Heywood Carers Limited

Brown Clee Care

Inspection report

Glebe House
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Tel: 01584872084

Date of inspection visit:
08 April 2019

Date of publication:
13 May 2019

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

About the service: Brown Clee Care is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were 20 people receiving a personal care service.

People's experience of using this service:

People and relatives were overwhelmingly positive about the service they received. They considered that staff often went the extra mile to provide compassionate and sensitive care. People unanimously told us they were treated with kindness and respect when receiving care and support.

People using the service told us that care workers were friendly and supported them in a caring way. They said they had no concerns about their safety or well-being in the presence of care workers.

People received a consistent level of care from a team of regular care workers. There were enough staff employed to meet people's needs safely.

Risks to people were managed in a way that kept them as safe as possible. Risk management guidelines were in place to direct care workers when supporting people.

The provider did not provide a service to administer medicines. Staff prompted and reminded people to take them and they did so in a safe manner.

The provider arranged training for staff that met the needs of people using the service. They were assessed for their competency which helped to ensure they were safe to work with people.

Care plans were developed for each individual and included people's preferences and wishes.

The provider carried out quality monitoring checks such as audits of care records.

The provider kept in regular contact with people to ensure they were happy with the care provided.

More information is in our full report.

Rating at last inspection: At our last inspection, the service was rated "Good". Our last report was published on 20 December 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates a per our re-inspection plan.

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

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.
Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our Responsive findings below

Is the service well-led?

Good

The service was well-led.
Details are in our Well-Led findings below.

Brown Clee Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Our inspection was completed 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.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
Our inspection was announced.
We gave the service 48 hours' notice of the inspection visit because staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 8 April 2019 and ended on this date. The expert by experience made telephone calls to people who used the service on 8 April 2019.

What we did:
Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

We spoke with the registered manager, care manager and three care staff. We spoke with nine people who used the service and their relatives.

We reviewed three people's care records, two staff personnel files, audits and other records about the management of the service.

Good

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:
● The provider followed their procedures when recruiting staff. This ensured that staff were safely recruited.
● All staff had checks with the Disclosure and Barring service (DBS). A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
● There were enough staff employed to meet the needs of people using the service. People we spoke with were very positive about feeling safe in the presence of staff.

Systems and processes to safeguard people from the risk of abuse:
● People we spoke with did not raise any concerns about their wellbeing.
● Care workers we spoke with demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's safety. One care worker said, "The care plans provide us with information about how to keep people safe."

Assessing risk, safety monitoring and management:
● The provider identified and managed risks to people using the service to keep them safe. One person said, "They do things at my pace now I need to use my frame. They don't rush me."
● Care records detailed where risks to people had been assessed. These included environmental risk and any risk in relation to personal hygiene, mobility and eating and drinking. One relative said, "When it was set up they involved me fully in the care plan and risk assessments and helped me cope with possible risks and we avoid risks together. It's a joint thing."

Using medicines safely:
● People were supported to take their medicines in a safe way. Care workers were trained in medicines awareness and were assessed as being competent by the registered manager. One person said, "They remind me of my tablets and always make a note of those as well."

Preventing and controlling infection:
● Care plans included details of infection control practice that care workers were expected to follow. For

example, when supporting people with personal care, medicines support or eating and drinking.
● Care workers received regular training in infection prevention and control. One person said, "My food is done very nicely. They tidy and wash their hands and wear gloves as well."

Learning lessons when things go wrong:
● If incidents and accidents occurred, these would be documented and action taken in response to find out why things had gone wrong. These would be used as learning to try and prevent similar incidents occurring in future. There had not been any incidents.

Good

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff induction, training, skills and experience:
● Care workers said they received good training opportunities. Comments included, "I feel well supported and we get suitable training to enable us to meet the needs of people we care for."
● Newly employed care workers received an induction to the service and training which helped them to carry out their roles effectively.
● Care workers received supervision during which they could discuss their work performance, training needs and any other issues.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● The provider completed an assessment of people's support needs before they started to provide care to people. This enabled people and their relatives to have an input into the care provided.

Supporting people to eat and drink enough to maintain a balanced diet:
● People told us that care workers provided them with enough to eat and drink.
●Dietary requirements and preferences were included in care plans. People we spoke with described how care staff provided meals for them and did this very well. The food was well prepared, nicely presented and staff tidied up after them. Staff would encourage some people who may be reluctant to try to eat a good diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
● The care manager described how they liaised with community teams which demonstrated the provider was open to working with health and social care professionals.
● Feedback from health professionals about the working relationship they had with the service was positive.
● Care records included details of GP's and other relevant health professionals involved in people's care.

Ensuring consent to care and treatment in line with law and guidance:
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. when they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and we found they were.

- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Staff described how they always asked people and gave choices. One member of staff said, "We always assume that people have capacity to understand so we always ask them first." A relative commented, "They are kind gentle and do try to coax (person) nicely. If (person) is not complying they try different ways for example, to get them to have a wash or shower. They are very competent."

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. People could choose which staff they got along with to support them. Staff, whom the provider thought would be suited to the individual, were introduced to people by the care manager before actual care started. The service ensured that this was done in line with people's preferences around age, gender, ethnicity or faith at the assessment stage. People were made clear what the service could and could not offer.
- The strong person-centred, caring culture within the service empowered people, enabling them to live full, joyful lives and achieving positive outcomes for individuals. If a person had been pre-assessed by the care manager in the main NHS hospital, they liaised with staff to enable a transfer to the local community hospital. This supported the person to be back in their local community near relatives before discharge home.
- People received a bespoke package of care and support, reflecting their diverse needs and requirements. Personalised support plans emphasised people's strengths, abilities and what was of greatest importance to them. Communication books were provided for carer workers and the family to write in as a team approach to providing care. Through adhering to these staff provided consistent, person centred support that enhanced people's health, wellbeing, and independence. One relative said, "They will coax (person) nicely. And now they look better looked after. Before (person) was looking more unwell, now they are much better."
- Staff demonstrated a strong commitment to providing good quality care. They knew people well and had a sound understanding of how best to support them. They provided consistency which had a positive impact on people's wellbeing, reduced their anxiety levels and provided stability. The care manager described how they had supported one person with their anxiety. "We do not tell the person what to do or how to do it. We work with them to self-manage, at their own pace, in their own time. We don't give up, we know their signals and we are very patient." A relative said, "They have been excellent, I can't fault them. They have been fabulous empathetic, and very caring."

Supporting people to express their views and be involved in making decisions about their care:

● Care records considered people's views and preferences and those of their relatives. This helped to ensure that care was delivered in a way that met the needs of people using the service. One relative said, "The staff give me more confidence to help with (person's) diabetes, as they helped with that as well. It's as good as I'd hoped for and they are super."
● Meaningful relationships had been developed between people, their relatives and staff. People felt comfortable and trusted the care workers who came into their home. Caring for people's wellbeing was an important part of the services philosophy. People had a regular team of care workers and felt they had become part of the extended family. People and their relatives felt respected, valued and listened to.
● Staff treated people as individuals and involved people and their families in their planned personalised care. The care manager said, "I make frequent visits to people to 'tap into' their wishes and preferences. This is so we can tailor the care to them at the start and as people's preferences may change."

Respecting and promoting people's privacy, dignity and independence:
● Staff enhanced people's quality of life as much as possible. They recognised the importance of social contact and companionship to people's wellbeing. For example, one person had been put in touch with a local singing club as staff had recognised the person enjoyed this past time.
● Staff enabled people to remain independent. Staff respected people's homes and their right to be independent always. For example, one person, who had been assessed as needing support with eating and drinking, had been reliant on their previous care provider to do their shopping. Now being cared for by Brown Clee Care, staff had helped them develop skills to do this for themselves. They went out shopping with a staff member and chose the foods and drinks they preferred. As a result, they knew what food was in their fridge and their nutritional wellbeing improved. The care manager told us the person had felt a sense of great pride and enjoyment in this.
● A relative commented, "I had the opportunity to have a good read through the log. The care that the staff take is evident in the notes taken and gives us peace of mind. Thank you to the staff concerned and it is really appreciated."
● People's needs and wishes were at the heart of the service. Staff we spoke with showed they understood the values of the provider and those in relation to respecting privacy and dignity and treating people as individuals. One relative said, "(Person's) care is done with dignity and safely and if they become upset the staff don't take it personally. (Person) is now getting much worse but they just coax them nicely."

Good

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People had individual care records in place which reflected their current needs. These included risk assessments and care plans.
●Care plans included areas that people needed support with, the action that care workers needed to take to support people and the intended outcomes/goals for people.
● People's social interests, activities they enjoyed doing both at home and in the community, were documented. People told us that care workers encouraged them to take part in these activities.

Improving care quality in response to complaints or concerns:
● There had been no complaints received from people or relatives.
● Relatives told us they knew who to speak with if they were unhappy with the service. They said due to the size of the service, they were in regular contact with the management.
● People were given information on how to raise concerns or complaints when they started to receive care. There was also a complaints policy in place which detailed complaint handling information.

End of life care and support:
●The service supported people who were receiving end of life care.
● Staff were trained for each individual situation when people needed support to remain at home.
● Staff worked with specialist professionals such as the McMillan team or hospice outreach team to provide individual support.

Good

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

Good: 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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People told us that the service was well-led. They said staff supported the wellbeing of both them and their families. They spoke of how close they were to staff and how they had built up positive and meaningful relationships together. One relative said, "The manager is really experienced and efficient. They get full marks, ten out of ten."
- Care workers also felt the service was managed well and the managers made themselves available to provide support if needed. A staff member said, "The agency is lovely to work for and we, as staff, feel appreciated. Our clients are well looked after." The registered manager told us, "We enable staff to have the confidence to think of solutions to problems so that people can be as independent as possible."
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider had a strong vision for the service. The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service.

Engaging and involving people using the service, the public and staff:

- Staff discussions were held regularly and staff told us that they could approach any member of the management team at any time.
- People's involvement in their local community was actively encouraged, along with their access to preferred leisure activities.

Continuous learning and improving care:

● Surveys showed that management sought people's views about the service.
● The registered manager assured us that if incidents happened they would be reviewed and discussed in detail with staff.

Working in partnership with others
● The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the local authority safeguarding team, GP's and community nurses.
● All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.