

Bramley Home Care Limited

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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 17, 22 and 23 March 2016. It was carried out by two inspectors.

Bramley Home Care is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 60 people. The core hours of the service were 7 am to 10 pm. There was a 24 hour on-call service available.

The service is required to have a registered manager. 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. The current manager was in the process of applying to be registered and was waiting for checks to be completed.

People told us staff were caring and respectful. People gave us examples of staff treating them with kindness and going the extra mile for them. Such as one member of staff always dropped the local newspaper off to one person because they knew they liked it. Another member of staff brought fish and chips to someone else. A relative told us their relation looked forward to the social interaction with staff and it was as important as the personal care they received. People told us staff treated them as individuals and got to know them well.

People were involved in planning their care and plans were developed based on individual needs and preferences. There was a system for ensuring that reviews took place and people were visited at home by a senior member of staff to ensure that people were receiving the care they needed. Care plans were updated as necessary following a review. People told us their care records accurately reflected the care they received.

There were enough staff to ensure that people received their visits as scheduled and people usually had the same staff group supporting them. People told us that staff usually arrived on time and would contact them if they were going to be late due to traffic or an emergency. Staff told us they had enough travel time between visits and felt they had time to support people safely and in accordance with the persons care plan.

Staff described being proud of their work and spoke warmly about people they supported. They felt they were able to do a good job because people had choice about the care and support they received and were

involved in developing their care plan.

Staff received appropriate training which prepared them to carry out their jobs. New staff completed an induction period which was adapted to each individual member of staff based on their experience and confidence. Staff received regular supervision and appraisals were booked.

The manager was motivated and keen to continually find ways of improving the service. People were confident with the manager and told us they were approachable. One person told us they could phone or pop into the office at any time. The manager had systems in place to monitor the quality of the care that people received. Spot checks were carried out on staff and records were reviewed. People were able to provide feedback on the service through quality surveys.

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 had their risks assessed and plans were developed to minimise the risk of them coming to harm.

Staff had received training in how to recognise potential abuse and were aware of their responsibilities in reporting it.

Some people required support with their medicines. Staff had received training in medicines and there were checks in place to ensure people received their medicines as prescribed.

There were enough staff to ensure that people received their visits as scheduled.

Is the service effective?

Good ●

The service was effective. Staff had received sufficient training to ensure they were competent to carry out their job.

People provided their consent to receive care and support from the service. Staff offered people choices.

Staff supported people to have enough to eat and drink.

People had access to healthcare when they needed it. Staff knew how escalate concerns about people's health.

Is the service caring?

Good ●

The service was caring. People told us that staff went the extra mile for them and were kind, caring and considerate.

Staff took time to talk with people and got to know them well.

People were involved in planning their care and in the review process.

People were supported by staff who were respectful of their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People received care that was tailored to their individual needs.

People were provided with a welcome pack which included how to make a complaint. They told us they felt able to raise any concerns or complaints with the manager at any time. Management dealt with complaints in accordance with the policy.

Is the service well-led?

The service was well led. The manager was motivated and keen to continually improve the service.

People, relatives and staff described the manager as approachable.

Good ●

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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 17, 22 and 23 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office.

Before the inspection, we requested and received a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including notifications of incidents. A notification is the way providers tell us important information that affects the care people receive.

We spoke with three people and one relative in their own homes and observed interactions with three staff. We telephoned a number of people who used the service, nine people and one relative talked with us. We spoke with eight staff which included the registered manager, the coordinator an administrator and five care workers. The coordinator was mostly office based and part of their role was to plan peoples visits. We looked at four care records and five staff files. We also spoke with two healthcare professionals and contacted a representative from the local authority. We saw staff training records and other information about the management of the service.



Our findings

The service was safe. People told us they had confidence in the staff to ensure they were supported safely. One person told us: "It is absolutely a good service." This was echoed by other people and relatives we spoke with.

People told us they were involved in their care planning and were supported to remain as independent as possible. The manager or coordinator visited them in their own home to carry out an initial assessment of their needs, including if people were at risk from harm in any way. Such as at risk of falls due to poor mobility, or at risk of not eating and drinking enough. Care plans were developed to ensure people had their needs met in a way which was personalised for them as well as ensuring that if they were at risk then there was sufficient guidance for staff to ensure that people's risks were minimised. For example one person was at risk of falls and we saw guidance for staff. It included, encouraging the person to use their walking aids and to ensure the person had their personal alarm as well as check the environment was free from obstacles.

Each person had an environmental risk assessment. This meant that care staff understood risks which may be present in people's home and they could support people in a way which minimised those risks. One care staff told us they ensure the person is safe before leaving such as: "nothing to trip over and doors are locked". Another person had a wet room for showering and the care plan instructed staff to ensure there was no excess water left on the floor.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. We saw two occasions when staff had contacted the manager with concerns and the manager had reported it appropriately to the safeguarding team. This meant staff had a comprehensive awareness of potential abuse and reported it appropriately. Staff were aware of whistleblowing procedures, they told us they would initially raise concerns with their manager or if it concerned them they knew the appropriate agencies to contact.

There was a policy for reporting incidents and accidents and staff were able to talk with us about how they would respond to an accident or incident and the correct processes to follow. There was a culture of learning from incidents; for example one person had slipped using a particular piece of equipment. There was review of the incident and recommendations were made to stop using that equipment.

There were sufficient staff. People told us staff were mostly on time for their visits. They told us staff were occasionally a few minutes delayed because of traffic or if they had been caught up in an emergency. They told us staff would ring them to keep them up dated. One person told us staff were always "punctual." People felt that staff had enough time to spend with them and they did not feel rushed. Staff told us they had enough travel time between visits. One person told us "The office know what they're doing." All people we spoke with told us they had always received a visit as planned and there had not been any missed visits. There was a contingency plan to ensure that people received visits in adverse weather conditions or other emergencies.

The manager told us that recruitment was ongoing and they had recently held a recruitment day which had been successful. They described the staff team as: "Very happy, they get quality time with clients". One person told us that management: "Choose staff well". Staff were recruited safely. The provider ensured all the necessary checks were carried out prior to new staff starting work, for example references were obtained and relevant criminal records checks were completed. This ensured that people were supported by staff who were safe to work with vulnerable adults.

The manager told us that most people administered their own medicine. The approach was to encourage people to be as independent as possible. People would have an assessment to identify what level of support they needed with their medicines however the emphasis was on people or their families taking responsibility. There were a small group of people who had their medicines administered, staff had received the appropriate training and there was a system for checking that staff had signed to confirm people had taken the right medicine at the right time.



Our findings

People received effective care. 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 by 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.

Staff received training in the MCA and understood the principles of the act. The manager told us about one person who had declined to have support from the agency. They followed the correct procedures, such as they liaised with the person's GP and it was being arranged for the person to have a mental capacity assessment. One relative told us that care staff treated their loved one as an individual. They explained that their loved one lacked capacity to make some decisions. They told us staff provided support in the persons best interests. Staff explained they talked with the person and involved them in making choices about their care. The person's relative told us, "They give (name) time to do things and gain (name) consent before providing personal care." Care records reflected that people had provided consent to receive care and support or if they lacked capacity to consent care was provided in their best interests. The service had records of when people had a power of attorney nominated and what aspects of the person's affairs they could make decisions about.

Staff told us they received enough training to equip them to carry out their roles. One person told us "Staff are competent and well trained and know what to do." New staff completed an induction period. This was dependant on what experience staff had. All new staff received an overview of the service and received mandatory training. The manager told us staff were taught to show respect for people and their homes, for example if they should take their shoes off. Staff received training in communication for example use of body language to demonstrate they were listening to people and being respectful. The registered manager told us that as well as covering topics such as dementia and diabetes, they also covered basics such as how to make a "proper brew" and how to clean eye glasses. This meant all staff received standard training in all aspects of care. Staff did shadow shifts with an experienced member of staff prior to working independently. One member of staff told us that they lacked confidence initially on their own so they were given additional support during the induction period. Two staff had completed the care certificate. This is a nationally recognised induction for staff who are new to care work.

On-going training was monitored electronically and when staff were due for refresher training it was flagged up with them. Some of the training was provided using workbooks and some was face to face. Staff had an

individual training plan and the manager told us staff were supported to undertake vocational training in health and social care. The coordinator and manager were booked to complete "train the trainer" training in moving and handling and first aid. This would mean they could deliver the training directly to staff and training could be tailored to the needs of people using the service.

New staff received monthly supervision for the first three months. Following this all staff received supervision on alternate months. The manager had been unable to find evidence of staff appraisals from the previous year however they had planned and booked all staff to have one by June of this year. There was a system for carrying out spot checks on care workers. The co-ordinators identified any actions which were needed following the spot checks. For example one member of staff was not wearing an identity badge. Staff told us they felt supported during their supervision and told us they could contact the office to get support at any time in between supervision.

People had sufficient food and drink. Some people needed support to have a meal or drinks and staff were able to tell us what some people liked and how they ensured that people had enough to eat and drink. People had individual arrangements for shopping or food. Staff told us the actions they would take if they were concerned about a person not eating. This included contacting family and the GP if necessary. A member of staff told us about one person who had a poor appetite they said they made sandwiches in small bite sizes and different shapes to make them "look pretty" to encourage the person to eat.

One person told us that care staff worked well with other community health care professionals and when they visited "Everybody is clear about what they should do." People had a hospital grab sheet in their care records. This meant if they needed to go to hospital the grab sheet contained important information that went with them so that hospital staff had the right information at the right time. Healthcare professionals told us staff communicated with them well and notified them appropriately if a person became unwell.



Our findings

People were cared for by staff who were kind and compassionate. People and their families were consistently complimentary about staff. Comments included: "First class staff". "Staff are excellent; I wouldn't part with them at all," and "I am delighted with the carers."

People and their relatives felt involved in making decisions about their care. One person told us they were involved "right from the start." They told us they spoke with the agency about what they wanted and how they wanted it and the agency produced a care plan based on this. They told us staff were "wonderful" and really listened to the details about how they liked things, such as all staff knew what colour towel they preferred. They felt able to talk with staff at any time if they wanted any changes. A relative told us the agency welcomed their suggestions.

One person told us each member of staff "is well loved." There was evidence of positive relationships. A relative told us "They have the correct mix of professionalism as well as being friends." We asked a member of staff what they did to ensure they did their job well. They told us they listened to people and people have care plans based on what they want. They also told us that people have a say in which staff supported them. The registered manager explained that some people get on better with some staff so they match people to staff that they know they like. We saw that when people have told management that they are unhappy with a member of staff then the member of staff has been reallocated. For example one person found a member of staff "too bubbly." The registered manager told us they would always address any issues with staff if they had any concerns about their practice.

People told us they had got to know staff well and they had regular staff which meant they could build up relationships with them. One person said they received a weekly rota which was helpful to them as it gave them "continuity of care and I know who is visiting me." Another person told us that the continuity of care was very good and staff had got to know them well. This meant that people were supported by staff who knew them well and they had established positive relationships.

We observed camaraderie between staff and people, which was personal to the individual. Staff responded to people in such away which demonstrated that they had talked with them previously about similar topics, such as one person was talking about a family member. The member of staff was able to respond to the person about their family and usual routines. The person was impressed with the member of staff's recall and commented "How do you remember all of the details?"

A relative told us the visits are not just about providing personal care. They told us their loved one looked forward to talking with the staff and the social contact was as important for them as the personal care. They told us staff made this possible because of how they were, for example they got to know their loved one as an individual, they were respectful and interested in them and had time to have a chat.

People told us staff go "over and beyond". One person told us one of the staff always brought their local newspaper when passing even though it is not part of their remit. Another person told us that staff brought them fish and chips on a regular basis. A relative told us that if they were not feeling well staff would offer to go to the shop for them even when they were going off duty. One member of staff told us they were part of a community and they "don't just see people as work." They explained they care for people and work does stop as soon as the person's "time is up." Another member of staff told us "I am proud of our work we do everything to the Nth degree to make people comfortable."

Staff were respectful and supported people to maintain their privacy and dignity. One person told us "Staff respect my privacy and dignity and offer me choices." Another person told us staff treated them with respect and "upheld their dignity at all times." People told us that as well as being offered choices they are given time, one person told us "It doesn't matter if I'm a bit slow, the girls are so kind."



Our findings

The service was responsive. People had detailed care plans based on how they wanted to receive care and support. They were tailored to meet the needs of people as well as to take into account people's individual likes/dislikes and preferences. People felt involved in the care planning process including when they were reviewed. One person told us "I have a care plan and I contribute to it." People knew where their care plans were kept; one person told us "Mine is always in the same place, so I know where it is and so do the staff." They went on to explain they can read what staff have written about them and feel that staff communicate with them very well. If people had difficulties communicating this was reflected in their care plan. Such as one person was unable to communicate verbally, staff told us they used different methods to communicate with the person such as a yes/no chart. Another person told us they always read what care staff write and it was always clear and accurately reflected the care that staff have provided.

The manager told us they had redone people's initial assessments and care plans using a new format. They had reviewed the care record documentation as part of their improvement planning and had designed it to reflect the requirements of the CQC as well as to ensure they were individualised and person centred. They told us they had "Simplified information and made it easier for staff." Staff told us people's care plans enabled them to be able to provide the support that people needed and identified people's preferences.

The co-ordinator told us they organised reviews with people in their own homes. Relatives would be invited when appropriate such as if the person lacked capacity to consent to care and support. They told us that sometimes following a review the person would need either an increased package of care or would need a reduction. They told us when necessary they would liaise with the local authority so the package of care could be amended. One relative told us extra visits had been provided when needed and that meant their loved one was able to continue to be supported in their own home.

Care plans were holistic, which meant they considered the person's physical, psychological and social needs. For example one person required personal care such as support to have a shower and get dressed. The care plan also identified that the person had experienced mental health problems in the past and the care plan indicated how staff needed to monitor and report any concerns which may indicate the person needed additional support.

People were provided with a welcome folder when they began with the agency which included the complaints policy, people and their families told us they knew how to complain. One person told us they would contact the registered manager who was very friendly and approachable and would deal with any

concerns straight away. Another person who had been with the agency for four weeks told us they had received a visit from management to establish if they were happy with the service and if they wanted anything done differently. Complaints were logged and dealt with in accordance with the policy and there was a satisfactory resolution. There had been four complaints in a three month period.



Our findings

The service was well led. The previous registered manager, deregistered with the CQC in March 2015. The current manager had initially worked as a team leader within the service and had been promoted to the role of manager. Their application to be registered was ongoing and they were waiting for checks to be completed. They had a good understanding of the people they provided a service for. They were motivated and energised to continually make improvements to the service and were keen to get people's views on board. For example they had recently conducted a quality survey for people to express their views of the service. People told us they had completed the survey and we saw that people provided positive feedback. The manager was supported by a coordinator who had responsibility for planning people's visits and allocating staff. There was also a book keeper based within the office team who was first point of call if people needed to discuss invoicing.

As well as using the survey as a way of receiving feedback, the manager and coordinator actively involved people in making decisions about their care and checked that they were happy with the care they received. The coordinator told us they continued to work "hands on" to ensure they kept in contact with people.

The manager had a good understanding of the challenges faced in the provision of care and support for people in their own home. They ensured that people received their visits in a timely way and there was sufficient time allocated between visits. The manager understood the importance of investing in staff so that they had the right staff to deliver quality care and support. They ensured staff had a grounding in basic care as part of their induction and provided them with support and ongoing training thereafter. The manager maintained contact with people and relatives who used the service.

People told us they could contact the office at any time. People and their families described the registered manager as very approachable and one person commented that the registered manager knew all about their care needs. The registered manager was visible within the team and people and relatives told us they had had regular discussions with them. One person described the agency as "A very good agency, there is good communication." This was supported by other people we spoke with who also added that they believed the agency worked well because of the leadership and a management. One person described management as "good and in control."

Some people told us they chose the agency following other people's recommendations or because their loved one had received support from them. One person told us "It's a very good firm; I can phone the office or pop in anytime."

Staff told us management were approachable and supportive. One member of staff told us they felt under pressure when they first started to work unsupervised. They spoke with the registered manager who arranged for their visits to be spaced out to allow them more time. They were also given support with driving in rural areas which the member of staff was finding difficult. Staff told us they get a lot of support and one member of staff told us they "feel part of a group." Staff described feeling proud working for the agency and had a shared goal of ensuring people received a good service.

There were regular staff meetings which were used for sharing information, such as timekeeping, training and care plans. Staff told us the staff meetings were helpful and they could discuss issues if necessary, such as if they had any concerns about how their visits were scheduled.