Braeburn Care Limited

Braeburn Care (Sevenoaks)

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 07 August 2018, the inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, older people, people with learning disabilities and autistic spectrum disorder, people with a mental illness and people who have a physical disability.

Not everyone using Braeburn Care (Sevenoaks) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 39 people receiving support with their personal care when we inspected.

There was 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.

Risks to people's safety and welfare had not always been well managed to make sure they were protected from harm. The management team took immediate action to address this. We made a recommendation about this.

The provider had followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles. Staff had attended training relevant to people's needs. They were provided with one to one supervision meetings and regular spot checks to ensure that they were putting their training into practice.

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

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. The service worked in partnership with health and social care professionals to ensure people received joined up care. People had opportunities to feedback about the service they received.

People were supported and helped to maintain their health and to access health services. Timely action had been taken when people's health needs changed.

Medicines were well managed. Staff had received medicines training. Medicines had been recorded adequately and medicines records were audited regularly.

People's care plans were clear for staff about how they should meet people's care and support needs.

Essential information about people such as their life history, likes, dislikes and preferences were included. Care plans had been reviewed and amended regularly to ensure they reflected each person's current need or specific healthcare needs.

People knew who to complain to if they needed to. The complaints procedure was available in the office and people had copies within their handbooks in their homes. Complaints had been handled effectively, the provider had made improvements as a result of complaints.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs.

There were suitable numbers of staff on shift to meet people's needs. People received consistent support from staff they knew well.

People's information was treated confidentially. People's records were stored electronically and were accessed by staff who had been allocated passwords.

People and relatives told us that staff were kind and caring. Staff treated people with dignity and respect.

People were supported at the end of their life to have a comfortable, dignified and pain free death. Staff were respectful, gentle and kind and did all they could to ensure people were not in pain.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

Staff used personal protective equipment to safeguard themselves and people from the risks of infection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Most risks had been appropriately assessed and mitigated to ensure people were safe. Accidents and incidents that occurred had been appropriately dealt with. Medicines were managed safely.

There were enough staff deployed to meet people's needs. The provider had followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

Measures were in place to minimise the spread of any infection. Staff used personal protective equipment to safeguard themselves and people.

Is the service effective?

Good

The service was effective.

Staff had completed training to help them meet people's assessed needs. Staff received regular supervision.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people to make decisions. People's choices and decisions were respected.

People received medical assistance from healthcare professionals when they needed it.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

Is the service caring?

Good

The service was caring.

People and their relatives told us they found the staff caring, friendly and helpful.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect.

People's information was treated confidentially.

Is the service responsive?

Good

The service was responsive.

Care plans were in place, these were person centred and clearly detailed what care and support staff needed to provide. Care plans had been reviewed and amended when necessary.

People's end of life wishes and preferences had been discussed when it was appropriate.

People knew how to complain. Complaints procedures were detailed in each person's handbook and guide to the service. Complaints had been handled effectively.

Is the service well-led?

Good

The service was well led.

Systems to monitor the quality of the service were in place. The provider's vision and aims had been communicated clearly to staff and to people using the service. It was clear that the vision and aims were being met.

Systems were in place to enable staff, people and their relatives to provide feedback.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff felt the registered manager was approachable and would listen to any concerns. Staff felt well supported.

Braeburn Care (Sevenoaks)

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.

The inspection site visit activity started on 07 August 2018 and ended on 30 August 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector. The inspection included visiting people in their homes, shadowing staff providing care, talking with relatives and phone calls to people and their relatives. We visited the office location on 15 August 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection, we asked the provider to complete 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 also reviewed notifications that the management team had sent. A notification is information about important events which the service is required to send us by law.

We observed staff interactions with four people and observed care and support in communal areas. We spoke with eight people who received care and support and three relatives. We spoke with six staff, which included care staff, a field care supervisor, the registered manager and the provider's nominated individual who was one of the company directors.

We requested information by email from local authority care managers, occupational therapists and commissioners who are health and social care professionals involved in the service. We also contacted Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at the provider's records. These included five people's care records, which included care plans,

health records, risk assessments, daily care records and medicines records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including staff training records, policies and additional staff recruitment records. The information we requested was sent to us in a timely manner.

The service had been registered with us since 08 August 2017. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Requires Improvement

Is the service safe?

Our findings

People told us they received care and support to keep them safe. People told us, "I get a rota so I know who is coming"; "I always get full support even if they are late" and "They are not always on time, they do phone and let me know. They always stay their time, they are good." People and their relatives told us staff were frequently late but received telephone calls to let them know.

Individualised risk assessments were in place to mitigate the risks of care tasks and in relation to people's health and mobility. People's individual risk assessments included clear information about action to take to minimise the chance of harm occurring. For example, people who required hoists to enable them to transfer safely from their bed to a wheelchair had clear details of how staff should do this safely. This included information about which loops to use on the sling and how to position the hoist. However, one person's health risk assessment identified they were at no risk of harm from their diagnosis of epilepsy and Parkinson's disease. We discussed this with the registered manager and nominated individual and they agreed that this required reviewing and amending as there were risks to the person which needed to be made clearer for staff and mitigated where possible. The management team spoke with us about the identified risks to the person which demonstrated they were competently assessing the person; these were added to the assessments to ensure it was clear to everyone providing care.

We recommend that registered persons consider current guidance on management and control of risks to people's safety and take action to update their practice accordingly.

The provider followed safe recruitment procedures so that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Copies of identification had been checked by the provider at the recruitment stage. One staff members employment history was not complete, we spoke with the provider about this and they confirmed the reason for the gap which had been discussed with the staff member at their interview. The provider agreed that they needed to make the interview records clearer to evidence this.

The provider employed enough staff to meet people's needs. The management team recruited new staff on a regular basis to add to the staff team which enabled the service to take on new packages of care. People told us they had regular staff providing care and support and records confirmed this. The staffing rota was completed using an electronic system, this enabled the registered manager to track and monitor where staff were and check that all care and support had been given as planned. The rota's evidenced that travel time was planned in to enable staff to travel to their next care visit.

People were protected from abuse and mistreatment. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the registered manager would

deal with any issues raised for their attention. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

People's medicines were managed safely. One person said, "[Staff are] always good at putting cream on my arms and legs, they are very good". Some people were supported by staff with the administration of their prescribed medicines. Some people either administered their own prescribed medicines or had a relative who helped them. A relative told us that staff prompted their family member to take their medicines and applied cream. They said, "I'm confident they are applying the cream as they let me know when it's running low." A medicines risk assessment was in place to highlight the risks to each person and the measures in place to keep people safe and prevent potential harm. We observed staff supporting people to take their medicines safely.

Procedures were in place for safe administration of variable dose medicines such as Warfarin, which is used to prevent harmful blood clots forming. People taking Warfarin have regular tests to check their INR (international normalised ratio). Medical professionals alter doses of Warfarin depending on the INR result. One person's care plan showed that they were prescribed Warfarin and prior to administering the dose on a daily basis staff were instructed to call the office. The registered manager explained that the person's dose was changed every three days. Healthcare professionals contacted the service to give the service the new dose which was then communicated to staff who provided support for the person by text message and through the person's daily records. We observed this happen in practice during the inspection.

Medicines administration records (MAR) evidenced that staff had administered medicines as prescribed. As this was completed electronically this enabled the management team to monitor medicines practice.

Before any care package commenced, the field care supervisor carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, the approach to the house and whether the garden posed any risks such as trip hazards and poor lighting. Risk assessments for inside the property highlighted if there were pets in the property, and if there were any obstacles in corridors, such as worn carpets. Each person had an emergency plan in place which detailed what action staff should take to evacuate them from their home in the event of a fire or other emergency.

There was an on-call service which meant that staff could gain support from the management team outside of office hours and report concerns as needed. Staff had the knowledge and skills to deal with all foreseeable emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

Measures were in place to minimise the spread of any infection. Staff were provided with appropriate equipment to carry out their roles safely. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office. We observed staff consistently using PPE whilst providing care and support in the community.

Any accidents or incidents that had occurred had been appropriately recorded. Photographs were taken of any injuries sustained. Any follow up actions had been completed in a timely manner. One person had fallen and injured their shoulder, the staff member supporting the person had appropriately reported the injury to the person's GP who arranged for a district nurse to visit. The management team followed this up later in the same day to check that the district nurse had been. The registered manager audited the accidents and

incidents on a regular basis to ensure that all relevant actions had been completed. Any learning points from accidents and incidents were communicated to staff through staff meetings and through group chat messenger services.

Good

Is the service effective?

Our findings

People told us they received effective care and support. People and their relatives confirmed they had been involved in setting up the care package and the assessment process. Comments included, "Two staff came to do the assessment and put a care plan together" and "I was involved with the assessment, care planning and risk assessments."

People were supported appropriately by a planned assessment and care planning process to make sure their needs were met. The field care supervisor carried out an assessment with each person before they agreed to provide care and support. The assessment checked people's details such as marital status, gender, nationality, ethnicity and religion, and checked their preferences and support needs.

Staff files evidenced that staff had completed induction training to enable them to meet peoples care needs. Courses attended included; Mental Capacity Act 2005, safeguarding adults, diet and nutrition, person centred approaches, equality, diversity and inclusion, safe handling of medicines and people moving and handling. The induction training also includes a basic level of dementia training as well as catheter care. The registered manager had arranged training courses for staff to attend to update and refresh their knowledge and skills. A training plan was in place to gain further training for staff in relation to helping them understand people's health needs in areas they did not yet provide support with. For example, one person had a PEG (Percutaneous endoscopic gastrostomy) fitted and was assisted with this by their relative. PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding. The service wanted to upskill staff in this area to give them an understanding of how it worked and to enable them to offer support to the relative when required. Additional training was also being sought for end of life care, catheter care and pressure sore awareness.

People told us staff were experienced and competent. A person told us, "I had a new lady this morning, she had lots of experience and was very friendly." A relative told us "I'm delighted with them." They went on to explain that the staff had lots of experience to meet their family member's needs. Another relative said, "They are well trained." Staff had adequate support to carry out their roles. Induction for new staff included reading through policies, reading people's care files and shadowing experienced staff. Staff then completed the Care Certificate, where practice was observed by the registered manager and provider to ensure that knowledge and skills were embedded into practice. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. Records showed that supervision meetings with staff had taken place frequently. A staff member confirmed, "I have three monthly supervisions." Staff told us they received observational supervision to check they were working with people in a safe and personalised manner. People told us, "Office staff visit to check on care" and "the schedulers come fairly regularly and see how things are."

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 2005. There were procedures in place and guidance was clear and included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff knew about the MCA 2005. Most people had capacity to make their own decisions relating to their care and their lives. One person who was not able to verbally communicate used eye contact, hand gestures and facial expressions to express their choices. They also wrote down instructions and their wishes. We observed staff working with this person. The staff member knew the person well and it was clear their decisions and choices were respected. People told us, "They are lovely all of them, I make the decisions and was involved in care planning, they are not helping with medicines as I try and do as much as I can" and "They get me lunch, they are pretty good in the kitchen. The give me a choice." However, one person's care records contained a capacity assessment which evidenced they did not have capacity to make decisions. The assessment did not state what decision the capacity assessment was for. We spoke with the nominated individual about this, they told us the assessment should be decision specific and they would review the assessment immediately. They explained that the assessor had missed key words out of the assessment and the capacity assessment should have shown that the person did not have capacity to make complex decisions about their health.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. One person told us, "They do meals and advise me to keep hydrated." Care plans detailed the support people needed. People's likes, dislikes and preferences of food and drink were recorded. People purchased their own food through shopping with support and through support of their relatives. Staff detailed how they supported people to eat foods they liked. People's daily records showed that staff were clearly giving options at meal times. We observed staff offering choices of meals to people when they supported them in their home. We observed that people were encouraged to drink plenty to stay hydrated. Some daily records showed that staff had not always written what people had eaten. For example, one person's read, 'Made a cup of tea. Food heated'. We spoke with the management team about this. They told us that they had identified this issue and had been working with staff to improve their report writing to ensure that there was an accurate log of what food the person had eaten.

People told us they received medical assistance from healthcare professionals when they needed it. One person said, "They called my daughter at work and said I wasn't very well and they rang for an ambulance." Staff gave us examples of times when they had contacted people's GP's, emergency healthcare (111), district nurses or other health professionals such as an occupational therapist (OT) when it was required. People received support from staff or their relatives when required to attend medical appointments. People's care files detailed when phone calls or emails had been sent to health and social care professionals such as OT's and local authority care managers. During the inspection one person received a visit from an OT. They told us that they had been incapacitated for a long period of time and that in the two weeks that Braeburn Care (Sevenoaks) had been providing them support they [staff] had successfully liaised with the OT service to try and improve their quality of life by enabling them to get out of bed. The person told us, "The OT has moved forward because of them. We get more done with Braeburn." Another person said, "Staff do so much for me. [Staff member] has got so much done for me, she's been on to the OT." We heard the registered manager liaising with social services care managers during the inspection, they provided feedback and detailed actions they had taken to support a person to receive the right medicines from their GP and pharmacy. This showed that the service worked in partnership with other health and social care professionals.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. We observed that staff had a good rapport with people and their relatives. People commented, "They are kind and caring, they talk to me and they are friendly"; "They are lovely, I really like all of them"; "They have become part of the family"; "They are very helpful, kind and caring. They know me and the household"; "They are very nice and caring" and "I am very happy with them."

People and their relatives said staff treated them with dignity and their privacy was respected. We observed staff supporting a person to mobilise from their bed to their chair and back again and another person from their bedroom to their bathroom. Staff were friendly and discreet and clearly knew people well. Staff supported people in a gentle manner and we heard them talking with people throughout the care provided, with the door closed to maintain privacy. People told us, "Staff respect my privacy and dignity. I feel they are trustworthy"; "They treat me with dignity and respect, sometimes I feel embarrassed about undressing and they reassure me which makes me feel better." We observed staff knocking on doors before entering people's homes. Staff were clear on how to maintain people's dignity when supporting them with their personal care. They ensured people's curtains and doors were closed. One staff member said, "When washing and dressing someone I would first do their top half and then the bottom half, covering them up. I would check the water was warm enough and close curtains. On double handed calls [care calls which require two staff to attend to meet people's needs] I make sure I talk with the person and not the other staff member. I would close doors."

People were supported to live independently in their own homes. People told us that they only had care and support in certain areas. Some people were able to manage their own medicines and prepare food and drink for themselves and others could not. One person told us, "They are not helping with medicine I am still trying to do as much as I can." People felt they were listened to. Some people were supported by relatives who advocated for them. The service responded to people's communication needs on an individual level.

People's confidential records relating to their care were kept by the provider on computer which was accessed using passwords to protected people's data and to maintain people's privacy. A relative told us, "Confidentiality is respected. I have not heard staff talk about others." Staff carried work mobile telephones with an application which enabled them to log in and log out of people's homes, enabling the management team to check the times and lengths of care visits. Staff were able to access people's care plan, tasks required and daily records on their mobile telephones which enabled them to log their own records of care provided and check back on previous records.

A member of staff who was responsible for carrying out assessments detailed to us how the assessments were carried out. They explained that they discussed background, life history, diet, religion, culture, marital status, sexuality and communication with people when they assessed a person's care needs. They said "Care plans are completely based on them, they tell a story. People are not judged [about their preferences]."

Staff had a good rapport with people and knew people well. Staff were able to describe people's care routines, likes and dislikes. We observed staff chatting with people about their day and showing a genuine interest in people and their lives.

Staff had built positive relationships with people and their relatives. One staff member told us, "We are really lucky we have some really lovely clients." Relatives said, "They are friendly and attentive"; "They seem to enjoy visiting him, they have banter and a laugh and joke"; "Everything is great he seems to be happy" and "I'm delighted with them."

Good

Is the service responsive?

Our findings

People told us they received responsive care and support from Braeburn Care (Sevenoaks). Comments included, "They are helpful. They have given advice when I have asked for it"; "They listen, I've rung up once or twice. I've arranged extra care when my daughter is away" and "They take their time they don't rush in and rush out." A relative told us, "If they say they'll do something they do it."

People and relatives knew how to complain. People told us "Complaints information is in the folder. I would talk to the office [if I had complaints]"; "I would call [registered manager] to complain. I have an information booklet. I have not had to complain or call the office"; "They know exactly what to do and how to do it" and "I have no complaints, I would know how [to make a complaint]." Each person was issued with a handbook when they started to receive a service from Braeburn Care (Sevenoaks). This handbook set out the policy and procedures for making complaints. It clearly detailed the timescales in which the complaint would be responded to and who people should complain to if they were not satisfied with the response. For example, people could contact the local authority, local clinical commissioning group or the local government ombudsman. There had been four complaints within the last 12 months which had all be dealt with appropriately and resolved. It was evident that improvements and changes had occurred as a result of complaints.

Each person received a pack of information about the service which included essential information and contact telephone numbers. The service had a variety of documents, records and information in larger print formats. The management team planned to review and amend documents further to ensure they met the 'Accessible Information Standard'. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they can understand.

People's care plans were person centred and detailed key information about the person. Such as jobs the person had held, where they had lived, important people in their lives. They clearly detailed people's cultural needs as well as their care and support needs. Staff knew people's likes, dislikes and preferences. People and relatives told us they had been involved in developing the care and support plan. One person said, "I was involved in care planning and I was listened to." A relative told us, "I was involved with care planning and have been involved in reviews." Another relative said, "We were given choices and asked what we wanted."

Staff completed daily records of the care and support they had provided using mobile phones and an application. Some people and their relatives fed back that they would benefit from having access to these records. We fed this back to the management team. They told us that they were developing ways for this to happen. One relative mentioned during the inspection that they would like staff to leave short notes in a communication book so they could see who had been and when. The service implemented this and added a reminder to the staff tasks list during the care visits to ensure this happened. The daily records evidenced that staff were supporting people according to their support plan and in accordance with their wishes and choices.

People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required.

Where people had a DNAR (Do not attempt resuscitation) agreement in place, this was discussed with them fully and a photograph taken so this was clear within a person's care plan. A staff member told us that people displayed their DNAR's in their homes wherever they wanted to ensure everyone knew their wishes. No one using Braeburn Care (Sevenoaks) had an advanced care plan in place, however some people had pre-paid funeral plans. People were supported at the end of their life to have a comfortable, dignified and pain free death. Staff we shadowed during the inspection had a good understanding of recognising the signs of when people were progressing to an end of life stage. We observed staff were respectful, gentle and kind and did all they could to ensure people were not in pain. Staff administered prescribed pain relieving creams and gels. The service worked closely with visiting community nurses. The community nurses administered any anticipatory pain relieving medicines.

Good

Is the service well-led?

Our findings

People told us the service was well run and the management team were approachable. Comments included, "They [management] do their best and often in tricky situations. They seem to be a nice team. I haven't come across a reason to say otherwise" and "They are quite good, I'd recommend them." A relative said, "It's well managed."

There was 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.

The governance framework ensured that quality performance, risks and regulatory requirements were understood and managed by the management team. Audits and checks were carried out by the management team. These included regular checks of medicines, daily records, care plans, finance and risk assessments. The management team reviewed live information using the software applications on the computer system to monitor care visit times and care tasks completed. This enabled them to identify any issues and concerns and take immediate action.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Policies had been reviewed and amended to bring them up to date and to reflect changes and updates in good practice guidance.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

The provider's statement of purpose detailed that Braeburn Care Ltd prides itself on caring for individuals with compassion, commitment and competency. Their philosophy and aim was to 'respect and treat customers in the way that we and our own relatives would expect and wish to be treated.' The provider aimed to achieve this by; Ensuring that people were the main focus for all that they do and are central to the processes of care planning, assessment and delivery of services. Promoting independent living, working within the people's range of abilities and competencies. Delivering care, in the people's homes in a manner which is non-discriminatory, sensitive to the cultural needs of the client and respectful of their environment and traditions. Providing a high-quality flexible, responsive and non–intrusive service that is tailored to the needs of each individual. The aims of the service at Braeburn Care (Sevenoaks) had clearly been communicated to all staff, they were all working to ensure people were effectively supported with all aspects of their lives.

The management team had signed up to receive newsletters and information from the local authorities and

CQC. They received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected. The registered manager had a good relationship with other agencies and worked closely with the local authority to ensure continuity of care packages. The provider's information return (PIR) detailed that the managing director sat on a local charity board. The charity helps people and their relatives cope with bereavement. They also liaised with local day centres to attend coffee mornings and hosted their own coffee mornings to integrate the service within the local community.

Staff told us they were well supported by the management team and the service had an open culture. One staff member said, "I feel well supported" and "I love every minute of being a carer. I like making someone else's day." Another staff member said, "Braeburn are very supportive. I can contact managers including [nominated individual]. We are offered support for personal issues too and invited in to have a cuppa." Another staff member said, "I really like the management team, they are so supportive. It's like a big family."

Staff told us communication was good. Staff said there were regular staff meetings to discuss the service. Staff told us the team communicate together using a group chat messaging service which was used for sharing important information. Staff also work closely together and let each other know (using the group chat service) issues which may affect other staff such as road works, accidents and delays.

It was evident that the management team had a good understanding of people's care and support needs and knew the relatives and the staff that provided support well.

People were given the opportunity to provide feedback about the service. People told us, "They [office staff] check with me and I am asked for feedback. I have filled out a survey"; "I have had one or two visits from the office staff, which is a lot considering the short time I've been with them. It's a good service for me. I'm very happy with them I really am" and "They send surveys." A relative told us, "He [their family member] has had two visits from the office to check on care. One was six weeks after the care started." We reviewed the survey results. The service had sent 32 surveys out to people and their relatives and received 28 back. The results showed that feedback was generally positive. The management team had reviewed the results and identified three areas which required improvement which they were working on. Such as keeping people better informed about changes to scheduled visits.

The service maintained a compliments log which showed a number had been received. One person had made contact with the service to say how happy they were with the two staff members providing care and support. The nominated individual of the service had written to the staff members to congratulate them and thank them for their hard work. Another compliment had been received from a healthcare professional. They had passed on that they were really happy to hear when people are with Braeburn Care as they feel reassured that people are in safe hands. A thank you card read, 'To all of Braeburn staff. [Name] and I would like to thank you all for looking after mum [name]. Mum is now in a home while they are still sorting out what sort of package she needs. She seems to be quite happy and they have managed to get her dressed and into the day room sometimes. We would like to wish you all a happy future.'

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, and deaths. The registered manager knew and understood which incidents and events required reporting. The registered manager had notified CQC about important events such as safeguarding concerns that had occurred.