Brunswick Healthcare Limited

Brunswick Healthcare

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

Summary of findings

Overall summary

The inspection was announced and took place on 5 June 2017.

Brunswick Healthcare Limited has been registered with the Care Quality Commission (CQC) since October 2010. Since this time, a new provider had taken over the management of Brunswick Healthcare Limited. This change occurred on 19 January 2017. The new provider had retained the previous staff team, administrator and care co-ordinator. This was the first comprehensive inspection since the provider registered with CQC to provide personal care to people. As such, they had not yet received a CQC rating.

Brunswick Healthcare is a domiciliary care agency which provides personal care and support to people with a variety of needs including older people, people living with dementia, younger adults, people with a learning disability, autistic spectrum disorder, physical disability or sensory impairment and people who need support with their mental health. The agency's office is located in Hove in East Sussex. At the time of our inspection the service was providing personal care to seven people.

The registered manager had left the service in January 2017. The managing director who was also the provider was in the process of applying to be the registered manager, and had submitted an application to register with the Care Quality Commission (CQC). 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. During the inspection the provider was present.

We found the provider was supportive to the administrator, care co-ordinator and staff. Everyone we spoke with told us the new provider had kept them informed of any changes. They said there had been no impact on the quality of service people received during the transfer of ownership.

People and care workers spoke highly of the care co-ordinator and the company. People expressed satisfaction with the service they received. Despite this, we found that quality assurance systems were not always being used to ensure accurate records were maintained and to drive improvements. We have made a recommendation about this in the main body of the report.

Risks to people's wellbeing and safety had been effectively mitigated. We found individual risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition, falls and continence support. Health care needs were met well, with prompt referrals made when necessary.

People told us they felt safe receiving the care and support provided by the service. Staff understood and knew the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at the service. There were sufficient levels of staff to protect people's health, safety and welfare in a consistent and reliable way.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed safely.

The management team and staff had an understanding of the Mental Capacity Act 2005 and consent to care and treatment.

People chose their own food and drink and were supported to maintain a balanced diet where this was required.

People said staff were caring and kind and their individual needs were met. Staff knew people well and demonstrated they had a good understanding of people's needs and choices. Staff treated people with kindness, compassion and respect. Staff recognised people's right to privacy and promoted their dignity.

We looked at care records and found good standards of person centred care planning. Care plans represented people's needs, preferences and life stories to enable staff to fully understand people's needs and wishes. The good level of person centred care meant people led independent lifestyles, maintained relationships and were fully involved in the local community.

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to, investigated in a timely manner, and used to improve the service. Feedback from people was positive regarding the standard of care they received.

Staff felt supported by management, they said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service.

The provider had developed an open and positive culture, which focussed on improving the experience for people and staff. He welcomed suggestions for improvement and acted on these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People had detailed care plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and appropriate responses.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received training and supervision to carry out their roles.

Staff protected people from the risk of poor nutrition and dehydration.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well. People involved in all aspects of their care and in their care plans. People were supported to make decisions about their

individual goals to promote their independence.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint. No complaints had been made in the past 12 months.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance processes were not being used fully to monitor the quality of service provided and to ensure robust records management.

There was an open and positive culture, which focussed on providing high quality support for people.

Staff were supported and listened to by the provider. They were clear about their responsibilities.

Brunswick Healthcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 June and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of two inspectors. One inspector visited the agency office and the other inspector spoke to people who received a service and staff by telephone.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. In addition, the Care Quality Commission had sent questionnaires to six people who received a service and six relatives. We also sent questionnaires to twelve staff and one healthcare professional who work in and with the service to gain their views on the care being delivered. Two questionnaires from people who received a service and one relative questionnaire were returned completed. Seven questionnaires from staff and one from a healthcare professional were returned completed. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we went to the office and spoke with the provider who was also the managing director, the administrator and the care co-ordinator. The care co-ordinator was in day to day charge of the service supported by the provider who visited the office at least once a week. We reviewed the care records of three people receiving support. We looked at service records including three staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks that had been completed to monitor the quality of the service being delivered. We also looked at the results of the most recent customer satisfaction survey.

Between the 6 and 9 June 2017, we made phone calls to four people to request their feedback about what it was like to receive care from the staff at Brunswick Healthcare. We also contacted three staff for their feedback. They agreed for their comments to be included in this report.

Good

Is the service safe?

Our findings

People told us they felt safe receiving support from Brunswick Healthcare. One person said, "I always have the same carer, except for when they are on holiday. We get on really well and I do feel safe". Another person told us, "I do feel safer knowing someone calls round every day". Another person said, "I have had falls in the past. I think I'm safer because they [staff] are here when I'm most at risk".

Risks to people's wellbeing and safety had been managed effectively. We found individual risks had been assessed and recorded in people's care plans. There were comprehensive risk assessments, which covered the internal environment of the person's home, risks of falls, nutrition and hydration, and continence information. Visual checks were completed on equipment such as bathing and shower equipment. Additional risk assessments were completed in relation to people's specific needs. For example, one person had moving and handling needs. The assessment identified that two care workers were required to assist the person safely and this was provided. There was sufficient guidance for staff to support the person safely. The care plans were reviewed if there were any changes in the person's care needs.

Care plans showed that each person had been assessed before care and support started so the service could be sure they were able to provide the right support. People's care documentation contained assessments including health risks, mental health and sensory needs.

Accidents and incidents were recorded and the provider was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred, they would inform the office and an accident form would be completed. We looked at the accidents and incidents for 2016 and 2017. These records clearly stated what actions were taken to keep the person safe. However, the provider was unable to evidence how accidents and incidents were analysed and learnt from. We found that the nature of accident and incidents that had occurred were not repeated ones and therefore found this had not impacted on people's safety. We have written about this in the well led domain.

Safeguarding policies were in place with additional policies on entering and leaving people's homes, handling their monies and property, confidentiality and dealing with emergencies. Training records showed that not all staff had attended safeguarding training annually. However, the provider was aware of this and demonstrated that staff were booked on this training in June 2017. Following the inspection, the administrator confirmed staff had completed this training and provided copies of staff certificates as evidence. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect people from the risk of abuse or harm. Staff told us all concerns would be reported to the provider. If concerns related to the provider, they would report them to the appropriate local safeguarding authority or the CQC. The care co-ordinator told us, "Safeguarding means to protect people we support from harm. If an allegation of abuse were made, I would contact the person to gain more information. I would complete an alert to the safeguarding team and you [the Commission]." One member of staff told us "I would always report back to the manager [care co-ordinator] if I saw something like abuse going on". Another staff member told us, "Yes, I have training every year [on safeguarding]. I think it's very useful. I do feel confident it would be dealt with properly if I reported it to management".

Staffing levels matched what was planned on the staff rota system. People told us their care worker arrived on time and that they were informed if there were any delays. There were sufficient staff employed and deployed to deliver the care hours planned for people. The office was open between 9am and 5pm from Monday to Friday with on-call cover 24 hours, seven days a week, in case of an emergency. One person told us, "They almost always come on time. On the rare occasion they are late I always get a phone call". Another person told us, "My carer never rushes. If they come late, they will stay longer at the end". We spoke to three staff who told us, "We never do less than hour long calls. That takes the pressure off. I don't ever feel pressured to rush or cut corners". "I know that it's a problem with other agencies but I can honestly say I've never felt under pressure to get out the door". "I wouldn't work for an agency if I was being pushed to give poor care. Brunswick is outstanding like that".

People were protected, as far as possible, by safe recruitment practices. Staff files confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People's medication administration records (MAR) were accurate and clear. Staff received medicines training and were able to describe how they safely supported people with their medicines. Training records confirmed that all staff received medication training. Medicine assessments considered the arrangements for the supply and collection of medicines, whether the person was able to access their medicine in their own home and what if any risks were associated with this. Staff were aware of the provider's policies on the management of medicines and followed these. Staff had a good understanding of why people needed their medicines and how to administer them safely. There was clear guidance in the MAR charts on 'as required' medicines for occasional symptoms such as pain relief or anxiety.

Good

Is the service effective?

Our findings

People were happy with the care and support provided by Brunswick Healthcare. One person told us, "My carer is really knowledgeable about my condition and what I need. I have a spinal cord injury so they need to know what they are doing". Another person told us, "They [staff] seem very competent to me". A third person told us, "The carers are great. They know all about me and what I need".

Staff received regular supervision and appraisals, this gave staff an opportunity to discuss people they were supporting, their own support needs, areas for development and any further training. One staff member told us, "Supervision is great. I can sit down with my manager [care co-ordinator] and talk about issues and my development". Another staff member told us, "It's very good [supervision]. I know I can say what's on my mind and I will be listened to". Staff also received a 'Spot Check' when they were observed by the care co-ordinator, working directly with people. During a 'Spot Check' staff, competencies were observed in relation to the support provided. Records demonstrated the care co-ordinator gave staff feedback on the spot if anything could be improved to their practice.

All new staff completed an induction, which included all generic and specific training to enable staff to carry out their role. New staff shadowed staff that were more experienced and did not work on their own until they were competent and confident to do so. New staff were enrolled on the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It offers an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. Staff were also encouraged to complete various levels of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff received mandatory training in food hygiene, infection control, first aid, moving and handling, care and control of medicines, safeguarding adults and in the Mental Capacity Act 2005 (MCA). Training was refreshed as needed and certificates in staff files confirmed the training staff had completed. However, training records showed that not all staff had attended or refreshed their mental capacity training. The provider was aware of this and demonstrated staff were booked on this training in June 2017. Following the inspection, the administrator confirmed staff had completed this training and provided copies of staff certificates as evidence. Additional training was also provided for staff to meet people's specific needs such as pressure ulcer and dementia awareness. A staff member told us, "The training is there, yes. We have access to online training anytime we need it". Another staff member told us, "I did dementia training recently which was very good".

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.

Care plans contained mental capacity assessments. Staff had a good understanding of mental capacity and put this into practice to ensure people's rights were respected. A staff member told us, "I have done some training recently (on MCA). It really helped me understand how important it is that people should be allowed to make their own decisions if they can". Another staff member told us, "I look after someone with dementia. They can make some decisions for themselves but we involve the family in the big ones". Another staff member said, "The people I care for can all make their own decisions. I'm there to help them get what they need."

People told us, they felt involved and that their views and decisions were respected by staff. One person told us, "The staff have always made it clear that I'm in charge of the process". Another person told us, "They [staff] wouldn't dream of trying to take over. It's all led by me, they make sure of that".

Professionals from the local authority had completed MCA assessments for people when necessary for people who lacked capacity to agree to the care provided. During this process, a record was also maintained of best interest decision making processes that involved people who were involved in the person's life. Assessments were decision specific and were in line with the MCA code of practice.

At the time of inspection four people who received a service were subject to a Court of Protection Order. This gives a named person the legal right to make decisions about health and welfare or financial matters for a person who does not have the mental capacity to make these themselves.

People were happy with the support they received to eat and drink. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Staff reheated and ensured meals were accessible to people who received a service from the agency. Records demonstrated other people required greater support which included staff preparing and serving cooked meals, snacks and drinks.

The care plans included key contact details of people's next of kin, social worker, GP, district nurse and relatives. People with more complex needs had additional contact details of healthcare professionals such as occupational therapists, dieticians and the Speech and Language Therapy (SALT) team. Staff said and records confirmed, that any changes in a person's behaviour or if someone was ill when they arrived would be reported to the office immediately to obtain advice and support from relevant healthcare professionals.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect by the care workers who supported them. One person told us, "The staff are so caring and they're all genuinely nice people". Another person told us, "The care is faultless. I don't know how they do it". A third person told us, "It's the best agency I've ever dealt with". One community care professional from the local authority told us, "I have found staff from this service to be competent, caring and professional."

People said they felt comfortable with their care workers, and were treated as individuals. Staff knew people well; they had a good understanding of people's needs, choices, likes and dislikes. One staff member told us, "I think it comes from the top. We're given the time to get to know people; in fact, it's encouraged". Another staff member told us, "I can't speak for most of the other staff because I don't see them that often but I think it's a very caring place to work". A third staff member told us, "The agency treats us well so we are encouraged to give 100% to our clients [people supported]".

People told us that they were involved in planning their care on a day to day basis and that staff listened to them. People told us they were given choices on a daily basis for example, how they wanted their care to be given and what they wanted to eat or drink. Staff were given enough time to get to know people who were new to the service and read their care plans and risk assessments. Staff told us, although they knew what care people needed, they continually asked people what they wanted. The service encouraged people to express their views as much as they were able. People were provided with opportunities to talk to staff about how they felt on a daily basis. People had allocated staff members who helped them achieve their goals, created opportunities for different activities and advocate on behalf of the person with their care plan.

One person told us, "My care plan is in my house. I can look at it any time I want. I really do feel involved in my care. Well, in charge I suppose". Another person told us, "Well, they [staff] are very clear on what I should or shouldn't do for myself. I like that. They don't want me getting too dependent on them. That would be going backwards". A third person told us, "I don't feel restricted at all. Quite the reverse in fact. I can do things for myself now that I couldn't before".

To ensure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Without exception, staff told us that it was important to promote people's independence, to offer choices and to challenge people where needed help them achieve their goals.

Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty, angry or in pain and how staff should respond. People told us staff communicated with them in an appropriate manner according to their understanding.

People's privacy and dignity were respected and promoted. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice. All staff members we spoke with told us how they would draw people's curtains before supporting them with personal care. Staff we spoke with told us that it was important to ensure people had the privacy they needed and that they had their own space. The care co-ordinator told us, "We need to be mindful of closing doors and curtains, putting a blanket over the person's legs to cover the person while doing personal care, reassuring the person and making it clear what we are doing and involving them as far as the person is able, in the process."

Good

Is the service responsive?

Our findings

People were involved in decisions about their care and support and in reviewing their care needs. One person said, "I have had a recent review of my care. I really did feel I was part of it rather than just someone on the end of it".

People's needs had been assessed before they began using Brunswick Healthcare. People said the care plans reflected their support needs. The provider told us the assessments were carried out to ensure the service could provide the support people needed and they were used as the basis for the care plans. Care plans included a detailed assessment of people's needs and included people's preferences and routines. They had been completed with each person and their relatives where appropriate. Staff were able to provide examples of how they provided personalised care and support, which responded to people's needs. One staff member told us, "I think our service is very person centred. The assessments we do are aimed at that. We always treat people as individuals".

Care plans were informative, comprehensive, and included people's religion, medical histories, social histories, health details and medical condition. Each care plan had additional policies, guidance and best practice documentation, which related specifically to the person's condition such as 'diabetes' guidelines. People's daily care notes were completed and returned to the office monthly. They provided clear details of the care and support provided for people in a person centred way. One person told us, "Regarding my care plan I do feel informed. There's no way the agency would try to make changes without involving me".

Care plans showed that people had been involved in their care planning. Reviews were completed where people's needs or preferences had changed and these were reflected in their records. This showed that people's comments were listened to and respected. One member of staff told us, "We involve families if the person wants it. It's up to them really". Another staff member told us, "We have something called reflective practice. The staff go in every couple of months and we discuss where we are with our clients [people supported] and how we can improve their care".

People said staff arrived on time and no one we spoke with had experienced missed visits. The provider told us they informed people if staff were likely to be late. Staff told us they felt supported by the office staff and by the information available in people's homes, which included the care plan, daily notes, protocols and guidance. One person told us, "The communication is brilliant and nothing gets missed".

People were provided with a 'Tenants Information Booklet' which contained information about the provider, including the values and who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

People knew how to make a complaint and felt that they were listened to. The procedure to make a complaint was clearly outlined in the complaints procedure and the 'Tenants Information Booklet', which had been sent out to all the people who used the service. No formal complaints had been received. One

person told us, "Yes I know how to complain. I would speak to the manager [care co-ordinator] but I never have to". Another person told us, "I would ring the office. I can't see it happening though".

Requires Improvement

Is the service well-led?

Our findings

The new provider had taken over the management of Brunswick Healthcare Limited on the 19 January 2017. People and staff told us the change of provider had not impacted on the care and support being delivered and that the transition had been smooth and efficient. The registered manager had left the service in January 2017. The managing director who was also the provider told us they had not had success in recruiting a new manager and therefore was in the process of applying to be the registered manager themselves, and had submitted an application to register with the Care Quality Commission (CQC).

There were systems in place to monitor the quality and safety of the service and make continuous improvements. There were monthly audits and these included care plans, staff files, medicines and training. However, where shortfalls were identified, there was a lack of detail regarding the action taken to address this and how it was followed up at the next audit to check it had been completed appropriately. For example, the daily notes were audited and the tool indicated that some errors had been made, but did not detail the nature of error and action taken. The provider was unable to evidence how accidents and incidents were analysed and learnt from. We also found that records relating to accidents did not give sufficient detail. For example, a person had had a fall. The record stated the person may have hit their arm, but did not detail if the area was checked for injury and how this was followed up to ensure the person was ok. We found that the nature of accident and incidents that had occurred were not repeated ones and therefore found this had not impacted on people's safety. We found no evidence that the lack of audits and gaps in records had impacted on the quality of service people received. However, we recommend that the provider reviews and implements robust systems for monitoring all aspects of the service to ensure the quality and safety of the service remained good.

The provider and care co-ordinator were very receptive to our feedback. In response to our feedback, the provider organised for accident books to be delivered to each person's home, so that if and when an accident did occur, staff had a formalised form to record details of the accident, rather than in the daily notes which are not checked until the end of each month. The forms also detailed what action has been taken. The care co-ordinator told us these would be returned to the office as and when completed to be checked. The care co-ordinator also organised for body maps to be delivered to each person's home, which staff could complete if and when an injury occurs, to record where the injury has occurred, and then monitored to see if the injury is improving. The provider and care co-ordinator told us they understood their responsibilities in monitoring and assessing the service and had plans in place to ensure that the service continually improved.

A 'Spot Check' took place every three months whereby unannounced checks were made on staff when they were delivering care in people's homes. During these visits, people were asked their views about the care they received and their views were documented. All views and comments were positive.

There was an open and positive culture which gave staff confidence to question practice and report concerns. The provider told us that staff meetings were held monthly. We looked at the minutes from January to May 2017. Discussion included tenant's needs, safeguarding, MCA and DoLS practice, new policy

and procedures, staff sickness, staff holiday, and professional conduct. The provider told us, they felt there was a lot of value in the team meetings.

Feedback about the management of the service was positive. The staff team knew each other well and worked as part of a supportive team. All staff said they felt supported by the provider and could talk to them at any time. A staff member said, "I've worked here for a few years now. I think it's very well led". The care co-ordinator told us, "The vision and values are to provide high quality care to all people supported, to meet their individual needs. Respecting their dignity, promoting support where necessary and to offer continuity in seeing the same regular staff."

Views of people using this service were sought through an annual questionnaire, which was completed in March 2017. A staff member, advocate or relative supported people to complete these where needed. The feedback from people and their representatives in all of the recent questionnaires was positive. One person told us, "I've had a lot of involvement [with quality assurance] in my working life. I think the way they work is like nothing I have seen. It's outstanding". Another person told us, "Yes, I do get questionnaires to fill out. I think the last one was quite recent. I never have anything negative to say."

Three monthly one to one meetings took place. This is when a staff member meets with the person to discuss their views on the care they received, activities they would like to do in the future and discuss any changes occurring in the service, for example, staffing. These meetings were more frequent if required. We saw examples where some meetings were monthly due to the person's changing needs. This empowered people to contribute towards decision-making and make choices.