

Bromyard Home Care Agency 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 well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Bromyard Home Care Agency Limited is a service providing personal care to people in their own homes. At the time of the inspection 24 people were receiving care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Governance systems had improved but required additional time to embed to reduce risks to people further. Governance systems in relation to the recording of staff competencies to administer people's medicines and processes for ensuring people received their medication as planned required further development. The provider gave us their assurances they would promptly address this. The provider planned to review their key policies so they could demonstrate these followed the most recent best practice guidance.

People, relatives and staff told us communication with the registered manager was good. They were confident if they made any suggestions for improvements these would be addressed without delay. People and relatives said the staff focused on people's needs and described the culture of the service as warm, open and honest. Staff told us Bromyard Home Care Agency Limited was a good place to work because they felt supported and listened to.

People told us staff talked with them about their safety and took appropriate steps to assess their safety needs. Staff had received training to recognise abuse and were confident any concerns they escalated would be addressed. There was a consistent staff team supporting people who knew their safety needs well. Information was available to support staff to administer people's medicines safely.

People were positive about the skills and knowledge staff had developed to care for them. People were involved in assessing their care needs and their views were taken into account when their care plans were developed. People's families were consulted as part of this process where appropriate. This helped people to achieve good health and well-being outcomes. Staff worked with other health and social care professionals to ensure people's health needs were met.

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

Rating at last inspection and update.

The last rating for this service was Requires Improvement, (last report published 28 April 2020) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations. However, at this inspection further time was required to embed these improvements and to continue to develop governance systems and practice.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this focused inspection to confirm the provider now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bromyard Home Care Agency Limited on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Bromyard Home Care Agency Limited

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment), Regulation 17 Regulation (Good governance), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 03 June 2021 and ended on 08 June 2021. We visited the office location on 04 June 2021 and 08 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, a senior care worker and two care workers. We spoke with a health and social care professional, to ask their views of the care provided to people.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and training. A variety of records relating to the management of the service, including spot checks on the care provided by staff and quality assurance checks with people in receipt of care.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider's procedures for assessing, reviewing and managing the risk to people's health and safety were not robust. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they were involved in the management of their safety. One person said "They [staff] talk to me about safety, for example, about my skin [health]."
- People's risk assessments reflected their current needs. Where people's safety and health requirements changed this was reflected in their care plans and risk assessments.
- Staff were provided with sufficient guidance within people's care plans and risk assessments to enable them to provide safe care.
- People told us they could rely on staff to provide them with the medicines they needed to remain well. One relative told us if they had cared for their family member themselves, staff always confirmed what medication they had administered, so they could be sure any medication they subsequently administered was done so safely.
- Staff had been provided with further support to enable them to administer people's medicines safely. This included more detailed instructions for staff to follow to promote effective use of medicinal creams and for medicines people may only require 'as required'.
- We found a few instances where gaps in recording on people's medication administration records, (MARs) had not been identified. The registered manager gave us assurances this would be addressed.

Staffing and recruitment

At our last inspection the provider had not implemented robust recruitment procedures, including consistent checks on prospective staff. This was a breach of regulation 19 ((Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had introduced new recruitment checks and processes. This helped to ensure people were cared for by staff who were suitable to work with vulnerable people.

- People and their relatives told us there was sufficient staff to meet their care needs and they could rely on staff providing the care agreed. One relative said, "Its fantastic care, staff are flexible and consistent. [Staff] come when they say they will come." The relative explained this had helped their family member to form a bond with the staff caring for them and had led to improvements in their family member's mental health.

Systems and processes to safeguard people from the risk of abuse

- Staff had receiving training so they would know what action to take if they had any concerns people may be being abused. Staff were confident the registered manager and senior staff would take action to support people, should this be required.
- We found the registered manger had taken action to escalate any concerns to appropriate agencies so people would be supported.

Preventing and controlling infection

- We were assured that the provider was making sure infection outbreaks were effectively prevented or managed. One person told us staff were careful to ensure any equipment required was managed safely, in a way which helped to reduce the risk of the spread of infections.
- We were assured that the provider was using PPE effectively and safely. One relative said, "I would not have anyone else looking after [person's name]. They are so professional, PPE is always put on. I could not fault them."
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had put systems in place so learning would be taken from incidents. This included learning in relation to ordering equipment required to support people, so people did not experience delays in receiving the equipment they needed to remain safe.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not always ensured staff had received appropriate training, supervision and appraisal to enable them to carry out the duties they were employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives told us staff understood how to support them. One person said, "[Staff] have the knowledge needed, even the younger ones. [More experienced staff] explain to new staff." A relative told us how skilled staff were at picking up if their family member had an infection. This helped to ensure they received appropriate care quickly.
- Staff were positive about the opportunities they had been given to develop the skills and knowledge they required to care for people. One staff member told us, "I had a thorough induction, did all the online training then shadowed for a week." The staff member explained they had been further supported through conversations and check-ins with the registered manager, when they started to complete care calls on their own.

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

- People and their relatives were encouraged to identify what care they wanted and how they preferred this to be provided. One person told us, "Before I started care, [staff] sat down and discussed the care I wanted. My risk assessments and care plans were discussed and signed off with me. I would not sign them off if not happy with them."
- One relative told us the approach taken to involve them in assessing their relative's needs meant, "It's a very personal service rather than being task orientated."
- People's assessments contained detailed information about their needs and preferences.
- People's assessments considered the views of other professionals supporting them. This helped to ensure people's needs were fully met.

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

- People were supported to have enough to eat and drink so they would remain well. One person told us, "One thing they [staff] all do is encourage me to keep drinking."
- Where staff had any concerns people may not be having enough to eat and drink this was monitored, and staff supported them further.

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

- People and relatives gave us examples of improved health outcomes, such as improved skin health, because of the care provided. This included working effectively with other agencies so people's needs would be met.
- Where people had underlying health or mobility problems this was monitored and escalated to other agencies appropriately. One external health professional said staff promptly sought their advice if staff had observed any changes in people's needs.
- Staff gave us examples of concerns they had raised which had been quickly progressed by senior staff, so people's health needs would be met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People told us staff encouraged them to make their own decisions, and these were respected.
- Where people needed support to make some key decisions appropriate people were consulted. For example, records showed us relatives had been consulted about some decisions.
- The registered manager checked if people had support from others who held lasting power of attorney status. The registered manager told us they would obtain written confirmation where power of attorney was held.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. The checks undertaken by leaders did not always support further development of the delivery of high-quality care. Newly introduced checks required additional time to embed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not established any formal quality assurances systems or processes to enable them to assess, monitor and drive through improvements in the quality and safety of people's care. We did not find any evidence of learning by the provider in connection with monitoring the performance of the service. We had also found four breaches of Regulations, which increased the risk of harm to people using the service. Records maintained regarding people's care were not always accurate, complete and up to date. Appropriate recruitment records were not in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes required additional time to embed, to further reduce risks to people. For example, gaps in people's medication administration we identified needed to be promptly identified and followed up by the provider, in line with their own policy. The provider gave us assurances they would address this without delay.
- We did not see any harm to people but found processes in place required further development. This would ensure people received their medication from staff who continued to be assessed as competent to do this. The provider told us their plan to introduce a system to record staff remained competent to administer people's medicines over time.
- The provider intended to put processes in place to assure themselves people requiring care at specific times received these as agreed.
- Not all policies and procedures, such as medication management and infection control, had not been updated within the timescales the provider stated. The provider was not therefore able to demonstrate these followed the most recent best practice guidance.
- The provider had now introduced systems to ensure people's care plans were accurate and up to date. Surveys had also been sent to people and their relatives to seek their views on the care provided.
- New quality assurance systems had been introduced so the registered manager and provider could be assured people were receiving safe and person-centred care. This included spot checks on the care provided

by staff.

- The registered manager and senior staff also continued to work alongside care staff and used this as an opportunity to check the standard of care provided to people.
- Staff highlighted they were encouraged to ask questions if they required any clarification and told us the registered manager and senior staff provided guidance without delay. One relative told us, "[Staff] are absolutely brilliant with [person's name]. [Staff] make [the person] the centre of attention and focus on their needs first before asking if I need anything, before they go."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us communication with all the staff was good and they felt their views were listened to. One person told us staff were always particular to take time meet their sensory needs, so their views were heard. The person said, "They do their jobs efficiently and I appreciate my conversations with them. I get on well with them."
- Relatives were positive about the culture of the service and gave us examples of the benefits to their family members. This included adapting how staff cared for people, so people's and their relative's needs were met. One relative said, "I trust [registered manager's name]. The whole package is good, and [staff] notice if [person's name] is going downhill – they see and understand and make them laugh they take time out with them. They also ask about the family. We feel like one big family. [Registered manager's name] and the [staff] are priceless."
- The health professional we spoke with told us they would not hesitate to recommend the service to their own family and friends, because staff cared about each person they supported.
- Staff told us the support they received meant Bromyard Home Care Agency Limited was a good place to work. One staff member said they enjoyed working for the service because the registered manager and senior staff were, "Really good to staff and clients."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest in the event of something going wrong with people's care.