

Bramble Homecare Limited

# Bramble Home Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bramble Home Care Limited is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 49 people who received personal care at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person who received personal care. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### People's experience of using this service and what we found

We found improvements were needed to ensure people's risks were assessed and mitigated in areas such as diabetes, health appliances care and moving and handling tasks. Records relating to the assessment and management of people's risks required improvement to ensure staff had access to complete and up-to-date information to keep people healthy and safe.

We found that improvements were needed to the provider's quality monitoring systems and processes, including the monitoring of care call delivery and care records.

We did not find that these shortfalls had impacted on people's care. The provider had identified areas that required improvement through their own quality monitoring and had developed an improvement plan. However, further time was needed for the registered manager to embed and complete their improvement plan before we could judge it to be effective in bringing about the required improvements.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The majority of people and relatives we spoke with told us they felt safe and cared for by the service.

Staff understood their responsibility to report concerns and poor practices. Staff knew how to report any incidents or accidents.

Staff understood their role to wear Personal Protective Equipment (PPE) in line with government guidance.

Systems were in place to engage with staff and people who use the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 21 December 2020).

#### Why we inspected

The inspection was prompted by concerns received in relation to the quality of care and the management of the service. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bramble Home Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches of regulations in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bramble Home Care Limited

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors and 2 Experts 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 houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 July 2023 and ended on 11 July 2023. We visited the location's office/service on 6 July 2023 and 10 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 14 December 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke to 5 people who use the service and 10 people's relatives about their experience of the care provided. We spoke to the director of operations and business development, the owner of the business, the registered manager, the training coordinator, the field care supervisor and 7 care staff.

We reviewed a range of records. This included 7 people's care records and medication records. We looked at 5 staff files in relation to staff recruitment, training and support, and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People's individual risks had been identified, however the assessment of risks and the control measures to mitigate the risk had not been comprehensively recorded. While staff were aware of people's risk, not all staff were confident in describing how they would support people with managing their risks.
- For example, the assessment and support requirements for people with diabetes had not been identified and recorded. Therefore, staff may not fully understand how to support the person safely, including how to identify if their diabetes was becoming unstable and where to escalate any concerns.
- Other examples included assessments and support guidelines for people who had health appliances in place, people who were at risk of falls and those who had bed rails in use. Therefore, staff may not fully understand how to support people safely, including how to identify and escalate concerns. Staff were not provided with formal training on how to support people with their health appliances.
- The risk management plan for one person who may experience behaviours that challenged due to their diagnosis of dementia was not in place. This meant that staff may not fully understand how to support the person safely and how to keep themselves safe.
- People who required support from staff with their moving and handling had risk management plans in place, however these were not detailed such as describing the sling loops staff should use when hoisting a person. Staff had received moving and handling training and were able to describe to us how to safely hoist people. However, people, their relatives and staff shared that safe moving and handling practices were not always followed which indicated staff were not always applying the training received. This put people of risk of not being supported with hoisting safely.
- The management of people's medicines had not always been recorded and updated in the care documentation when people's support requirements changed. This meant staff did not have clear and up to date guidance through the care documentation about their role in supporting people with their medicines, such as who was responsible for administering people's medicines.
- Good practice was not always followed when staff transcribed people's medicines instructions onto their MAR charts. This increased the risk of medicine errors occurring.

Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service and the management of their medicines. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As part of their appraisal of the service the management team had recognised that care documentation was an area that required further improvement and that the office team required upskilling to achieve their required standards of care planning and risk assessment.
- The service had a medicines policy which staff could refer to. Staff had been trained in medicines management and their competency was assessed.
- The provider discussed with us the action they were planning to take to ensure moving and handling best practice was embedded across the service. The management team was also planning to deliver specific training related to people's health appliances to the staff team.
- The service had recently introduced an electronic medicines administration recording system. They were auditing and monitoring this system on a daily basis to identify any errors and areas of development. Learning was being shared with staff through an internal letter which had been prepared based on the findings from these audits.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse. Staff had been suitably trained in safeguarding.
- Staff had access to the provider's safeguarding and whistleblowing policies to guide them in the actions they should take if there were concerns or an allegation of abuse.
- The provider had systems in place for when people did not answer their door, or refused care, to ensure the person's safety. Staff were aware of the actions they should take should this situation occur.
- People and their relatives told us they mostly felt safe when supported by the staff.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and staff were receiving related training.

Staffing and recruitment

- The service safely recruited staff and carried out pre-employment checks to ensure people were cared for by suitable staff.
- The provider and registered manager are working in a sector with significant work force challenges. Recruitment was ongoing to fill staff vacancies and grow the service. The service was using agency staff to maintain the assessed staffing levels, existing staff worked flexibly and the office staff and registered manager supported staff and covered care calls if needed.
- Systems were in place to plan the timings of people's care calls and the staff who supported them.

Preventing and controlling infection



- Staff had been trained in safe infection control practices and had access to personal protective equipment (PPE).
- Staff were able to tell us how they put on and took off their PPE in accordance with best practice guidance.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. They had access to an on-call system which provided support outside office hours.
- Accidents and incidents were recorded, and actions were identified, when needed, to help minimise the risk of reoccurrence for people.
- We discussed with the registered manager about the benefits of introducing additional system to record and monitor incidents of behaviours so any trends or patterns could be highlighted, and risk management plan could be reviewed with appropriate actions staff should take.

# Is the service well-led?

## 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a system in place through which people's care was reviewed every year or when significant changes happened, such as following hospital admissions. However they had not introduced a system to audit people's care documentation in the interim to ensure information, particularly related to risk management was complete and contemporaneous.
- The service had a matrix in place through which they monitored that people had the necessary care documentation in place following the commencement of their care package, however this had not been effective in identifying the shortfalls we have found in relation to people's risk management.
- The service had recently introduced an electronic medication administration system and they were auditing this daily to pick up on any concerns in relation to medicines administration. However, the medicine audits completed of the paper-based MAR charts had not identified concerns relating to medicines not being administered in line with the time transcribed on the MAR chart.
- There was a service improvement plan in place and while some of the actions had recently been implemented, others were in the process of being implemented and their effectiveness assessed. Some time was needed to complete the planned actions before we could judge whether the provider's improvement plan had been effective in making and embedding the required and identified improvements.
- The service had various systems in place to monitor care call delivery such as live monitoring of the electronic system on a large screen in the office, calling the carers for updates, checking with the clients, crosschecking the client's daily notes as well as completing random spot checks on the staff. However, these were not always effective in highlighting the concerns we found at inspection and shared by people and their relatives.
- People told us they were not always informed if staff were running late and their calls were sometimes cut short and not always punctual. We shared these concerns and other more specific concerns with the management of the service.
- As part of our assessment of the service's electronic care call monitoring system, we identified instances when staff had not signed in to confirm they had attended care calls, inconsistencies in logging in and out times against the times allocated on the rota. The management team discussed with us the technical difficulties they have in certain geographical areas and challenges with the effectiveness in the way staff operate the systems the services used.
- The service had considered and identified systems through which they could improve the monitoring of

the care calls delivery and were considering purchasing a new electronic system, however these had not yet been implemented so we were unable to make a judgement about their effectiveness.

- Concerns we received also related to people not receiving a rota to inform them of which staff will be supporting them. The service told us they informed people of this through either rotas or some people received this information from the carers or by calling the office.
- While the service improvement plan identified some areas of improvement required in relation to people's risk management and care documentation, not all aspects such as the completeness of existing records were identified during the appraisal of the service and mitigation of risks while new systems and processes were being introduced.
- The service's audits identified shortfalls and areas for improvement and the management meeting identified action. However, there was not always a clearly documented record of the action taken or if these had been completed to ensure improvements had been made. Following the inspection, the service provided us with examples of this practice being embedded in their management meeting minutes.

The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's risks were not always maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The director of operations and business development spoke about the progress they had made in improving the service since they joined the service. They recognised that improvements were still to be made, but prided themselves on being in a better position than they previously were. This was reiterated by the owner of the business. The registered manager who had only been in post for a few months discussed with us about the improvements they planned to make to the quality monitoring of the service with a view to improve and better monitor the delivery of people's care.
- New roles and responsibilities had been identified within the newly formed management team to run the service and complete the improvement plan. The senior management, alongside the owner had developed new roles to which they were recruiting, such as a designated role to ensure a more robust staff induction process.
- The service was in the process of introducing a 6 monthly client quality review as they had recognised that completing this process yearly was a long time. We discussed with the service about considering a review of the person's existing care documentation as part of this process to identify if this was accurate, complete and up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and senior management had a clear vision of the improvements they wished to make to improve the service.
- The registered manager told us that they were aiming to promote a more open culture within the staffing team and hold open discussions. The registered manager was working alongside the care staff when required to help this process.
- Feedback from the staff in relation to communication with the management team varied. Staff were mostly positive about the support they received from the management team and most staff were confident to raise concerns and offer feedback. The registered manager and senior management, including the owner of the business offered us assurances in relation to the availability of the office and management team to engage with staff should they have any concerns. The owner of the business provided us with examples when staff had engaged with them.
- The registered manager told us they maintained good working relationships with partner agencies such as

the local authority and health and social care professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to be open and honest and to apologise if things went wrong.
- The registered manager and the director of operations and business development were open with us about the areas where the service needed to improve and about the steps they were taking to action these.
- Staff were aware of their responsibility to report any incidents or accidents involving the people who were provided with support.
- We saw evidence of how complaints and concerns from people had been responded to. Information was provided to clients about the service's complaints procedure in the client handbook.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gain feedback from people, their relatives and staff. People's views were gathered during reviews and through annual surveys.
- One staff member told us; "I really enjoy working for this company, the clients are brilliant, and the management is lovely and friendly" and others provided us with examples when they shared concerns and provided feedback to the management team and felt listened.
- The registered manager told us that the yearly people's survey had been sent to people or their relatives and they were waiting for the responses before analysing and actioning the feedback received.
- The management team held regular staff meetings and had a secure electronic communication system to ensure prompt and effective communication was managed within the team. Regular management meetings were also held, including meeting with the owner of the business.
- We have received mixed feedback from people and their relatives in relation to the communication with the office, such as not always easy to talk to due to the changes in structure and responsibilities and not always getting back to them. These concerns were shared with the management team. However, we also received positive comments which included; "Management are very much easy to talk to and approachable. They go above and beyond what is needed and have made my life so much easier for me" and "If they ever ring me about anything they are always really nice and polite to me".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service and the management of their medicines. This placed people at risk of harm.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's risks were not always maintained.</p> <p>Regulation 17(1)</p>