

Bramble Homecare Limited

# Bramble Home Care - Tewkesbury

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Bramble Homecare is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 100 people 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.

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

There had been a recent change in the management team of Bramble Homecare. The new team had identified that the effectiveness of the systems used to monitor the service had not been sustained and action was needed to improve the quality of care, staffing levels and the systems used to monitor staff development and people's ongoing care needs. As a result, they were implementing improved systems to monitor the service, however more time was needed to assess if the improved systems would be effective in driving improvements across the service.

Due to recent staff changes, some people had not always experienced care in a timely manner and in line with their care plan and visit schedule. Concerns had been raised with CQC about staff availability and punctuality. This was raised with the manager who was taking action to address the shortfalls in staff and was actively recruiting new staff or delivering care themselves.

People's care needs were assessed prior to receiving care from the service. Their care plans provided staff with information about their preferred routines and support needs. The management team were actively reviewing people's care plans and providing staff with more details about people's support requirements however further recorded information was needed to guide staff in the management of people's risks and medicinal creams. Progress was being made in identifying and addressing the training and support needs of staff and the reviewing of people's care plans. However more time was needed to monitor the effective and sustainability of the improvements being made by the new management team.

People and their relatives praised the caring nature of staff and told us all the staff were polite and respectful. People told us they felt safe amongst staff and that their privacy and dignity was continually respected at all times. 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.

Staff had been trained in safeguarding people and protecting them from harm. Any concerns or accidents were reported and acted on. The managers reviewed all incident and accidents and took action to reduce the risk of the incidents reoccurring.

The managers and staff were passionate about the care they delivered and were driven to improve the service. They worked in conjunction with families and other health care professionals to improve the lives for people. The management team monitored the quality of the delivery of care through staff observations and feedback from people while the monitoring systems were being developed to ensure people were satisfied with the care they received and to check that the care practices of staff were being maintained.

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 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### 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 - Tewkesbury

## **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 Care Act 2014.

### Inspection team

This inspection was carried out by an inspector and an assistant inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had no manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, a newly appointed manager was applying to be registered with CQC.

### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection as they may have been out supporting people.

Inspection activity started on 26 September and ended on 3 October 2019. We visited the office location on 26 and 27 September 2019.

### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 13 people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, manager, deputy manager, recruitment and training officer and three care staff. During the inspection we attempted to receive feedback from 40 staff members via email but only received a direct response from three staff members, although some staff (who wished to remain anonymous) contacted our national call centre to share their experiences.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at ten staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence that was found and the information that was shared with CQC.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

### Staffing and recruitment

- We received mixed feedback from people and staff about the management of people's visit schedules and punctuality of staff to support people. Throughout the inspection we received information of concern from several staff members about the availability of staff and that on occasions some people had not received their care in line with their care plan.
- Some staff reported that their visit schedules were satisfactory. They told us people received their care on time with no calls being missed and they were given sufficient travel times between people's visits. However, others reported that these working practices at times had not always been consistent. Most people told us that staff arrived on time or communicated if they were running late, however some people told us that this was not their experience. One person said, "We have a schedule from them, but it's more a guideline rather than exact time."
- The inconsistencies in people's experiences and staff feedback about their visit schedules was discussed with the new manager and deputy manager. They acknowledged that on occasions people had not always received care as scheduled due to unplanned staff absences. We were told they were gaining a better understanding of the systems used to schedule people's visits, plan for emergencies such as staff sickness and prioritising staff visits to people at highest risk such as in adverse weather conditions. They were also actively recruiting new staff to address staff shortages. However more time was needed to demonstrate that the actions being taken would be sustained to improve the experiences of all people who used the service and ensure their care needs and visits were consistently met.
- People were protected from staff who may not be fit and safe to support them. A dedicated recruitment officer had been employed to ensure that safe recruitment practices were being used. There was evidence that the employment and criminal histories of staff had been checked and verified and that staff with the right values were employed. The managers were reviewing staff recruitment records and taking prompt actions when any discrepancies were found.

### Assessing risk, safety monitoring and management

- People told us they felt their risks were managed well. Levels of risks and management plans associated with the moving and positioning of people and those at risk of falls had been assessed and recorded. For one person, a detailed recorded plan on how staff should support them with their mobility, use a wheelchair and any risks associated with their home environment was in place. This helped to direct staff in how to support them to minimise risks.
- However, more information was needed to guide staff in the management of people's clinical and complex care needs such as dementia, epilepsy and diabetes. The manager had implemented some general guidance on the management of specific conditions to provide additional guidance to staff as a result of our

feedback; however further time was needed to personalise the guidance to reflect people's individual support requirements and for staff to familiarise themselves with guidance such as guidance to manage seizures.

- Staff were aware of the prompt actions they should take if they were concerned about people's well-being, could not access people's homes or found them missing from their home. An on-call system enabled staff to access support if they were concerned about people's risks and well-being outside office hours.

#### Using medicines safely

- Comprehensive medicine care plans and risk assessments were in place for people who required support with their medicines. Information about family involvement in the management of people's medicines was recorded. However further guidance was needed to direct staff when they were required to apply medicinal creams and administer medicines as required.
- People's medicines administration records (MARs) were completed by staff and checked by the managers. Any discrepancies, errors or gaps in the completion of the MAR was raised with the staff member and monitored. Monthly graphs were produced by the managers to assist them in identifying any trends or patterns.
- Staff practices in the safe management of people's medicines were regularly assessed and observed to ensure people received their medicines as prescribed. Any shortfalls were addressed such as additional staff training.
- The manager planned to put risk assessments in place to help monitor people's abilities to self-medicate and for those people who were prompted by staff to take their medicines to assist staff in monitoring people's abilities to self-medicate.

#### Systems and processes to safeguard people from the risk of abuse

- The manager was aware of their responsibilities in reporting any concerns or incidents of abuse. All staff had received safeguarding training as part of their induction commencing work at the service. Refresher training was completed as required. The system used to monitor when staff had supported people with any financial transactions was being reviewed and improved to safeguard people from being financially abused. People confirmed that they felt safe being supported by staff.

#### Preventing and controlling infection

- Staff had been trained in infection control and effective hand washing techniques as part of their induction.
- Staff informed us they were supplied with personal protective clothing such as gloves and aprons to help to prevent the spread of infection. People confirmed that staff wore aprons and gloves when they were supported with their personal hygiene.

#### Learning lessons when things go wrong

- Staff understood their responsibility to record and report any near misses, medicine errors, incidents and accidents. Records of each incident were reviewed by the manager. The manager was aware of their obligation to be open and transparent if any poor practices had occurred. There was evidence that they had taken actions such as sharing the nature of incidents with other relevant agencies and provided additional staff training to improve safety across the service.
- Changes were made to people's care plans to reduce the risk of repeat incidents and shared with staff where required.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People continued to receive effective care based on current best practice for people. Their support requirements, preferred visits times and future care requests such as advance care planning (plans about future health) were assessed as part of people's initial assessment to ensure that the service could meet their needs. A combination of people's wishes, and their families and health care professionals' views were considered as part of the holistic assessment.
- People's care needs were assessed using internal standardised tools which helped staff to standardise and monitor the care and support people received. The managers were aware of the use of national standards assessment tools such as national food descriptors to help provide staff with current information and practices.

Staff support: induction, training, skills and experience

- People were supported by staff who had been given opportunities to professionally develop. Staff confirmed that they had received the training they needed to carry out their role. However, staff reported that they had not always received regular supervisions or been given the opportunities to discuss their practices or concerns such as at staff meetings. These shortfalls had been identified by the manager who was taking steps to improve the systems to support staff and was also sourcing external training in subjects such as dementia and stoma care to upskill staff to be more effective in their care delivery.
- A training officer had been employed to deliver a comprehensive induction training programme to new staff and identify gaps in staff training. They produced a monthly training plan to enable staff to be scheduled for training as needed. They delivered additional courses to support E-learning courses undertaken by staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People who required support with planning, shopping and preparation of their meals or needed support with eating and drinking had been assessed. Information and guidance from health care professionals and national guidance about people's dietary requirements informed people's eating and drinking care plan.
- People were supported and prompted to make healthier food and snack choices and avoid high sugary drinks and high fat meals and snacks. People told us they were supported to eat and drink in a dignified manner. Cultural and religious food preferences were met where required.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with each other, people's families and with other health care professionals to ensure people received care which was effective and met their support requirements. For example, staff worked in conjunction with occupational therapists and dieticians to ensure people received the support and care they required to assist them in living safely in their own homes.
- Staff helped to monitor people's well-being and access health care services and attend appointments if required and in a timely way. Relatives reported that they were informed if staff had identified a change in people's well-being. For example, one relative said, "They [staff] are very good in spotting in any changes and letting me know."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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 checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care and staff supported them to make day to day choices such as what to wear and eat.
- Staff care practices were underpinned by the principles of the Mental Capacity Act. They understood the importance of providing people with information about their care in an accessible way to enable them to make their own decisions such as showing them a selection of clothing to wear. One person told us how staff supported them and said, "They [staff] always ask what I want."
- Assessments were in place for people who lacked the mental capacity to make specific decisions about their care. For example, a mental capacity assessment and a best interest decision had been implemented for one person who was unable to retain information about their nutritional intake and complying to their dietary requirements recommended by a health care professional. The assessment had been recorded in line with the legislation.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by staff who treated them with kindness and compassion. We received comments about the caring nature of staff such as "Yes, they are all very nice"; "I will say the ladies are all first class" and, "Yes, they are excellent." The services compliments log also reflected people's views of the kind approach and nature of staff who supported them.
- The provider and managers promoted a caring culture throughout the service. The managers told us that due to staff shortages, they had delivered care to people which had given them a good insight into people's care needs and to receive any feedback about the service they received. The manager said, "It was a great opportunity to get a feel of the service and hear people's views and gripes."
- Staff knew people well and spoke positively about the care and support they delivered. They had taken time to get to know people and responded quickly if they found changes in people well-being.

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

- People and/or their relatives had been involved in the decision making about their support requirements and care package. They told us they were given the information they needed to understand the support they would receive from the service such as service user guides and schedules of the staff who would be supporting them.
- Staff worked in conjunction with people's relatives to ensure people received care which consistently met their support needs. People's care needs were regularly reviewed which gave them an opportunity to express their views about the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that their dignity and privacy was always respected when staff supported them with their personal care needs such as using a towel to keep them warm and cover up parts of their body during support with their personal hygiene. One person said, "They are good. They are all polite, they do respect my privacy, as much as they can. We were told that staff were respectful of their belongings and home and always consulted with them before supporting them with their personal care or carrying out household tasks.
- People's care plans reminded staff to respect people dignity and privacy at all times. Staff confirmed that they considered people's privacy and dignity while supporting people with personal care.
- Staff recognised people's potential and were passionate about helping people to retain their independence. They gave us several examples of how they encouraged and prompted people to retain and improve their independence such as with their mobility and making drinks.

- Staff used a communication application on their mobile phones to communicate any concerns or changes in people's well-being between the staff teams. The managers monitored the application to ensure that information shared was treated confidentially and respectfully.
- People's religious beliefs and culture was identified as part of their initial assessment. The managers explained that staff were sensitive to people's diverse needs and supported people in a non-judgemental manner.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which was centred on their care and support needs and preferences. Staff were knowledgeable about people's support requirements, preferred routines, backgrounds and levels of independence.
- Staff often worked with family members to support people with their needs. Staff were aware of their responsibility to report any concerns especially when people lived alone and the actions they should take if they found people unwell or missing from their home. Staff told us there was an effective communication system to share any risks and changes in people's well-being whilst people's care plans were being updated.
- People's personal and diverse needs were also assessed and protected in accordance with the protected characteristics of the Equality Act 2010 to ensure the service did not unlawfully discriminate against people.
- People's care plans provided staff with information about people's support requirements and preferred routines. The manager was making progress in reviewing people's care plans to ensure the management of their risks, personalised preferences and how people's health needs affected their well-being and their levels of independence was comprehensively recorded. We were told that the review of people's care records would also include evidence of people's involvement and the outcome of the assessment and support of people who lacked mental capacity using the principles of the MCA.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as large print for people who required this. The managers told us they would always respond to people's preferences of communication such as informing people of their visit schedule by telephone or in large print.

Improving care quality in response to complaints or concerns

- People and their relatives told us their day to day concerns were explored and responded to in good time. The managers and office team valued and sought people's feedback through methods such as telephone calls, surveys, staff observations, care reviews and if they were required to provide care to people.
- A log of complaints and the actions that had been taken to resolve the complaints was kept by the

manager and regularly reviewed by the provider. The managers told us all complaints and concerns were taken seriously and time was taken to reevaluate the service provision based on the theme of the complaint to drive improvements.

#### End of life care and support

- We were told by the management team that no one was being supported by Bramble Homecare who required end of life care and support at the time our inspection. The manager explained that they were evaluating the service's end of life policies, care plans and systems as well as the training and skills of staff to ensure they could provide safe and effective care and support if a person needed specialist end of life care.
- Plan were in place for staff to receive additional training in the principles of end of life care. This would enable staff to have a better understanding of their role when supporting people to manage their pain and end of life care and wishes.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A new management team had identified the actions that needed to be taken to meet their regulatory requirements and to improve the service. Since being in post, they had risk assessed the service and were working on a staged action plan including a recruitment campaign and improving staff engagement and development to ensure all staff had the skills they required to support people. However more time was needed to implement all the actions and assess if they were effective and sustainable to improve the quality and consistency of care for all people.
- The service had experienced a change in the management team which had partially changed the culture of the service. This had resulted in some staff leaving the service as well as some discontentment amongst some of the staff team. We discussed the concerns raised with CQC with the manager and nominated individual who acknowledge that there had been some inconsistencies in the recent management of the service and also during the transition period of the new management team. The manager explained that this had impacted on the quality of care for some people such as late calls and the occasional missed call or not being supported by the correct numbers of staff.
- We found sufficient evidence that the manager and provider had identified these shortfalls in the service and was taking action to address gaps in the service and under-performance and development of staff. In response to shortfalls in the quality of the service and changes in the management, the nominated individual had reviewed and taken action to safeguard the service to enable the new managers to evaluate and improve the quality of care being provided, staffing levels and development and the governance systems of service.

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

- Throughout the inspection, CQC received a number of anonymous concerns from staff members who were concerned about the recent quality of care being provided and the culture of service. We were unable to verify some of these concerns as not enough information was provided for us to request a provider investigation. However, this inspection examined some of the themes of the concerns and risks such as record keeping, staff availability and medicines management.
- The manager understood their responsibility to investigate any concerns raised, incidents and near misses and be open and transparent with people when things went wrong such as medicines errors. There was evidence that the service had taken appropriate action to address poor practices, improve systems and

notify the relevant agencies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The managers were making progress in implementing measures and systems to help them to effectively monitor the delivery of care to people and staff performance. For example, plans were in place to address the gaps in staff training and support meetings.
- The managers were able to monitor the quality of care during this period of development through staff observations and working alongside staff due to staff shortages.
- The provider and the management team provided assurances and evidence that they were making progress in implementing sustainable governance systems to assist them in monitoring the service. However further time was needed to assess if the systems they planned to use would be effective in monitoring the service and driving improvements.

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

- Due to the number of concerns raised by staff to CQC during the inspection, the manager agreed to take prompt action and provide staff with more opportunities to discuss their experiences to enable the managers to effectively address staff concerns and share the actions being taken by the management team.
- Staff told us the management team were supportive and approachable. The registered manager informed us that staff meetings had not been well attended and was considering other ways of engaging with staff.
- The provider valued people's opinions and feedback about the quality of the service and care provided. Annual surveys sent to people and staff enabled the provider to understand people's experiences and views of the service.

Continuous learning and improving care; working in partnership with others

- The manager was clear about their role and responsibilities with the aim to identify and address shortfalls in the service and drive improvement to ensure the service had safe and effective systems to improve the sustainability and outcomes for people and staff.
- The manager and staff engaged with local health care services, networks and forums to keep informed of local and national changes in the health care sector.