Brunelcare

Brunelcare Domiciliary Care Services 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

This inspection took place on 11 and 12 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

The last inspection of the service was carried out in February 2014. No concerns were identified with the care being provided to people at that inspection.

Brunelcare provides personal care to people living in the Sedgemoor areas of Bridgwater, Highbridge, Burnham-on-Sea and surrounding villages. At the time of this inspection they were providing personal care for approximately 480 people. They provide a re-ablement service, supporting people to return to independent living, and a core team service for long term personal care packages. They also provide a domestic service to people living in their own homes.

There is a registered manager in post. 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 who received personal care and support from Brunelcare told us they were happy with the service provided. They said the manager and staff were open and approachable and cared about their personal preferences and kept them involved in decision making around their care. One person said, "I know I can ring the office and they will listen, they are all very nice and I can even talk with the supervisor if I want to." Another person said, "They are very good, they listen to what I want and that is what they do. They know how to look after me which is most important."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. One person said, "I always see the same team of staff and they never make me feel rushed." Another person said, "They are all very good I know who is coming and if someone is running late they always ring and let me know."

People's care needs were recorded and reviewed regularly with team leaders, senior care workers and the person receiving the care or a relevant representative. All care plans included written consent to care. Care workers had comprehensive information and guidance in care plans to deliver consistent care the way people preferred. One person's care plan clearly showed how they liked a later call as they liked a lie in in the mornings, whilst another person's showed they needed an early call so they could follow their social commitments.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with care workers during our home visits.

Staff told us they received "excellent" training, staff attended the organisations mandatory training which included regular updates of subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. They also attended training in areas specific to people's needs such as diabetes care, stoma care and awareness of Huntingdon's chorea. Staff were also supported to attain a nationally recognised qualification such as an NVQ or diploma in health and social care

Brunelcare's key philosophy is "Helping people make the most of their lives." The registered manager also had a clear vision for the agency which was to provide a service that, "across the board provided good, consistent, and flexible care for all customers. Learning from mistakes and making sure we share and pass on what we learnt to our other services." Their vision and values were communicated to staff through staff meetings and supervisions. All the staff spoken with were passionate about providing care that supported people to achieve their goals and maintain independence.

Most people were able to access health care professionals independently but assistance could be provided if requested. Staff monitored people's health with their consent and could direct to healthcare professionals as appropriate.

The agency had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the manager and senior staff. Records showed the agency responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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 were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included specialist training specific to complex care needs.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and went the extra mile to make sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

People were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

The vision and values of the service were understood by the staff and these made sure people were supported to achieve their goals and remain independent.

There were systems in place to monitor the quality of the service and any shortfalls identified were addressed promptly.

There were robust contingency plans in place to deal with staff shortages and adverse weather.

Brunelcare Domiciliary Care Services 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.

This inspection took place on 11 and 12 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed 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 plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

The last inspection of the service was carried out in February 2014. No concerns were identified with the care being provided to people at that inspection.

This inspection was carried out by one adult social care 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 or has used this type of care service.

Brunelcare provides personal care to people living in the Sedgemoor areas of Bridgwater, Highbridge, Burnham-on-Sea and surrounding villages. At the time of this inspection they were providing personal care for approximately 480 people. They provide a re-ablement service, supporting people to return to independent living and a core team service for long term personal care packages. They also provide a

domestic service to people living in their own homes.

We visited seven people in their homes. We spoke with seven staff members individually and observed how staff interacted with people during home visits. We spoke with the registered manager, the community services manager and the training administrator. The expert by experience spoke with fourteen people using the service and three relatives over the telephone

We looked at records which related to people's individual care and the running of the service. Records seen included seven care and support plans, both in the office and those kept in people's homes, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Good

Is the service safe?

Our findings

Everybody we spoke with said, they or their relative felt safe with the staff that supported them. One person said, "I always feel safe when they visit, and they always leave me feeling safe as they make sure the house is secure." Another person said, "Yes I feel safe why wouldn't I? They are all very nice and very polite." Everyone spoken to over the telephone said they felt comfortable and at ease with the way they were supported.

People were protected from harm because staff had received training in recognising and reporting abuse. Safeguarding training was included in the induction process for all new staff before they began working with people alone. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly recorded in people's care plans. One staff member said, "The team are all very proactive in dealing with anything you bring to them. They always act straightaway and I have no concerns that people would not be safe."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the agency. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records showed that new staff had not commenced work until all checks had been received by the registered manager. One staff member said, "They checked all my references and I couldn't start working with people until the criminal check was through, then I shadowed other staff anyway."

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The supervision records for one staff member showed they had completed their work sooner than expected. The senior care worker discussed with them how they could spend this time socialising with the person rather than leaving early to go to their next visit. Everybody said they received care and support within the time agreed. One person said, "I have no worries that I am being rushed they take their time." The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "It happens, it's not a perfect world, there's traffic and sickness but it's never a major problem." Another person said, "If they are going to be late due to traffic or issues at another visit they always ring and let me know".

Most people spoken to over the telephone knew who to expect, receiving a rota each week and one person said, "It always tallies with the sheet".

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, one person was at risk of not eating a suitable diet. There was clear information for staff on how to encourage snacks and to record all meals offered and what was actually eaten. We observed staff encouraged this person to eat and provided adequate fluids and a snack of their choice within easy reach when they left. Risk assessments in respect of assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk. A record was maintained of when equipment was serviced and the next service date to ensure all equipment was safe to use for both the person and staff. Staff induction training encouraged staff to ensure people were able to take reasonable risks, for example the training stated. "People need to be allowed to take risks. Don't stop people showering – use rubber mats, grab rails, seats. Don't stop people making hot drinks – use a kettle cradle." This meant people were encouraged to maintain as much independence as possible with non-restrictive practices in place.

Staff informed the team leaders if people's abilities or needs changed so that risks could be re-assessed. We saw care plans had been up-dated following changes in the risk assessments.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the team leaders so appropriate action could be taken to reduce the risk of repeated incidents ensuring people maintained a safe environment.

Some people required assistance with their medication. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. All staff were trained in managing medication. The area team leaders assessed staff competency during spot checks, if they had any concerns the staff member would be referred for follow up training. Team leaders confirmed some calls could be time critical to ensure people had the correct therapeutic gap between each dose to ensure best outcomes for them. During one visit we observed the senior care worker discuss with one person and their relative how they could support the person to eat at the correct time for their insulin.

The provider information return, (PIR) stated the service had, "Recently reviewed and developed our medication error protocol and developed a central registry to ensure that errors are dealt with and administration is safe for all of our customers". One team leader explained how they managed medication errors and how the new protocol had reduced the number of occurrences. Actual errors for administering medication was very low, however the protocol meant all missed signatures for the application of creams was also included. Although this made the incidents look high it had worked as a guide to staff for all medication records. Supervision records showed staff who had missed a signature for creams were reminded of the medication protocol. Frequent missed signatures by an individual resulted in a revisit of the medication training and re assessment of their competency.

The agency had a robust contingency plan in place to make sure people in need continued to receive a service if adverse weather was experienced during the winter. Local care workers were identified for people they could walk to. They also had access to four wheel drive vehicles. Each person had an assessment of the

level of need they may require in bad weather and agreements were in place with relatives about who would manage to provide care in such situations.

People confirmed staff used personal protective clothing to ensure they were protected from infection. We observed staff used gloves and aprons appropriately and washed their hands before preparing food and after providing personal care.

Good

Is the service effective?

Our findings

People received effective care and support from well trained staff. Everyone said staff knew what they were doing and their needs were met. One person said, "They all do the right thing," and another person who had specific health needs said, "They look after me and they are knowledgeable about what I need, and they are very very good".

The registered manager confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. All staff new to care completed the full care certificate programme. New staff who had previous experience in care were asked to take the care certificate assessment so the registered manager could be sure they were experienced enough and if they required any further training. All new staff received comprehensive training in the agency's essential subjects before working with people in their homes. The registered manager and training administrator explained how they had changed their induction process following staff feedback. The changes enabled staff to carry out classroom training, and then have time to absorb the information and put any new skills into practice whilst working with a mentor on shadow shifts. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One staff member said they had been able to discuss their confidence in working alone in supervision before they stopped shadowing staff. They said, "It was all a case of having confidence in my own abilities because the training and support was brilliant".

People were supported by staff who had the skills and knowledge to meet their needs. All staff confirmed they had access to plenty of training opportunities. Staff said, "brilliant", "exceptional", "best I've had". The organisation training included annual updates of their mandatory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Records showed all staff had attended all the mandatory training. One team leader confirmed if staff were behind with their training, and continued to fail to turn up to training booked for them, they would not be allocated care shifts, as they needed all staff to be competent in their roles. Care staff were also offered the opportunity to attend training in end of life care and other areas specific to people's needs. For example, training in the understanding of Huntingdon's Chorea had been arranged. One staff member explained how they had requested a more in-depth course for the management of diabetes. They said, "It was provided very quickly, and was of great benefit as we had a very good understanding of what to look for when a person might be experiencing a hypo or hyper glycaemic crisis (low or high blood sugar levels)".

Staff were supported to obtain nationally recognised qualifications such as NVQ or diploma in health and social care. One staff member said, "They invest in their staff team, they provide training in anything you might need to do a good job, and they are open to training towards promotion within the organisation." Of the 188 staff employed at the service 116 (62%) had completed an NVQ or diploma.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks. One team leader explained how they carried out shadow visits with staff and unannounced spot checks. They

said, "I sometimes go out as the double up when two care workers are needed. This means I can observe the care worker in a natural setting and experience what it is like for them supporting the person. It could lead to changes in working practices to improve the experience for the person and staff if needed." Meeting minutes showed team leaders had introduced the medication error protocol and discussed its importance with staff. Supervision records showed senior care staff and team leaders met with care workers and managed time to discuss working practices and any training needs or requests.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. One care plan clearly stated the person preferred to eat their breakfast sat at the kitchen counter, whilst another identified the type of food the person liked so they could persuade them to eat a well-balanced diet and maintain their weight. All care plans ensured staff were reminded to make sure adequate fluids were in reach when they completed their call. During our visits staff offered to make people a cup of tea or coffee and get them a snack if they required one.

People only received care with their consent. Care plans contained copies of up to date consent which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see a Lasting Power of Attorney certificate so they were sure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection nobody was being deprived of their liberty. However the team leaders and the registered manager all had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

People were supported to see health care professionals according to their individual needs if they informed the agency they required assistance. Some people did not have families living close enough to provide this support. The agency would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed. Some people said they received support from their relatives to attend appointments.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. The majority of people spoken to over the telephone were extremely happy with the service and words such as "very friendly", "very nice", "very pleasant" and "helpful" were used to describe the care workers. A lot of people said the service was very good. Comments included, "They are spot on, they're good, very good, and very social", "I find them all very good". Another person said, "They are also very calming". Overall people said they felt listened to and that staff had time to do what was expected. Another person said, "If I wanted them privately I would go to them". One relative said, "I am very pleased with the service provided by Brunelcare for [person's name]. I always know I can rely upon them to work well, efficiently and with empathy for [the person's name] needs".

More than one person said the staff went that extra mile for them. Records showed staff had dealt with a problem with a piece of equipment in a person's home. They were unable to help the person to bed until the piece of equipment was repaired. The team leader explained, "The care workers contacted me with their concerns and we arranged for the out of hours team from the loan company to come and repair the equipment. Then we went back at midnight when we could help the person to bed. We couldn't leave them until the next call". On another occasion the relative caring for a person was taken into hospital and staff refused to leave the person requiring care until the team leaders had arranged respite care for them.

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out. However, we did observe all the staff we travelled with offer the person a drink and ask if there was anything they could do whilst they were there even when it was not a scheduled visit. One person we visited said, "They are wonderful, very kind and caring. They always ask if there is anything else they can do before they leave". As we were leaving the care worker said, "Is there anything else I can do before I go". The person looked up and said, "See I told you didn't I?" and laughed with the care worker. Another person we visited said they liked to be very independent but had been unable to replace their duvet cover, they said, "All I did was ask [the care worker's name] to help do it, the next thing I knew the bed was made and the duvet cover replaced, excellent."

People commented on the consistency of the staff team. Everybody told us they had a team of staff whom they knew and could rely on. One person said, "I know who is coming and I have the same team every week, it sometimes changes for holidays and sickness but that is to be expected." Another person said, "I like it that I know the people who come to help me." One relative said, "The carers who come are ones from the same team, which provides [the relative] with the reassurance of continuity. They are not confronted by different people all the time, and have regular carers. New carers are normally introduced before they come on their own and that is very much appreciated by my [relative] and by me".

People said the carers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice.

The agency kept a record of all the compliments they received. The registered manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All

staff would also be informed of general compliments received. We looked at complimentary letters and cards that had been sent to the agency, people and relatives thanked care workers for the time they had put in and the support they had provided. People's comments were also recorded at their care plan reviews, in one record the person said, "I can't praise the service enough the girls are wonderful. They do a super job and it cheers me up when they call."

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Either the team leaders or senior care workers visited people to carry out a review of their care plan. People were always involved in the reviews and the review form included questions about how happy they were with the care and support or if there were any changes they would like made.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. People were able to choose how much support they required and when it was delivered. One person said, "I am more than happy with the support I receive, I can say if I need any changes and they are good at listening." One relative said, "They all know exactly how to care for [the relative] and exactly what their needs are."

Staff had a good knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after. During one visit the care worker noted the person had swollen and reddened legs. They talked to the person about the observations and suggested a doctor visit. The person at first said it was not necessary but the care worker explained very clearly how they may need medication to help relieve the redness. The person agreed and a doctor's visit was arranged. The care worker recorded the conversation and observations so other care workers would know what had been done they also informed the team leader of the change in the person's health needs. This meant the person could be assured all staff would know of the health issues and follow up at later visits.

During our visits we met two people who had memory problems. Staff had whiteboards and calendars to record the day and date, any planned outings or visits from family and friends and to let people know the name of the person they could expect to see that day and at what time. We observed one person repeatedly consulted the whiteboard to reassure themselves of the day and the staff members visiting. They told us, "I sometimes get in a muddle and it is really good that I can look and see who is coming. I know all the girls who visit me so there are no surprises."

One team leader explained how one person they supported was recovering from a fall. They explained that the fall had knocked their confidence and they had decided they did not want to go outside. The team leader had arranged for the support package to include a daily walk outside with a care worker to increase the person's confidence and mobility.

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural needs. One care plan clearly stated, "I like to stay in bed late morning…" Visits to this person were later in the morning to meet their preferred time of getting up. During our visits one care worker explained how the person preferred to receive their support and this was clearly recorded in their support plan.

People said they could express a preference for the care worker who supported them. One person had stated they did not want a male care worker. This was clearly recorded and records showed the agency respected the person's request. We spoke with this person and they confirmed they did not receive care and support from a male care worker. They said, "I'm 94 now and I really don't like the idea of a man or young lad coming to look after me. I like the girls and they all know what I like best." One relative explained how the person had not liked a specific care worker due to a "personality clash," They said, "[the relative] mentioned

it to the supervisor and they discreetly managed it so that the care worker did not visit again." This meant people felt they could maintain some control over the staff who supported them.

People's care needs were assessed on their first meeting with the team leaders or senior care workers. All needs were discussed and the initial package agreed with the person or a relevant person if they were unable to take part. The team leaders and senior care workers confirmed they would discuss with the person the support they were able to provide. If they felt the agency could not meet the persons' needs they would signpost them to another agency who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. Following the initial visit care plans were developed outlining how their needs were to be met.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about. One care plan was very clear about the person's goal which was to remain as independent as they could in their own home. Another was very clear about the importance of their religion to them so care hours could be arranged so they could attend church.

People said they felt they could complain if they needed to and the agency responded to their concerns. One person said, "I've never had to complain but I know how to, they all seem to listen to what you say." Another person said, "I did mention about one of the carers who finished early and they sorted that out for me, nobody leaves early now." Records showed issues were responded to within the correct timescale and learning was put in place for staff if necessary.

Good

Is the service well-led?

Our findings

Everybody spoken to said they felt the agency was well managed. People said they felt they could contact the service at any time and staff were polite and helpful. One person said, "When I contact the office they are all very nice, we are on first name terms and they always send me an email to confirm what we talked about. Another person said, "I have spoken to the person in charge several times, they are very nice and take the time to listen and then you find they have done what you asked them to, can't ask for more than that can you?" One relative said, "Good communication, continuity, regular carers and kindliness as well as actual care provision is vital and in my opinion Brunelcare are currently delivering that standard of service well."

People and staff said the registered manager was very open and approachable. There was an open door policy at the office and throughout the inspection staff came to the office to speak with the registered manager and team leaders. All the feedback we received about the service was very positive and each person, without exception, told us how valuable the service was to them.

There was a staffing structure which gave clear lines of responsibility and accountability. In addition to the registered manager there was an operations manager, a community services manager and a training administrator who managed the training records. The registered manager had organised the care workers into smaller teams so they had their specific geographical areas to provide care in. Each area had team leaders and senior care workers. The team leaders were responsible for planning the rota and ensuring people received the care and support they required. Senior care workers also supported the team leaders in providing hands on care as well as reviewing care plans and supervising staff. Senior Care workers were allocated five hours a week as administration time to enable them to carry out the non-care duties. Team leaders were the first point of call for people if their rota was incorrect or they required a change to times of visits. This meant people had a consistent team of staff providing their care and people had managed to build relationships with the care workers who visited them. One person said they knew all their care staff but also had regular conversations with the "supervisor." The team leader for one area confirmed people had their mobile number so they could contact them directly if they needed to.

There were effective quality assurance systems to monitor care and plan ongoing improvements. All staff confirmed team leaders and senior care workers, visited either unannounced or worked with them, so they could speak with them and people about the way they might be able to improve the care package in place. The team leaders carried out monthly audits of care plans, medication records and daily diary entries. Any issues were highlighted to the registered manager and staff. Additional training could be arranged if it was considered necessary.

Where audits identified shortfalls an action plan with dates was put in place. For example we saw the measures put in place to ensure key safe codes were protected. Staff were informed to spin the number bar so the code was not on top when they left the property. Following a spot check with one care worker a note was made to discuss the importance of accurate records about the timings of visits at their next supervision.

We spoke with the registered manager and staff team about the culture of the organisation and discussed

the vision, values and ethos of the service. These focused on Brunelcare's key philosophy of "Helping people make the most of their lives." The registered manager had a clear vision for the agency which was to provide a service that, "across the board provides good, consistent, and flexible care for all customers. Learning from mistakes and making sure we share and pass on what we learnt to our other services." Their vision and values were communicated to staff through staff meetings and supervisions. All the staff spoken with were passionate about providing care that supported people to achieve their goals and maintain independence.

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There was a commitment to providing high quality care which was tailored to people's individual wishes. For example, supporting people to receive care and support at the time they wanted so they could have a lie in in the morning or be up and dressed ready to go to church or the day centre. One team leader said, "We can't always provide the support at the time the person requests but we always agree to work towards attaining that goal as other people's needs change." People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys. Care workers told us they felt the emphasis on listening to the wishes of people was important to them and the registered manager.

All the staff we spoke with were professional, open and enthusiastic about their role and working for the organisation. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with effectively and sensitively. They told us they felt proud working for the service and enjoyed coming to work. One staff member said, "I really enjoy working for Brunelcare, they are a good company to work for and really value their staff." Another staff member said, "They are a good team to work for and they recognise their staff are human as well."

The registered manager looked for ways to continually improve the service and keep up to date with current trends. They were involved with the local care providers association who offered advice and support, and the registered manager's network which they said was very useful. The organisation's managers also met regularly to discuss issues and new legislation and to share learning from audits, compliments and complaints.

To the best of our knowledge, the registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.