

## Brancaster Homecare Limited

# Brancaster Home Care

### 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?

Good



### Overall summary

This inspection of Brancaster Home Care Limited took place on 4 and 10 August 2015. We last inspected this service in November 2013. At that inspection we found the agency was meeting all the regulations assessed.

Brancaster Home Care is a Domiciliary Care Agency that is registered to provide the activity of personal care for adults. Services provided include personal care and bathing, a night service of both sleep in and visits, supervision of medication, meal preparation, cleaning and laundry services, shopping, companionship and

support to go out. The offices are situated in Kendal and are open usual office hours with an on call service out of office hours. At the time of the inspection there were 86 people using the service.

The agency has 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.

People who used the agency told us this was a reliable and well run agency. They knew how to raise concerns

# Summary of findings

and complaints but all we spoke with said they had not needed to complain formally. They told us they felt confident talking to the registered manager about anything that bothered them. They had been asked for their opinions and views and if they were happy with the services they received. They told us the agency was “well run”.

We saw that people were supported to maintain their independence and control over their way of life as much as possible. Risk assessments were in place to allow people to keep their independence in their homes in ways that mattered to them. People told us the care staff supporting them were “very, very kind” and “excellent” and “outstanding”.

The agency followed the requirements of the Mental Capacity Act 2005 Code of practice and staff had training on this and a range of training relevant to their roles. This helped to protect the rights of people who were not able to make important decisions themselves. The care staff we spoke with were aware of their responsibility to

protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to their manager.

The staff we spoke to knew about the people they were supporting and the choices they had made about their care and daily lives and respected their wishes. People using the agency felt the staff had a good understanding of their needs and preferences. The agency had worked well with health care professionals and external agencies such as social services and district nursing services to provide appropriate care to meet people’s physical and emotional needs.

The agency maintained good records and used quality monitoring and assurance processes to see if the agency was meeting people’s needs and expectations. Recruitment records showed that there were systems in place for the recruitment of care staff and for their induction and on going training and development.

# 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 were protected from abuse because the staff knew how to identify and report concerns.

There were enough staff to provide the support people required. New staff had security checks to help ensure they were suitable to work in people's homes.

Medicines were being handled safely and people received the support they required with their medicines to maintain their health.

Good



### Is the service effective?

The service was effective.

The staff employed by the agency had completed training to give them the skills and knowledge to support people.

New care staff had received an induction that included working alongside experienced members of staff.

Staff received supervision from their manager or a senior member of staff.

The registered manager understood about the Mental Capacity Act 2005 and their responsibility to protect the rights of people who were not able to make important decisions about their lives.

Good



### Is the service caring?

The service was caring.

People who used the agency liked the care staff that supported them and felt comfortable with them. Staff demonstrated good knowledge about the people they were supporting.

Staff were reliable and flexible to any changing needs when providing support to

People's privacy, dignity, independence and confidentiality were being promoted and protected.

Good



### Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. People made choices about their lives. The support staff listened to them and acted in accordance with their wishes.

There was a system in place to receive and handle any complaints or concerns raised.

Good



### Is the service well-led?

The service was well led.

The registered provider had good systems to monitor the quality of the service provided.

People who used the agency were regularly asked for their views and ideas on service improvement and their comments had been acted on.

Good



# Summary of findings

People who used the agency had confidence in the organisation and the registered manager and felt able to make suggestions, put forward ideas and raise any concerns with them.

# Brancaster Home Care

## 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 carried out this inspection between 4 and 10 August 2015. The inspection was announced. The registered provider was given 24 hours' notice because the agency has a small management team who may also provide care; we needed to be sure that the appropriate people would be in the office.

The inspection was carried out by an adult social care lead inspector over two days. Before the inspection we gathered information from a number of sources and reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We looked at the information received about the agency including any complaints about the service and any safeguarding referrals that had been made. We contacted commissioners of the service and three district nursing teams who were familiar with this service to ask their opinions about the care and support provided.

We spoke with six staff as they visited the office and also the registered manager, the nominated individual and the training manager. We visited five people in their own homes to speak with them and three of their relatives and check the records held there. We also spoke with 10 people who used the service on the telephone and three relatives. We looked at six written records of care and other policies and records that related to the service including quality monitoring documents. We also looked at records relating to how complaints were managed.

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. They provided this information in good time.

We planned the inspection using all of this information.

# Is the service safe?

## Our findings

All the people we spoke with who used the agency and their relatives had only positive comments to make about their experiences. Comments from people using the agency included “I always feel safe with them, they have their badges on but I know who will be coming anyway” and “I trust them implicitly”. People had also been given care team photographs so they could recognise who the staff were. We were also told that staff were “Very reliable” and “Even in bad weather they have never let me down”.

A relative told us “I have nothing but praise for them all, they’re reliable and come on time so I don’t have to worry”. Another relative told us “They are a good agency, I would recommend them. You hear so many bad things in the press about care agencies, we’ve been very lucky to have them”.

Everyone we spoke with told us that there were enough staff to provide the care they required. We were told that if two carers were needed then they had always had two come to help them. People told us that occasionally staff could be late but not by a long time. They told us that there had always been good reasons such as road works, holiday traffic or an emergency at the previous call.

People told us that they usually received support from the same team of care staff whom they knew. They said they received a copy of their care rota each week, so that they knew the care staff who would be coming to their home for each visit. This helped to keep them safe.

All the care staff we spoke with confirmed they had completed training in safeguarding and adult protection procedures and on recognising and reporting possible abuse or neglect. They said they had never witnessed any abuse but had confidence in the manager to deal with any reports of this. Training records confirmed this training had been given to all staff and that it was booked for those who needed it updating.

We saw that each person who used the agency had assessments in place that identified risks that they faced and planned ways to reduce them. This included medication risks, falls, mobility, equipment in use and the

environment people lived in that might affect the safety of staff who visited. This was to help ensure that all were kept safe from a variety of possible risks. There was also information on emergency procedures and the location of fuse boxes, stopcocks and boilers so they could be accessed in an emergency.

We looked at the records of six of the newest staff that had been recruited since our last inspection. We saw that all the checks and information required by law had been obtained before the staff were offered employment with the agency. Checks were also carried out on people’s driving licences, car and insurance documents and road worthiness to make sure staff were safe to drive. It was company policy to repeat security checks three yearly.

We looked at how the agency managed medicines in people’s homes and the policies and procedural guidance in place for staff to follow. The staff we spoke with told us that they had received medication training so if they visited someone who needed this they could safely carry out the task. We looked at the procedures in place and power point presentation of the medicines training and both were comprehensive in their coverage and detailed. The training information was in line with current good practice for prescribed medication. The agency had three senior staff members who had been trained to deliver this training.

Some people were supported by their relatives with their medicines other people had their medicines in ‘blister packs’ from their chemist. We could see that risk assessments were in place for people who needed help and support to take their medicines. People told us that staff “reminded” them to take their tablets. One person said “They [carers] tell me it’s time for my tablets and I take them with some water, except the big one, that I chew”. They went onto say, “They put my cream on and write it all in their book”.

The records showed that there were care plans to support those who needed their medicines given to them or to be prompted and we could see that medicines records had been completed. We found that care staff received the support, training and guidance they needed to handle medicines safely

# Is the service effective?

## Our findings

People we spoke with who used the agency all made positive comments about the support provided to them. They told us that “They [care staff] are very efficient and know what they are doing” and “The girls who come know what they are doing and the office is very good and organised”. Another person told us “They very much know what they are doing. They do a good job and it’s a difficult and hard job”.

Relatives we spoke with also praised the support their relatives received from the agency. We were told “They really are lovely, [relative] needs are being met and everything is just fine”. Another relative said of the staff who came to their relative “I have confidence in their abilities they have taught me things that have helped us with meals and drinks”

We looked at training records and the training structure for the year. We saw that staff had received training relevant to their roles and the needs of the people they supported. This included dementia awareness, safe moving and handling, health and safety, safeguarding, infection control and pressure area care. They had also received practical training. Staff we spoke with told us that they received supervision from the registered manager and had an annual appraisal to assess and support their practices. The training records supported this. Staff told us “They are good to work for, good induction and keep you up to date. I have worked for other agencies but this has been the best for training”. Another care worker told us “I get the training I need, if I needed extra I would just ask for it”.

People who used the service told us that new staff did not work alone but “The new ones work with the others first” and also “[Registered manager] comes out and works with them [care staff] and does a check to make sure everything is done right”.

A new training programme was under development to incorporate the Care Certificate and its learning outcomes. The ‘Care Certificate’ is an identified set of standards that health and social care workers need to adhere to in daily working life. Its aim was to make sure all support workers had the same introductory skills, knowledge and behaviours to provide high quality care and support. We saw that new staff had received induction to the service and completed work books to evidence their learning.

People’s rights were being promoted. Records indicated people were included in agreeing to the support they received and were being asked for the views about the service. The registered manager was knowledgeable about the Mental Capacity Act 2005 and about their responsibility to protect the rights of people who could not make important decisions about their lives. Staff had received training on this to help them uphold people’s individual rights. One person told us “They [care staff] do what we have agreed”.

Most of the people we spoke with did not require support with eating or drinking. We saw that some people needed support with making meals and what they wanted was written in their care plan. Training records indicated that care staff had received training on supporting people to maintain adequate nutrition and hydration. Staff told us they had food hygiene training and the training records recorded when this had been done.

A relative said of the staff who came to their relative “I have confidence in their abilities, they have taught me things about drinks and checking fluid output because they want [relative] to improve”.

# Is the service caring?

## Our findings

Everyone we contacted said that the support they received from the agency helped them to maintain their independence and dignity and to live as they chose. One person said “I would not be able to stay at home but for them. I want to stay in my own home and I really do value having my independence”. We saw that people’s care records included information about the things that mattered to them and what they could do themselves as well as the support they wanted.

Staff we spoke with told us they had the time to give personalised care and support independence and “Build up a relationship”. People who used the service told us that “They [staff] don’t sweep in and try to take over” and they let me try for myself and don’t try to get everything done in a rush”. We were given examples of when care staff had supported people during difficult situations when a doctor was needed. “They [care staff] have always stayed with me if I have needed the doctor” and “Never leave without making sure I was being looked after. They’re very good, very compassionate”.

A relative told us “They do respect [relative] dignity, keep covered up getting out of shower and towels around them when washing”. People told us that they were confident the staff who visited their homes respected their personal information and maintained their confidentiality. One person said “They never talk about other people in front of us. I trust them to keep confidences”.

Everyone we spoke with who used the service made positive comments about the individual care they received. Their comments included “They [care staff] are outstanding, some are really genuinely caring about me” and “They go the extra mile, there’s no doubt about that”.

Also we were told “Some are special people and deserve all the accolades going” and “They [care staff] are lovely, like friends as much as anything, I can’t fault them”.

People told us that the registered manager had asked their preference for a male or female carer to visit. This was to help make sure people felt comfortable with their carer and promoted their dignity. People who used the agency told us that this was “always” respected. One person told us “There may be a man visit to make my dinner but never for my shower”.

Training on how to support people at the end of their lives had been given on induction. Care staff had worked with the district nurses and Macmillan nurses to support people and their families at the end of life. The registered manager and training manager had attended recent training on end of life care following changes to care pathways. This helped to keep them up to date with current codes of practice and safe working practices.

We spoke with district nurses who come into contact with the care staff providing support at the end of life for the people they visited. They told us “They are good at communicating with us and get us quickly if someone is going down and do follow our advice”. We were also told “We have a good working relationship, some carers are really outstanding, but they are all caring from what we’ve seen”.



# Is the service responsive?

## Our findings

People who used the agency spoke well of the way support was provided to them. We were told “I do have a care plan and yes I have discussed it with [registered manager]. It has been checked over to make sure I am happy and I am”. Another person said “[Registered manager] is very good; she comes around and no matter what makes sure I am never let down”.

People told us that they were asked about the support they needed and how they wanted their care to be provided. They said that they had a care plan that detailed the support they required and the choices they had made about their care. We were told “The carers do what we agreed and what I want doing”. They said their care plans were reviewed regularly and that they were being involved in this process.

People who used the agency made comments that indicated the service was responsive to their comments and needs. These comments included “I’m happy with everything but if I have a problem they get it sorted quickly” and “When I have made a suggestion or asked for something to be done differently the response has been immediate and friendly”.

The agency had a complaints procedure that was available in the service user’s guide in the care files in people’s homes. Any complaints or concerns raised with the manager or through staff had been logged and records of investigations and correspondence had been kept and the action to monitor. Staff we spoke with told us they could use feedback forms to relay any comments “back to the office”. We examined records of complaints received since our last inspection. We saw that appropriate action had been taken to resolve them. The registered manager also copied the CQC inspector into their complaint responses. This indicated an agency that was open about complaints and took action if people shared concerns with them.

A relative also told us “It’s not just about complaining is it, when a carer has done something really well or done a little extra they [management] need to know that as well. Another relative told us “We’ve rung the office to say thanks for a job well done or quick thinking, it’s only fair”. Everyone we spoke with had confidence in the management team to listen to and act upon their concerns and comments. They gave us examples of when they had asked for something to be changed to suit them better and this had been done “straight away”.

We looked at the written records of care for people who used the service. We saw that people had been involved in the assessment and planning how their support would be provided by care staff. People had signed their files to indicate that this was what they had agreed they would receive from the agency. We saw that the registered manager had carried out initial assessments with people and their family carers to establish their personal care and individual needs.

People told us that staff knew them well and their likes and dislikes and that they were “Well informed about what I need”. They also told us that the manager visited or called them to check they were happy with their care and make sure it was what they still needed. Staff told us they passed on changes straight away but to make sure it was acted on quickly they had a log. The staff had been provided with mobile telephones and sent a text message to notify the office and colleagues of any changes they needed to be aware of.

Feedback from district nursing teams working with agency staff was positive about joint working. We were told “No problems” and “Quite good actually” and “Never had any issues with this agency and never needed to make a complaint about the carers”.

# Is the service well-led?

## Our findings

People who used the agency were positive in their views about how the agency was run. The comments made included, "It [agency] seems to be well managed, they are very reliable" and "I think it's one of the better agencies, they are always good and my comments are well received by the office" and also "They [agency] deliver a very good service" Another person said "I have always found it well organised and well run". Several of the people we spoke with said they would recommend the service to others and some had done so.

People who used the agency and their relatives told us that the registered manager and office staff were "Easy to talk to" and "I do speak with them regularly". All we spoke with felt they could contact the registered manager and the office staff and said "I am listened to" and "I feel I can speak freely".

We could see that the registered manager had systems in place to ask people for their views on the services provided and to monitor the quality of the service being provided. The management team were clear about how they wanted the agency to develop in the future and to do this in a way that would have quality assurance built into that growth and development. This was to help make sure they remained true to their stated objectives.

Satisfaction surveys were distributed annually and the results were collated so themes could be identified. The agency had policies and procedures in use to guide their practices and monitoring systems. These had all been subject to review in line with changes in legislation and good practice.

Care plans were reviewed and updated. Care staff told us that this was done quickly and that the registered manager dealt with changes or emergencies quickly. During our inspection we saw this was the case as the registered manager responded to information from a carer about a change in a person's condition. The registered manager took immediate action to get the appropriate medical support and for action by other agencies to make sure the person had the care they needed to address the problem. Care staff we spoke with told us that the registered manager and office staff provided "Good back up" to staff and could be relied upon.

Checks or 'audits' were carried out on across the agency's activities to monitor their effectiveness and to see if systems needed to be changed. Medication practices and records had been checked for accuracy. Staff training was monitored to make sure people were given the training and updates they needed when they were due. Staff told us they had received 'spot checks' from the registered manager and people who used the service confirmed this took place.

Staff told us they met regularly with the registered manager for team meetings and could "call in the office anytime". This allowed staff the chance to discuss practice issues or problems both formally and informally.

Commissioners of the service told us that they had not had any "quality issues" with this agency and had received only positive feedback from people who had received the services of the agency.