had been trained to understand how to safely administer medicines. The training included a test of their knowledge. The staff competency in this area was assessed before they started working alone and then every two years. We saw evidence of this in the staff files we viewed. The operations manager audited medicine records each month and we saw evidence of these audits. Where problems had been identified, the staff received additional training.

We discussed the need for clear staff guidance in the application of topical creams and lotions to ensure that the name of the cream/lotion is identified; the exact location for application and the time it needs to be applied are all clearly explained via a body map. Following the inspection, the management team implemented this as currently creams and lotions are identified on the medicine administration records (MARs) chart plus the time and location but not on body maps.

Some people had been prescribed transdermal patches, which are medicine patches that are put directly on the skin "They change my morphine patch, they always record it in the care plan". Manufacturer guidance specifies that the site of these patches should be rotated to avoid skin irritation. There were no patch records in place but staff had documented on the MAR where they had applied the patches. The management team told us that they had implemented the use of body maps to record the position of the patches following the inspection.

Staff were recruited safely and the provider checked people's identity, work history, references and eligibility to work in the UK. The provider also carried out checks with the Disclosure and Barring Service (DBS) to ensure potential members of staff had no history of criminal convictions which would make them unsuitable or unsafe to work in this kind of service.

Staff were trained in infection control. Staff we spoke with told us of measures they used to reduce the risk and spread of infection. Staff told us they practiced effective hand washing, used personal protective equipment (PPE), and disposed of waste appropriately. We observed that the provider reminded staff about the importance of infection control.

The service had a system in place for reviewing and investigating incidents and near misses. Staff understood the importance of recording significant incidents and of informing the provider so that they had accurate oversight of the service.

Good

Is the service effective?

Our findings

At the last inspection in January 2017, we recommended that the provider seek appropriate guidance about the recording of Mental Capacity Act assessments and decisions on people's care plans. At this inspection, we found that the provider had made the necessary changes to the paperwork and was now recording the 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. We observed that the service had clear information about whether or not people had capacity, what level of capacity and what decisions people could or could not make regarding their care.

Staff had received training in the MCA. The registered manager and service manager were aware of their responsibilities in line with the MCA. Copies of lasting power of attorney (LPA) were not kept on file if people had these in place. LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPA; those for financial decisions and those that are health and care related. The management team said they would ensure they would record that they had seen the documents' and which type of LPA was held.

Although we were not made aware of any best interests' decisions being made for any person, the management team were aware they needed to record these appropriately and in partnership with any relevant others, including family or healthcare professionals. People told us that they were asked for their consent and given choice. One person said, "They encourage me to be independent and always ask me if they can do things, not just telling me, I like that."

An initial assessment of needs was carried out for people who required support from the service. This was completed prior to receiving support and usually in the person's home or hospital. Once accepted into the service a full and detailed care and support plan was established with input from the person, their family and any other health and social care professionals involved.

The people and relatives we spoke with thought carers were mainly well trained and competent and effective in the care they delivered. One person said, " Very considerate staff, they are all well trained in their work and always sit and have a chat." Other people told us, "The carers are confident, the new ones I need to tell them how I like things done but they are all pleasant and gentle with me, I trust them 100%" and "The staff are trained well and I feel well cared for, we have a laugh and a joke, I look forward to the visits, they are very good at listening and show great patience when I try to do things for myself."

One person told us that care staff made them drinks at each call and heated up their meals. Records confirmed that staff had provided a range of suitable food and refreshments to people. Staff had supported

people to maintain their health and wellbeing. Where issues had been found, including weight loss or swallowing difficulties and people had been referred to appropriate healthcare professionals, including GPs or speech and language therapists to further support them, records showed that plans had been updated and staff told us that they received emails on their phones to update them of the change before they visited.

The provider had a full training programme. We looked at the schedule of training and found training had taken place across of a range of areas which the provider deemed mandatory, including first aid, medication and moving and handling. No person or relative we contacted said there had been any issues caused because of poor moving and handling. The provider also sourced specialist training if needed, such as training for specific illness or conditions.

We found some gaps in supervision and yearly appraisal sessions with staff. Supervision and appraisal systems are forms of support from line managers and opportunities for reviewing training and development with staff members. Staff, however, told us they felt supported. One staff member said, "I can speak to any of the management team. They have all been very good." Another member of staff said, "I feel supported, yes. We have regular meetings too." The management team were aware of the gaps and was working through these. Following the inspection, we were sent an updated supervision and appraisal matrix with dates for the completion of all overdue supervisions and appraisals.

Good

Is the service caring?

Our findings

The service remains caring.

People who used the service were very positive about the kind and caring approaches of the staff. One person told us, "They are caring ". Another person commented, "I feel well cared for, we have a laugh and a joke, I look forward to the visits," They continued, "They always check if I am happy and always include my husband in conversation".

The provider carried out a survey of user views in September 2017 and November 2017. All 28 people who responded said that they felt staff listened to them. The people we spoke with supported this view. They told us they felt able to talk to staff about their care needs and said that staff knew their needs well. One person said, "They know me well and we have a good natter."

The staff we spoke with were proud of the service provided. They all told us that they would be happy for their family member to be cared for by the service. The provider's survey showed that all people said they felt they were treated as a person, were at the 'centre of their care' and that they and their property were treated with respect. People we spoke with said they felt staff treated them with dignity and respect. One person told us, "The staff are very good and treat me with respect and maintain my dignity throughout". Another person said, "The carers are great they are friendly and respect me and keep me feeling comfortable when washing me". Staff were able to give us examples of how they protected people's dignity and treated them with respect. One member of staff said, "I shut doors and respect privacy by covering people with a towel or blanket to protect their dignity".

People were encouraged to be as independent as possible. This information was incorporated into people's care plans so all staff were aware of the level of support each person needed. For example, one person could manage their own medicines, but could not manipulate the containers the medicines were stored in. The person's care plan provided clear guidance to staff on the level of support the person required to assist them whilst maintaining their independence.

Good

Is the service responsive?

Our findings

The service remains responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day-to-day lives.

It was evident from our conversations with the management team and staff that they tried to provide a bespoke service for the people they supported. The care provided was centred on people's needs, wishes and preferences, which were at the heart of the support they provided.

When questioned staff were able to describe the likes and dislikes of those they supported regularly. They also described how the support they provided was as flexible as possible and could respond to the peoples' changing needs and wishes. Staff were able to describe to us in detail exactly how one particular person wished to be supported. They told us the support for people could vary from day to day depending on how they were feeling but that they adapted the care they delivered to accommodate the person's wishes. For example, one staff member explained that sometimes they arrive for the morning call the person is already up and dressed and would like them to stay and chat, which they did. On other occasions, the person may need more help.

People said that they were involved in making decisions about their care and were happy with the care they received. One person told us "I am fully involved in my care plan and know what package I have, we have not needed to change the content and very happy with it", another stated, "My family were involved in my care plan, The care plan is filled out on every visit."
Where people were not able to sign their care plan, it had been recorded that a discussion had taken place and comments the person had made and if a relative was legally allowed to sign, they did. Staff told us, ""We chat and find out how they [the person] likes things done. We build up a relationship with them." Another staff member said, "I tell people, just tell me how you like things and I do this so I know I am giving that person the right support and care like they like it."

Each section of the care plan was relevant to the person and their needs. For example, there was information and guidance for staff in relation to the person's mobility, daily life and personal care needs. A profile was available which included an overview of the person's needs, how best to
support the person and what is important to that person. Care plans contained detailed information on the person's daily routine with clear guidance for staff on how best to support that individual. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs.

There were systems in place for complaints to be recorded, investigated and responded to. One person told us "I have no complaints about the girls they are all lovely, I get a regular group and I get a timetable sent. They are very polite and show a caring nature" and another stated "Nothing to grumble about." The service had a procedure for raising and investigating complaints that was available for people and their relatives. A

satisfaction survey we received indicated that people completing the form agreed with the statement 'I know how to make a complaint about the care agency' and agreed with the statement 'The staff at the care agency respond well to any complaints or concerns I raise'. There were also systems and processes in place to consult with people, relatives and staff.

No one we spoke with had made any written complaints but said call times were an issue, when staff were late and more continuity of staff was preferred. People that had phoned the office said they were listened to. We spoke with the management team about this and they stated that all people using the service were told that they would try to keep people with regular staff but this may not be possible and all staff we spoke stated that they really tried to stick to times but if they were running late they always rang ahead. People confirmed this ""I have a pool of carers that come in, very rarely are they late but they would phone to let me know."

A satisfaction survey the Care Quality Commission carried out indicated that people completing the form agreed with the statement 'The care agency has asked what I think about the service they provide'. Satisfaction surveys were carried out, providing the management with a mechanism for monitoring people's satisfaction with the service provided.

We spoke with the management team about end of life care and how people were supported sensitively during their final weeks and days. They told us they would liaise with other healthcare agencies that were directly involved in the situation to provide appropriate support and care. As part of staff training programmes information training was provided on dying, death and bereavement. The management team also spoke with staff about caring for people who needed end of life support to see if they had the skills and abilities to provide appropriate support. This showed the agency guided staff on how to care and respect people's end of life decisions and recognised the importance of providing end of life support.

Good

Is the service well-led?

Our findings

The service continues to be well led.

People were complimentary about the care and support and felt their care during visits was managed well, "Very satisfied with all aspects of the care." The service's aim and objectives were to provide people with person centred, high quality support and care. The management team and staff ensured people, and what was important to them, was at the centre of their work. After talking to people, we could see they were respected, consulted and involved according to the aims and objectives of the service.

The management team promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. They took suggestions and advice from staff seriously and acted upon it. For example, the service had introduced a value-based recruitment process and the feedback was positive helping to get to know the candidate better. Staff confirmed they felt supported, valued and really enjoyed their work.

The provider had a quality assurance system in place to assess and monitor the service delivered. Feedback was sought regularly from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. These included audits of the files, medicine records, visits, feedback from outside services, staff performance and competency checks and supervisions. There had been two missed visits so far this year and these were addressed appropriately.

People's experience of care was monitored through daily visits, quality assurance visits, care reviews, and regular contact with people and their relatives. The people and relatives said, "It's been really good, they've all been very good. They have a rota. I'm never quite sure who is coming but they are all very good" and "They are lovely people and they write in the care plan every time."

The management team took appropriate disciplinary action if they needed to address poor performance. The management team reviewed reported incidents and accidents related to falls, health and any errors made when providing care. All the information and actions taken to address any concerns was recorded. People's needs were accurately reflected in detailed care plans and risk assessments. Records were complete, accurate and stored appropriately.

The service worked closely with health and social care professionals to achieve the best care for people they supported. This was especially true for staff working in the reablement team and this was clearly detailed in the care plans.

Staff had regular team meetings, which they found very useful. The records showed the staff team discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people.

Staff and the management team worked together as a team and motivated each other to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns. Staff felt there were plenty of opportunities to discuss issues or ask for advice. Staff felt the senior staff supported them and listened to them. They said, "I think the management are lovely very committed to the team, they want to help people and are always there if I need to talk to them. They always listen to person, they always give us time", "I am proud to work for the reablement team. My management team are always there if I need them."

The management team encouraged open and transparent communication in the service. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was always present in the service. The management team told us that they valued the staff team. They said, "We are very fortunate to have such team, they go above and beyond for us, especially coming in on their days. I have a lot of respect for them." We were told that during a particular spell of bad weather, the service had worked with another agency to ensure that care was provided to people.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.