

Brunelcare

Brunelcare Domiciliary Care Services North Somerset

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 the 13 and 14 January 2017. It was carried out by one inspector. Brunel Care North Somerset is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 95 people.

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 service was mostly safe but people had been put at risk by calls being missed. We spoke with the registered manager about these missed calls and they explained there were measures in place to reduce this risk. No one had been harmed as a result of a missed visit.

People were confident in the skills of the staff and where staff needed specific training to support people safely this was provided. Training was not however all up to date for staff. There was a plan in place to respond to the risks that this created and to ensure training was current for all staff.

Staff understood how people made choices about the care they received, and encouraged people to make decisions about their care. Records, however, did not reflect that care was being delivered within the framework of the Mental Capacity Act 2005. We spoke with the registered manager about this and they began to address the omission straight away. We have made a recommendation about the recording of MCA decisions.

People were positive about the care and support they received. They told us staff treated them kindly and we saw people were comfortable with staff in their homes. Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet those needs. They were motivated to provide the best care they could and told us they felt supported in their roles. Staff kept accurate records about the care they provided and these records were used to review people's care.

There were enough safely recruited staff to ensure people received their visits as planned. People told us they received visits on time and that they were contacted if the care worker was running late due to traffic or an emergency. They told us that this did not happen often and that they felt confident they could rely on the carers. Staff treated people and each other with respect and kindness throughout our inspection.

People felt safe. They were protected from harm because staff understood the risks they faced and how to reduce these risks. Staff knew how to identify and respond to abuse; including how to contact agencies they should report concerns about people's care to.

People's medicines and creams were administered safely. There were systems in place to ensure time

dependent medicines were administered appropriately.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. Where people had their food and drink prepared by staff they told us this was prepared to their satisfaction. People were left with access to appropriate drinks and food between visits.

Management were committed to making continual improvements to the quality of care people received. There were systems in place to review and monitor the quality of the service people received including feedback from people and staff.

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 mostly safe but there were missed calls logged. No one had come to harm as a result of these errors but people had been put at risk. People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

There were enough, safely recruited, staff to meet people's needs.

People were at a reduced risk of harm because staff knew how to identify and report possible abuse.

People received their medicines safely.

Requires Improvement ●

Is the service effective?

The service was mostly effective. People were supported by staff who worked to ensure people's rights were protected. Records did not, however, reflect the framework of the MCA and the registered manager responded to this omission immediately.

People were confident in the skills of the staff but some staff training was not current. People's views were sought as part of staff supervision and development. There were plans in place to update staff training.

People were supported by staff who were supported to do their jobs through regular supervision and appraisal.

People were supported to access healthcare and with their diets where this was appropriate.

Requires Improvement ●

Is the service caring?

The service was caring. People were cared for by staff who treated them kindly and with respect.

People were comfortable with staff and they had formed positive relationships.

Good ●

People had their privacy and dignity maintained.

People were involved in decisions about their care and told us their independence was promoted and valued by the staff.

Is the service responsive?

Good ●

The service was responsive. People had been involved in developing individual care plans which took into account their likes, dislikes and preferences.

People knew how to make a complaint and where they had made complaints these had been responded to appropriately.

Is the service well-led?

Good ●

The service was well led. There was a clear management team and staff had defined roles and responsibilities that supported providing person centred care.

People and staff spoke highly of the service.

The service that people received was monitored and there were systems in place to continually improve the quality of the service.

Brunelcare Domiciliary Care Services North Somerset

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.

We visited the office on the 13 January 2017. The provider was given notice of our inspection because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and to assist us to arrange home visits. We made calls to people and staff following the visit to the office. The inspection was carried out by one inspector.

Before the inspection we reviewed information we had about the service. This included notifications from the provider; a notification is the way providers tell us important information that affects the care people receive. 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 reviewed this information before we visited the service. We also spoke with three social care professionals with experience of working with the service before we visited.

We spoke with three people in their own homes and observed interactions with four members of staff. We also spoke with people who used the service or their relatives by telephone. In total we spoke with 18 people and a relative. We spoke with nine staff and the registered manager and area manager. We reviewed records relating to 10 people's care and support. We also looked at records related to the management of the service. This included three staff files, training records, meeting minutes and the documentation of audits and surveys.

Is the service safe?

Our findings

There were enough safely recruited staff to meet people's needs but some calls to people had been missed. People told us staff arrived on time and that they could rely on this. One person said: "They are very punctual." Another person said: "I know they will be here when they are expected." Whilst people were all confident in receiving their care there had been missed calls logged including eight in the three months prior to our inspection. We spoke with the registered manager who described the systems they had in place to avoid this happening and how they reviewed and learned from both near misses and missed calls. We saw that there had been a reduction in missed calls as systems were becoming embedded and that no one had come to harm as a result. People were, however, put at risk by these missed calls.

People told us they always felt safe whilst receiving their care. One person told us, "I always feel safe – I am very confident in their skills." People were protected from harm because assessments had been carried out that identified the risks people faced including individual risks and risks within their home environment. For example one person was identified as at risk of developing sore skin. There was a care plan in place that they had contributed to, and that provided guidance for staff about how to support them safely to reduce this risk. This included guidance on how to support the person with personal care and which creams were needed. Another person was at risk of falling and they had contributed to a care plan that explained what equipment they needed to reduce their risk. People were also supported to ensure their homes were safe for example some people needed assistance to secure their home when they wanted this. There was guidance for staff about how to reduce risks in-between visits by ensuring people had personal safety alarms and what they needed before leaving them.

People were at reduced risk of harm and abuse because the staff were confident about how to identify and report abuse. They were able to describe to us how they would recognise potential abuse and how they would report any concerns that they had. We saw records that showed the provider had managed safeguarding incidents appropriately and had taken appropriate action to ensure that people received a safe service. Staff were also clear about their willingness to challenge poor practice and knew how to raise any concerns; including how to whistle blow if required.

Staff were aware of how to report accidents and incidents. We reviewed these records and saw that they detailed what actions, such as staff training, had been taken after accidents to reduce the risk of them reoccurring. Where people needed medical input we saw that staff had waited with people to ensure they were as safe as possible. There were plans in place to cover for emergencies such as adverse weather or reduced staffing and this information was always available to the person on call when the office was closed. This meant that the most vulnerable people would be prioritised if the service could not operate fully.

People received their medicines safely and in ways that suited the person. One person told us: "They are good with my medicines and give them to me just how I want them." People required different support with their medicines and the support they needed was recorded in their care plans. In some cases staff observed that people were taking their medicines themselves and we saw an example where staff had identified problems and were working to help a person retain this independence whilst reducing risks of missing

medicines. Other people needed prompting or needed the staff to administer medicines for them. Staff had received training and been assessed to ensure they were competent to administer people's medicines. Records related to medicines administration were reviewed regularly and any errors not picked up as they happened would be addressed at this point. This meant that staff understood the importance of notifying the office of changes and completing these records.

Is the service effective?

Our findings

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

People who were able to make decisions about their care told us that they did so on a day to day basis discussing with staff how they would provide the support they required at that time. One person said: "They always check with me and I can tell them just how I like things." Staff described how they responded to people's wishes and how they promoted choice making. They were also able to describe what they would do if people refused care and they were not sure they understood the consequences of doing so. We also spoke with staff who were liaising with professionals to ensure the rights of a person with dementia were protected whilst restrictions were considered to keep them safe. This meant that staff were following the principles of the MCA. The records did not however indicate that assessments had been made of people's capacity or that where appropriate power of attorneys had made decisions or best interest decisions had been made regarding people's care. We discussed this the registered manager and they assured us they would review this as a matter of priority.

We recommend you seek appropriate guidance about the recording of Mental Capacity Act assessments and decisions.

There was a system in place for ensuring that staff kept their training current and the registered manager reviewed this on a monthly basis. Training had, however, fallen behind during a period of staff shortages and work was underway to address these shortfalls. The registered manager explained that training was booked and where any concerns were identified regarding staff knowledge their updates had been prioritised. We saw that medicines training had been refreshed for a member of staff after a complaint. The Care Certificate which is a national certificate designed to ensure that new staff receive a comprehensive induction to care work had been implemented for staff who met the criteria. Where people had specific needs staff were provided with the information and training they needed to provide care safely. For example one person took their medicines through a peg feed and the staff who supported them had been trained in how to do this safely. When people had new equipment the service worked closely with occupational therapists to ensure the equipment was used safely.

People told us the staff had the skills they needed to do their jobs. Everyone we spoke with commented on how able the staff were. One person said: "They most definitely have the skills they need. They are just wonderful." Staff all commented on "excellent" access to training and described a robust induction process that resulted in them feeling confident when providing care. One person said "They are definitely well trained... the new ones are good." People receiving care were asked about how staff were doing during

monitoring visits and this information was used in the supervision process.

Staff told us they felt they were trained and supported to do their jobs appropriately and described how people's care plans enabled them to keep up to date with people's current needs. They also explained they could ask for guidance and support whenever they needed it and they always got a positive response. One member of staff described this support by saying: "You can always ask – there is always someone available." Another member of staff said "I can ask the staff in the office and on call. There are two people on call in the evenings so you can always get someone." Staff spoke confidently about the care needs of people they provided care to. Staff were also positive about their supervision and appraisal processes. They felt these supported their professional development and reinforced the values of the organisation.

People who had help with food and drink commented that this was done to a satisfactory standard. People were left with access to drinks and snacks between visits. Staff were made aware if people who were at risk of not eating or drinking enough, or had difficulty swallowing safely. They explained this information was always in people's care plans and described the records they kept to monitor nutritional intake when appropriate.

People told us they were supported to maintain their health. One person commented on how helpful staff had been during a period of ill-health. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. For example one person's health was variable and the support they needed was regularly reviewed in conjunction with health professionals. Staff fed any concerns back to the office where the staff who coordinated care had regular contact with district nurses and GPs. Changes and health updates were communicated effectively to staff and care plans updated in a timely manner. A health professional commented that: "They are always willing to follow guidance and always raise queries appropriately." They told us they had confidence in the support people received.

Is the service caring?

Our findings

People were supported by staff who they told us were kind and caring. People and relatives made comments like: "The really are all wonderful" and "they are so kind and helpful". People were positive about the caring nature of staff and we heard how important this was. One person described how they saw very few other people and the carers always took time to chat. Another person described them as "wonderful" and said they would be lost without them.

We saw and heard that people were relaxed and comfortable with staff; we heard light-hearted conversations taking place. These interactions were familiar and warm and respectful at all times with people being encouraged to make decisions about their care whenever possible. One person told us: "My goodness me they are all very respectful." Another person said: "They are always respectful. I am treated like a lady." One person commented that the management must be very good at picking new staff as they were all so kind and caring. Staff demonstrated they knew people well through their conversations; they asked after family and significant events in people's lives. People told us they appreciated this familiarity and kindness.

People told us their privacy and dignity were respected. One person said: "I am always treated with dignity and decorum." Privacy and dignity were reflected in spot checks made on staff and was commented on by staff when they described people's care. They also reinforced the importance of promoting independence and people reflected this in their descriptions of the support they received. One person said "I am doing more for myself now. They help that to happen." This reflected a strong values based approach which was evident in how the carers spoke with us and in the care we observed.

Staff told us they enjoyed their work and spoke with warmth about people. One member of staff described how they liked to go to work every day because they enjoyed visiting the people they provided care to. Another member of staff said: "I do the job because I want to give people quality care." They told us they were supported to do that at Brunelcare Domiciliary Services North Somerset. They all told us they would recommend the service to people they cared about because they believed all their colleagues to be committed and caring. One member of staff said: "You treat everyone like they were your family. That is what it is all about."

Is the service responsive?

Our findings

People told us their care was delivered in a way that met their personal needs and preferences. They told us that staff throughout the service listened to them and responded; that they had been involved in planning their care and as a result they received care and support which was tailored to their needs and reflected their preferences. One person told us: "They do everything I need and they do it just the way I want them to." Another person told us: "I am very satisfied. They always do what I need." People and their relatives, as appropriate, were involved in the development of their care plan through an initial assessment which took into account their likes, dislikes and preferences. Where people were funded by the local authority the service used the information provided to them to develop an initial care plan. Staff and people told us that the care plan could be adapted to ensure it met people's preferences as they began to receive care. Care plans described how carers should support people with the areas they had identified they needed help with and made the desired outcome of the support explicit if this had been identified. They also provided a summary of their life story and background emphasising the things that were important to the person. Staff commented that this was very important as it enabled them to develop relationships with people and understand them better.

Staff told us the care plans were useful and that if any changes were needed the staff responsible for this would respond quickly. Most people described a flexible and responsive service. One person said: "I'm thinking about a change now I know I can ask and I am confident they will do all they can." Another person described how their needs were reviewed as their needs had changed and they now received more visits. Another person explained that as they had experienced an improvement in their ability to care for themselves their care plan was updated to reflect their decreased care needs. Two people commented that one of their visit times did not suit them. We spoke with the registered manager about these. In one instance the Team Leader was aware of the request and was trying to make the change. The registered manager assured us that the other person's visit would be addressed so that it would enable them to achieve their stated goals for the visit. This showed that the service was responsive to people's requests. Care plans were also reviewed regularly where change had not been highlighted. We saw that where appropriate people's loved ones were involved in these reviews. This meant that people and appropriate others had regular opportunity to contribute to the way that care was provided.

Staff knew people well and were able to describe their support needs and preferences with confidence. The care staff kept accurate records which included: the care people had received; physical health indicators and how content they appeared. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were taken to the office from people's homes on a regular basis and were reviewed. This meant that changes in need that had not been noted by staff providing care could be identified.

People told us they felt listened to and were able to approach all the staff. People also commented that their team leader was accessible and they felt confident in them as their point of contact with the service. One person said: "I am very confident in (Team Leader) –they are very good." And another person told us: "I can talk to (Team Leader) about anything I want to change." People also told us they could phone the office

with any issues and would feel comfortable to make a complaint if necessary. The complaints procedure was available to people in their homes and we saw that where complaints had been made these had been addressed in line with the policy and people had been informed of outcomes. It was possible to identify the actions taken following complaints and this meant that the service was improved as a result of these processes being followed. One of the actions included staff writing reflective accounts of practice. This enabled them to identify learning opportunities and supported their development. Staff understood their role in supporting people with complaints. They told us they would encourage people to raise concerns themselves but also highlighted the importance of advocating for people if necessary.

Is the service well-led?

Our findings

Brunelcare Domiciliary Care Services North Somerset was held in high esteem by the staff and people receiving a service. Staff were proud of their work and felt part of a team committed to providing good care. People told us they thought the service was good and one person told us: "I can't speak too highly of them they are absolutely wonderful." Another person told us: "They have a good name. Everyone says they are very good."

The registered manager referred to the staff with respect and valued the skills and experience evident in the team. They explained that there had been a lot of change due to changes in the local commissioning strategy and that this had resulted in uncertainty amongst the staff team. They described how staff had been kept informed of processes and this was reflected in the experiences of staff who spoke with us. The uncertainty had led to staff shortages which had been covered by the team. Whilst care had largely been ensured there had been implications for areas such as training. We discussed this with the registered manager who explained how the situation was managed to reduce any impact on the quality of care people received. Feedback from people during our inspection indicated that this had been successful.

The registered manager spoke about the importance of quality domiciliary care. They described this as a motivator in their work life and this commitment was reflected in and shared by other members of the staff team. Staff spoke about being motivated to provide quality care individually during our inspection and we saw that this underpinned internal communications and was reflected in staff meeting minutes.

The service was structured in a way that supported the work of the care staff. The registered manager worked closely with colleagues from other services and was supported by an operational manager who was present during our inspection. The role of Team Leader had been established. This role combined the functions of care coordination and review with staff supervision in locality areas: This role had been developed in order to promote person centred care provided by regular staff. People were confident in the staff who fulfilled this role in the area they lived in and explained they were their main point of contact with Brunelcare. They told us this worked well for them.

There were systems in place for monitoring the quality of the service. For example, reviews of medicines recording and medicines errors were used to focus staff training and so improve medicines administration practice. The feedback from people and records we looked at indicated that this input had been successful. During 2016, another Brunelcare manager had come to undertake a quality audit and their findings had been incorporated into an action plan following a local authority monitoring visit. Where work was required this had been carried out and feedback provided to the local authority. This reflected a commitment to quality assurance systems leading to improvements for people.

Staff and people were asked to provide feedback on the service every six months. We saw feedback from people was mostly positive and where people had identified areas for improvement an action plan had been put in place. For example information was provided to a person who highlighted they did not have this available to them in their home.

The staff team also worked with other organisations and professionals to ensure people received good care. Records and feedback from professionals indicated that the staff followed guidance and shared information appropriately.