Bradcare Limited

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**Inspection report**

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | **Good** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

We inspected this service on 7 October 2015 and the inspection was announced. This meant the provider and staff knew we would be visiting the service before we arrived. Our last inspection was carried out on 17 May 2013 when the service was found to be meeting the Regulations we looked at.

Bradcare provides personal care and support to people living in their own homes in Swadlincote and the surrounding areas. At the time of our inspection, 80 people were receiving a service.

There was no 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. At our inspection, the provider told us they were acting as the manager.

# Summary of findings

The provider investigated accidents, incidents and complaints. However, they did not always follow their procedures and improvements were needed to address all concerns to ensure lessons were learnt.

Staff understood how to protect people from abuse and avoidable harm and were responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people in their own homes. Sufficient staff were available to meet people's needs.

People's needs were assessed and care plans were in place to guide staff on how to meet people's needs effectively. Staff were provided with training and support to meet people's specific needs. The staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which is legislation that protects people who cannot make decisions for themselves. People's needs and preferences were met when they were supported with their dietary needs. People were referred to health care professionals if their needs changed.

Staff treated people in a caring way, respected their privacy and promoted their independence. Staff spent time getting to know people and chatted to them during visits to promote their wellbeing. People were supported to follow their hobbies and interests.

People were encouraged to give their feedback on the service and most people were satisfied that their concerns were acted on.

# Summary of findings

## 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 safe.

People felt safe and staff understood their responsibilities to keep people safe and protect them from abuse. Where risks to people's health and wellbeing were identified, plans were in place to minimise the risks. People were supported to take their medicines as prescribed. There were sufficient staff to support people and the provider followed safe recruitment procedures to ensure the staff employed were suitable.

**Good**

**Is the service effective?**
The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff acted in accordance with the requirements of the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

**Good**

**Is the service caring?**
The service was caring.

People told us staff were kind and caring and treated them with respect. People were involved in decisions about how they were cared for and supported. Staff knew people's preferences and promoted their independence.

**Good**

**Is the service responsive?**
The service was responsive.

The support people received met their needs and preferences and was reviewed to ensure it remained relevant. People were supported to follow their interests and hobbies. People told us action was taken when they raised concerns about the service.

**Good**

**Is the service well-led?**
The service was not consistently well led.

There was no registered manager at the service. Systems and procedures in relation to accidents, incidents and complaints did not always support the provider to drive improvement. Staff felt supported by the provider's management team. People were encouraged to give their views to identify where improvements needed to be made.

**Requires improvement**

# Bradcare Limited

**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 took place on 7 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We checked the information we held about the service and provider. This included the Provider Information Return (PIR), statutory notifications that the provider had sent to us about incidents at the service and information we had received from the public. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with local authority commissioners and used this information to formulate our inspection plan. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We visited two people and a relative in their homes and spoke by telephone with five people who used the service and three relatives. We spoke with the provider, the training manager and manager, registered manager, care coordinator and six care staff. We reviewed records held at the service's office, which included four people's care records to see how their care and treatment was planned and delivered. We reviewed six staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

# Is the service safe?

## Our findings

People told us they felt safe when they were supported by staff. One person told us, "Oh yes, I feel safe. I know when carers are coming because it's usually the same time". Another person told us, "I do feel safe with the carers and I know would report it to the office if I didn't". A relative told us they had no concerns. They told us, "My relation feels safe and I feel safe knowing that he feels safe in their hands". Staff we spoke with told us they had received training in safeguarding and understood their responsibilities to keep people safe and protect them from abuse. Staff told us about the signs they looked for that might mean a person was at risk of abuse and that they knew how to report their concerns. One member of staff told us, "We look for physical signs such as bruising but also for changes in people's behaviour and report our concerns to the office straight away". Staff told us they were confident that their concerns were taken seriously and acted on by the management but told us they would not hesitate to whistleblow if they still had concerns for people's safety. Whistleblowing is a way in which staff can report misconduct or concerns about wrong doing in their workplace. One member of staff told us they had used it to report their concerns internally and had felt supported by the management team.

We saw that risk assessments were in place regarding people's home environment and their moving and handling needs. Where risks had been identified, the care plan described how care staff should minimise the identified risk. Risks assessments to support people with their moving and handling needs included the type of equipment and the number of carers needed to move the person safely. For example, one person's assessment showed they needed two carers to move them safely using a hoist. We saw that the plans were reviewed and updated when people's needs changed, for example following visits from health professionals. This meant that people's changing needs were reviewed to ensure they continued to be supported in a safe way.

There were enough staff to meet people's needs. Most people told us the carers usually had enough time to deliver care and sit down and chat with them. Relatives we spoke with had no concerns about staffing levels. One told us, "Staff always stay the time they should. They never look at the clock, their prime objective is [Name of person] and if it takes longer, so be it". Staff told us they thought there were enough staff to meet people's needs and call times were monitored and reviewed to ensure people's needs were being met safely. When concerns were identified, the provider discussed them with the commissioners who were responsible for arranging people's care. People told us there was consistency in the care they received. One person told us, "Most of the time I have the same carer but I understand this changes when my main carer is on holiday or off sick".

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. One staff member told us, "I had to wait until my references were back and my DBS clearance had been received". The Disclosure and Barring Service is a national agency that keeps records of criminal convictions. Staff records showed that the provider carried out all the necessary checks. Records we looked had all the required documentation in place which meant the provider followed the necessary procedures to demonstrate staff were suitable to work in a caring environment.

The provider had procedures in place to ensure people were supported to receive their medicines as prescribed, and in the way they preferred. Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. They told us the training manager carried out spot checks by observing their practice and monitoring the medicines administration records (MAR). These are completed by staff to record when medicine has been given, or if not given the reason why.

Good

# Is the service effective?

## Our findings

People and their relatives told us the staff knew their needs and had the right skills to meet them. One person told us, "I'm pleased with the care I get". Another said, "All my carers are good". A relative told us, "The carers are very good, I can't fault them at all".

Staff told us their induction training gave them the skills they needed to meet people's needs . One member of staff told us, "It gave me the confidence I needed". Staff told us the induction lasted three months and included attending training, shadowing experienced staff and reading care plans. New staff were assigned a mentor and were given feedback on their progress at regular intervals.

Staff told us they were provided with ongoing training that was specific to the needs of people they supported. Staff told us, "The training manager is always bringing us in for extra training". We saw that moving and handling equipment, such as a hoist, was available at the office base to ensure staff had the skills to move people effectively. Staff told us that if new equipment was provided for people, the training manager arranged for the occupational therapist to come to the office to show them how to use it to support people safely. We saw the training manager had a rolling programme to ensure staff were observed during their induction period and at least once every three months to check their practice. One member of staff told us, "They are strict, but fair. You never know when they are coming". Staff told us they received feedback following the checks and were offered further training if needed. Staff told us they received supervision every three to four months but could ask for a meeting with the manager at any time if they had any concerns. This showed the staff were supported to carry out their roles effectively.

We saw that staff acted in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which set out the requirements that ensure people are supported to make their own decisions, when they are unable to do this for themselves. Staff told us they had received training in relation to the MCA and understood their responsibilities to support people to make their own decisions. One member of staff told us about how they supported a person living with dementia decide what they wanted to wear, "I hold up items of clothing and ask, which would you prefer to wear today, and follow what they tell me". One person's relative told us the always staff checked their relative was ready for them to proceed before giving personal care. They said, "The staff wait for [Name of person] to confirm by doing thumbs up or down, or by raising their eyebrows when they are feeling unwell". The person's care records showed that their capacity to consent had been assessed and staff were provided with information about how the person would respond if they were happy or not to receive care.

Where people were supported with mealtime visits, we saw that their dietary needs were assessed and monitored to ensure they were met. We observed staff offered people choice in relation to their meals and encouraged them to eat and drink enough to maintain good health. For example, one person's care plan stated they needed encouragement to eat a pudding and we saw a member of staff followed this guidance. Staff supported people who had specialist needs and followed guidance from dieticians and speech and language therapists, for example some people had thickeners in their drinks to reduce their risk of choking. Staff told us they catered for people's likes and dislikes, "We sometimes do people's shopping and have a list of what they like and don't like. One person tells me when they fancy something different so that I can get it for them".

People told us staff supported with their health care needs. One person told us, "The carers put on cream to keep my skin healthy and then put on my support stockings as I can't do it myself". When people's needs changed, the staff took prompt action to ensure they were referred to relevant health services. One person told us, "The carers call the office to get the doctor if I'm not well. They don't delay". Relatives told us they were kept informed of any changes in a person's health. One relative told us, "Staff will always tell me if they think [Name of person] is unwell and call the office to request a GP visit".

Good

# Is the service caring?

## Our findings

People told us the carers treated them with respect and cared for them well. One person told us, "I'm supported by a good bunch of people, I'm happy". Another said, "The staff are lovely, I can't grumble about any of them". We saw staff treated people with kindness and respect and they were comfortable with them being in their home. People told us staff took time to chat to them, which promoted their wellbeing. A relative told us, "The carers are always talking and laughing with my relation when and after delivering personal care and they all treat him with respect".

Staff told us they put people at ease by talking to them and involving them in their care. One member of staff told us, "I make sure people feel involved and then they feel comfortable with me". People's relatives told us the staff showed concern for their relation's wellbeing and responded to their needs. One relative told us, "The carer always makes conversation with [Name of person] and if I go off on a chore, they wait until I get back and don't leave them on their own"

People told us staff respected their daily routine and involved them in decisions about their care. One person told us, "Sometimes I like the door left unlocked during the day so that my neighbours can pop in and see me but the carers make sure it's locked at night". People's and their relatives told us they were involved in planning their relations care. One relative told us, the carers always go through the care plan with us both and ask if there is anything else they can do". Another said, "I am always involved in discussions where appropriate".

People told us that staff encouraged them to be independent. One person told us, "The staff put my tea ready for me but I get it myself". Staff told us they made sure people were as independent as possible. One member of staff told us, "Our job is to prompt people to do things for themselves. For example, I wait outside the bathroom and ask people, are you OK, do you need me to come in and help? If they do, I do, if not, I wait outside until they have finished". This showed that this person's independence was being promoted and their privacy respected.

Good

# Is the service responsive?

## Our findings

People told us they received care that met their individual needs. One person told us, "The carers come early on a Tuesday to wash my hair before the hairdresser arrives; they know it's a regular thing". A relative told us their relation liked things done in a particular order when carers supported them with personal care. They said, "[Name of person] knows what's coming next, for example they lift their foot up ready for the carers". Good teamwork among the staff ensured people were consistently supported according to their needs and preferences. Staff told us when they were on holiday, they were happy for colleagues to contact them beforehand with any questions. One member of staff told us, "I always say ring or text me if you have any questions".

People's care plans recorded how they liked to receive their care and included a document called "this is me" which detailed information about their personal history and preferences. People told us that their preferences in relation to gender of staff supporting them, were respected. One person told us, "When my usual carer was on holiday they sent a lady to administer personal care, it was like one of my daughters doing it. I asked for a change and they supported my preference".

A relative told us, "I'm happy with what's in the care plan, it's clear about my relation's needs and details their preferences for how they would like to receive their care".

We saw that people's care was reviewed on a regular basis or when their needs changed. Records of quality visits confirmed that staff carried out the tasks identified in people's care plans. One person told us, "Somebody came last week and I told them I'm quite satisfied how they help me. They do it just as I want them to".

Staff supported people to follow their hobbies and interests and to access activities in the local community. Activities included going to art classes, having lunch or watching movies or their favourite TV programme at home. One member of staff told us, "One person likes to watch Corrie, others like to watch movies, we do whatever the person wants to do that day". A relative told us, "A carer takes my relation to his art club on a regular basis. He really enjoys it."

People and their relatives knew how to raise concerns and complaints and were satisfied that they were responded to in good time. One person told us, "I have raised a concern about the service with the manager. It was resolved quickly and it hasn't reoccurred". People and their relatives told us they knew how to contact the provider's office and there was an on call service that was available for people using the service and staff. A relative told us, "It is easy to contact the office, they are very helpful, friendly and obliging". Another said, "They do not take long to answer the phone". The service had a complaints procedure and records showed that complaints were investigated and responded to in line with this.

Requires improvement

# Is the service well-led?

## Our findings

There had not been a registered manager at the service since January 2014. The acting manager had left in September 2015 without a period of notice and there had not been a handover of information. The provider had not been successful in recruiting a new manager and planned to apply to be the registered manager to bring some stability to the management team. People had mixed views when we asked if they felt the service was well managed. One person told us, "Personally I don't think it is well managed". Another person said, "I think there is room for improvement". Other people told us they had experienced problems but they were resolved when they contacted the provider's office. One person said, "Sometimes the carer would not turn up but as soon as I get on the phone and report this, it is soon rectified".

We looked at the provider information return (PIR) which recorded that the provider 'thoroughly investigated all incidents and complaints to identify and prevent future occurrences' . However when we looked at the accident and incident records we found that the provider did not always take action to ensure lessons were learnt. For example, we saw that the acting manager carried out an investigation but had not followed the provider's disciplinary procedures. We also reviewed a complaint record that showed the provider had not fully addressed all the concerns raised. This demonstrated that the systems in place did not always support the provider to drive improvement.

Staff told us they felt supported by the management team. There was an open door policy and staff felt the management were approachable if they had any concerns. A member of staff told us, "There is always someone at the end of the phone if you need advice. I've worked in care before and this is the best agency I've worked for". Another told us, "The management are very supportive, nothing gets past them, they deal with things promptly". Staff told us they had staff meetings which covered issues about the provision of care and they were able to raise any concerns they had.

People told us their views were sought through satisfaction surveys and records showed that the provider checked they were happy with their care during reviews. People told us they had received a satisfaction survey but the results were not available to us at the time of the inspection. Staff told us that actions from audits, for example medicines management were discussed with them to ensure improvements could be made.

Providers have a responsibility to inform the Care Quality Commission (CQC) of important events that occur in the service. The provider had informed the CQC of significant events which meant that we could be sure that appropriate action had been taken.