

Bronte Care Services Ltd

Bronte Care Services Limited

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Bronte Care Services is a home care provider offering care and support services to people within their own homes and in their local community. Their head office is situated in the town of Bingley.

We inspected the main offices of Bronte Care Services Limited on the 27th and 28th October 2015, and spoke with people who used the service during the week commencing 2nd November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. Our last inspection of the service took place in July 2014 and at that time we found the

agency needed improvement in medicines and record keeping.

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 registered manager has recently returned from a six month period of sickness and was now back to take

Summary of findings

charge of the running of the service. There had been some concerns about how the service was run whilst she was on sick leave. There had been two people running the office and had made changes to the call times of people.

The registered manager had implemented a number of changes to the way the service was run and this appeared to have made a significant improvement. The registered manager had allocated more specific roles to each of the office staff and made changes to the visits for staff to allow more time to carry out their calls.

The organisation's staff recruitment and selection procedures were robust which helped to ensure people were supported by staff suitable to work in the caring profession. In addition, all the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

The registered manager told us that sufficient care staff were employed for operational purposes. However, the registered manager told us that they were experiencing some difficulty recruiting and retaining staff, therefore staff recruitment was ongoing.

The staff training matrix was up to date and we saw one to one supervision meetings took place to support staff to carry out their roles effectively.

We saw the agency had reviewed their policies and procedures in June 2015 and introduced a new care planning system and that care plans were person centred and were reviewed on a regular basis to make sure they

provided accurate and up to date information and were fit for purpose. Staff from the office would also do spot checks and speak with service users and relatives to ensure they were happy with the care planning process.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. We found that improvements had been made to the way medicines were managed. People received their medicines when they needed them and in a safe way. We found that medicines were recorded in an appropriate manner.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received. The majority of people we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided.

There was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents/investigations took place and appropriate changes were made to procedures or work practices if required.

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 not always safe.

The registered manager had addressed concerns regarding late or missed calls as this had been an issue in the months prior to our visit.

The staff we spoke with knew how to recognise and respond to allegations of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Medication policies and procedures were in place to ensure medicines were prompted and administered safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported to have sufficient to eat and drink.

People who used the service and/or their relatives told us the initial assessment process was thorough and staff listened to them regarding how they wanted their care and support to be delivered.

The registered manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff on at least three occasions or until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

Staff told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and always acted in line with their wishes.

Good



Is the service caring?

The service was caring.

The service sought the views of people who used the service and their relatives.

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received.

We looked at eight support plans and found they provided staff with the information they required to make sure people received appropriate care and support.

The provider had a complaints procedure which highlighted how a complaint would be dealt with and by whom.

Is the service well-led?

The service was not always well led.

There was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision.

Audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem. However some people told us they felt many of their concerns with the service were the result of ineffective management.

The majority of staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.

Requires improvement



Bronte Care Services Limited

Detailed findings

Background to this inspection

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

The inspection was carried by one inspector. On the first day of inspection we visited the office premises and spoke with the registered manager and the staff in the office who helped run the service. We also looked at eight people's support plans and risk assessments and other records relating to the management of the service such as training records, staff recruitment records, quality assurance audits and policies and procedures.

In a two week period following the inspection we also spoke with fourteen people who used the service and ten staff by telephone to ask them about their views and opinions of the service provided.

As part of the inspection process we also reviewed the information we held about the service. This included information from the provider, notifications and speaking with representatives from the local authority contracts and commissioning service in both Bradford and Leeds. There were a number of issues identified around medication not being administered, some calls not taking place at the correct times and employing staff without correct checks. These were looked at in detail during our inspection.

Before our inspection we reviewed the information we held about the home. This included a review of the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work.

There were some concerns prior to the inspection that people were being employed who were under the age of 18 and without a DBS check. Bronte Care Services had 45 staff employed. The registered manager told us they did not currently employ anybody under the age of 18; in the 18 staff files we looked at we found all staff had DBS checks as well as two references and none were under 18.

We spoke with two recently employed members of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe. For example two members of staff had missed a number of calls and had offered no explanation for this. Following an investigation their contracts of employment were terminated showing that Bronte Care services would not knowingly jeopardise the safety of service users.

The registered manager told us that sufficient care staff were employed for operational purposes although they were experiencing some difficulty recruiting and retaining staff, nonetheless staff recruitment was ongoing.

Whilst the registered manager was off sick, the office had altered call times and these didn't allow for sufficient times between calls. However since their return to work there had been changes made to the way calls are now made.

Eight people who used the service told us they got regular care staff. Five said they occasionally got replacement staff and two told us that they frequently did not get their regular carer. Seven people told us that the care stayed for the expected amount of time, one person said 'not always'

Three people had experienced missed calls and all three said they did not receive an apology even when they phoned the office. People also told us that it would be pointless expecting the office to phone them with an explanation.

This was discussed with the registered manager who told us the service tried hard to provide people with continuity of care but acknowledged this was not always possible due to staff sickness and leave and the operational needs of the service. The registered manager told us that they were looking at a new way of working to ensure continuity of care staff for people. The registered manager told us that since their return to work they had arranged for people to have regular staff. They also told us where there were any late or missed calls staff had to offer a reason for this and apologise to the person using the service.

The people we spoke with told us they felt confident that the staff were trustworthy and had no concerns about their safety. People told us they felt safe when their carers were with them even if it was not their regular carer. People told us they were quite happy with the care and service they received comments included, "I do get a regular carer and I feel safe and relaxed. I would say they have the right skills". And, "I do think that things have been changing for the better, a bit."

People also told us they had a telephone number for the service which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy

Is the service safe?

and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

We found that CQC had received a number of notifications that had been reported to the Local Authority Safeguarding Unit as required. Issues included people not having correct pre employment checks, employing people with drug and fire arm convictions. We investigated these incidents and saw no evidence to substantiate these allegations. Each incident had been dealt with appropriately and the allegations made were found to be unsubstantiated.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. The policy we looked at made it clear to staff they must seek people's consent before they administered medication and complete the appropriate documentation once medication had been given. The registered manager told us staff were not allowed to administer medicines until they had completed appropriate training and felt confident and competent to do so. We were able to look at the Medication Administration Record (MAR) charts signed by staff after they administered people's medicines as they were returned to the office for audit purpose. We saw evidence that the senior care assistants did review them when they visited people to ensure medication was being administered as required. We reviewed the previous three months charts and found only one day where a signature

was missing. The registered manager confirmed that on that day the person was in hospital. People told us they received their medicines as prescribed. There were suitable arrangements for the safe storage, management and disposal of people's medicines. Training records confirmed staff had attended medicines training, all staff files that we looked at had received medication training in 2015. When speaking with staff we found them to be knowledgeable about the medicine that needed to be administered.

The staff we spoke with confirmed they were not allowed to administer medication unless they had completed an appropriate medication course and always administered medication as prescribed. They told us they always encouraged people to take their own medication if at all possible but said as people became older they sometimes became increasingly dependent on staff assisting them.

Risk assessments were in place where areas of potential risks to people's general health and welfare had been identified. These included assessments relating to people's mobility, nutrition, medication and the environment. Risks to individuals were managed appropriately. People

were involved in decisions about managing risks associated with their choices in a way that allowed them to be independent as possible. Staff supported people to take day to day risks whilst keeping them safe. For example people were involved in preparing meals and hot drinks. Each person had an up to date personal emergency evacuation plan (PEEP).

Is the service effective?

Our findings

The registered manager told us that all new staff completed induction training when they began employment and always shadowed a more experienced member of staff on at least three occasions or until they felt confident and competent to carry out their roles effectively and unsupervised.

The registered manager told us the majority of training courses made available to staff were provided by an external training organisation and staff were required to attend mandatory training in line with the training plan in place. We looked at the training matrix and saw staff training was up to date.

Staff received supervision sessions every six to eight weeks. These were structured and included a re-cap of the previous meeting, a review of the staff member's strengths and development needs. Staff told us that they received the support and training they required to support people effectively.

The staff we spoke with told us the training provided by the service was very good and provided them with the skills, knowledge and understanding to carry out their roles effectively. Staff also told us they were also able to request specific training to be provided if they required it to meet a person's needs. One person told us, "It is my wife who receives the care and I am partly happy with the service we get. Mostly we do get regular carers and mostly I think they have the necessary skills." And another said "I would say I get a good service from them. They do occasionally run a bit late but I don't get a phone call or anything. Apart from that it is fine. They see to my medication and I have seen them filling in the record sheet."

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.

There was evidence within the care documentation we looked at which showed where people were unable to consent to care and treatment their preferences were discussed and reviewed and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's wishes.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and support and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

The person's care plan contained information on the dietary treatment for their condition. Healthy eating was encouraged. Where regular weight checks had identified that a person had put on weight this had been discussed with them and the person had decided to cut out snacks and had subsequently lost weight. We saw evidence that all staff had attended food hygiene training in 2015. We saw that as part of their care package some people had a meal prepared during the day. However, it was apparent when talking to people who used the service and staff that at times only fifteen minutes was allowed for this type of visit which might also include assisting someone to the toilet. This meant that meals prepared mainly consisted of micro-wave meals or sandwiches. The staff told us they did not have time to cook fresh produce unless the visit was at least thirty minutes which for some people it was. People who used the service and staff felt that fifteen minute was not sufficient to prepare and serve someone a meal but acknowledged that this was not the fault of the agency but the way care and support was being commissioned.

Is the service effective?

One person told us: “The staff are always respectful and mostly provide care which meets my needs. Sometimes they do phone me if they are running late. I get on well with them and I have been helped to attend coffee mornings which I enjoy going to occasionally”. Another told us

“No complaints from me about the carers. They show a good, caring, and compassionate side and some are just like family. I have never been involved in care planning, reviews, or surveys before today”.

People were supported to maintain good health and access relevant healthcare services. They were supported

to attend their annual health check with their GP to ensure any changes in their medical needs were identified. A record of planned appointments with health care professionals was kept in the care plan and the outcome of visits was recorded in the care plan. This showed to us that the policies and procedures in place to support people in such emergencies were effective and the service and staff acted in people’s best interest. Relatives we spoke with told us the staff were very good in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell..

Is the service caring?

Our findings

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their support plan.

One person said, “The carers are very good and they do have a very good approach. I feel they see to me and look after me very well but I have never been asked for my views or done any surveys.” Since their return to work the registered manager had implemented a new system whereby one senior member of the office staff would carry out review during the week. This involved reviewing everyone’s care by observing visits from staff and discussing this with people who used the service. As part of the review process, a follow up call was made one week after the visit to discuss the care package with relatives and people who used the service and make any adjustments that people wanted. At the time of inspection half of the people who used the service had received a management visit to discuss their care package and seek their views and opinions.

One person said, “No complaints from me about the carers. They show a good, caring, and compassionate side and some are just like family. I have never been involved in care planning, reviews, or surveys before today.”

Relatives were positive about the way in which care and support was provided. Responses included, “We have been greatly comforted by the quality of support afforded,” and “I am very happy with the quality of the service that is provided for my [relative], nothing is too much bother for them, they have regular contact with me.”

Another person told us that based on their own experience they felt the service had a flexible approach to providing care and support and had acted on their request to change their support package at short notice.

Duplicate care plans were developed for use, one copy was retained within each person's home and a second was held

securely at the care provider's office. In each entry of the daily notes was information of the care provided. The registered manager told us staff were responsible for informing the office if they noticed a change in people's needs. The staff we spoke with confirmed this and provided us with examples where they had done this. The registered manager explained that the daily notes were returned to the office each month for the management team to review any changes had been identified and appropriate action had been taken for people, such as making referrals to health professionals.

People told us staff usually arrived on time but generally accepted that there were times when due to unforeseen circumstances they did arrive late. In the majority of cases people said they were kept informed if staff were running late or they contacted the office to enquire what time staff would be arriving.

The service had a specialist computer and phone system which staff dialled into when they arrived and left someone's home. The registered manager said this was checked on a daily basis.

This enabled the service to check people were receiving care and support at the times they needed it. We saw evidence of call logs and that people did receive calls that were consistent with their care package.

The CQC received concerns about some short visits of 15 minutes, we were told that this was often carrying out tasks such as emptying catheter bags, this was confirmed by staff. On some occasions relatives were present and requested that the task done as quick as possible.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan.

Is the service responsive?

Our findings

The registered manager told us when a person was initially referred to the agency they were always visited by the registered manager or a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We saw evidence of a robust assessment which included cultural, religious, physical or complex needs the person had.

People who used the service and/or their relatives told us the assessment process was thorough and the registered manager listened to them regarding how they wanted their care and support to be delivered. People told us they were encouraged to ask questions during the initial assessment visit and this had helped them to make an informed decision about whether or not the agency could meet their needs.

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received. Comments included,

"I am quite happy with the carers and with the service. When they are delayed, which I know they can't always avoid, they usually phone me to let me know. We get on very well and they often find the time for a chat which I enjoy. I see to my own medicines."

One person told us that they felt that their support plan was not always amended to reflect their changing needs, however since the return of the registered manager, and following a meeting and discussion, it had been agreed with the registered manager that they could implement their own care and support plan for staff to follow. They said staff now provided care and support in line with their needs and preferences which showed their needs were taken into consideration in a collaborative way. We looked at eight support plans and found they provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were now reviewed at least monthly or sooner if there were significant changes in people's needs or circumstances. We were told a copy of the support plan was kept both in the home of the person who used the service and agency's main office. The staff we spoke with told us they used the support plans as working documents and had sufficient time to read them during their visit. We

saw evidence that following the introduction of the new care planning system the information in the support plans had improved significantly and they were now more person centred. Staff told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the registered manager or a member of the senior management team. Staff felt any issues were responded to quickly by the registered manager and said a member of the management team was always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies. People who used the service and/or their relatives confirmed that staff always read the care documentation when they visited and completed the daily report sheets.

The provider had a complaints procedure in place and the registered manager told us all complaints were acknowledged and responded to within set timescales and a thorough investigation was always carried out. We looked at the two complaints received since the last inspection and found they had been dealt with appropriately.

The registered manager told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose. They also told us that as part of the annual review of the care package people who used the service and/or their relatives were always asked if they felt any part of the service provision was not working for the individual. This gave people the opportunity to discuss any concerns they might have without having to raise the matter as a formal complaint.

We spoke with fourteen people who used the service and/or their relatives and the majority of people told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided. Comments included, "I know how to make a complaint but thankfully I have never had to use it," and, "I am aware of the complaint procedure but would only make a formal complaint if I felt staff were not listening to my concerns."

However, two people told us they had made complaints and they had not been satisfied with the way their concerns had been dealt with. One person told us on two occasions they had contacted the office to complain about the service they received and were told someone would phone back but they never received a phone call. Another person

Is the service responsive?

said, “I contacted the office about a concern I had but nothing was done and I didn’t like there attitude.” This was discussed with the registered manager who confirmed the matter had been taken up with the senior management team in the office and one senior member of staff had now

left the company. The registered manager had ensured that each member of management were aware that that in future all concerns/complaints were dealt with correctly and in a timely manner.

Is the service well-led?

Our findings

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision.

The registered manager told us they audited people's support plans and risk assessments, the complaints registered and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information. For example, due to the location of the people who used the service not everyone could attend staff meetings. A new system was introduced to reflect where people worked and each month three staff meetings occurred in one particular week. This enabled all staff to receive information and to discuss concerns or worries with the registered manager.

The service had not been well led in the absence of the registered manager, and there were a number of concerns about the senior management team in the office. One staff member told us, "I do not really feel well supported by the management. Last week I was asked to call in for training and I was in the office for an hour during which I got five minutes training." And another said, "I am not sure they all have the necessary skills and the problem, as I see it, is that we have potentially good carers led by rubbish management."

The registered manager told us audits were carried out and results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. For example, an action from previous complaints about call times was that the views of all people who used the service and their relatives were to be sought. Also staff had requested some more information about diabetes care, the registered manager was seeking out a course for all staff to attend on diabetes awareness. The registered manager told us as part of the quality assurance monitoring process the service sent out

annual survey questionnaires to people who used the service to seek their views and opinions of the care and support they received. They confirmed the information provided was collated and an action plan formulated to address any concerns raised.

The registered manager told us they had now implemented a system whereby senior staff carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. The registered manager confirmed the frequency of the spot checks were part of a process of updating and reviewing everyone's care package to see if service users and relatives were happy. In some cases changes were made to people's call times to allow more flexibility.

We saw that staff meetings were held so staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received. We also saw the service published a newsletter which kept staff up to date with the any changes which might affect the day to day management of the service.

The majority of staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.

However, two members of staff felt there was at times a lack of communication between the office staff and front line staff which resulted in information not always being passed on in a timely manner. This was discussed with the registered manager who confirmed it would be a topic for discussion at the next staff meeting. This was an issue that had been looked at following the registered manager's return from a period of sick leave.

Although the registered manager had identified concerns and addressed these following her return to work following a period of absence there had been a failure on the part of the provider to adequately monitor the service and address the shortfalls in the absence of the registered manager. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have effective systems or processes in place to monitor the service

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.