

Brindley Medical Limited

# Brindley Medical 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Brindley Care is a community-based care provider that provides personal care and support to people in their own homes. At the time of our inspection there were 2 people receiving personal care.

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

The provider's audits in place to monitor the quality of the service were not effective and had not identified where risk assessments were lacking in detail. The provider's oversight had not identified where staff had not been trained in the Mental Capacity Act and had little knowledge of how to work within the legal framework of the Act. There was no registered manager in post as required by law.

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, however, the policies and systems in the service did not support this practice as staff had not received training in the Mental Capacity Act 2005 (MCA) and did not have a clear understanding of how to work within the legal framework of the Act.

Staff knew how to keep people safe from harm. The provider had a recruitment process to ensure they had employed suitable staff to support people safely. Staff followed infection control guidance and had access to personal protective equipment.

Staff had the skills and knowledge to meet people's needs. People were supported to eat a healthy diet and care staff knew people's specific dietary requirements. People were supported by regular staff.

People were supported by staff who were kind and caring and knew them well. People's privacy, dignity and independence were respected by staff.

People's support needs were assessed regularly and planned to ensure they received the support they needed. The provider had a complaints process which people were aware of to share any concerns.

### Rating at last inspection

This service was registered with us on 15/02/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Brindley Medical Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their homes.

The service did not have a manager registered with the Care Quality Commission as required by law. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a care manager in post who told us they had applied for registration and were waiting for their application to be processed.

#### Notice of inspection

We gave the service 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.

#### What we did before the inspection

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 sought feedback from the local authority and we checked Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one relative about their experience of the care provided. We spoke with three members of staff including the nominated individual, care manager and care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with one person using the service and one relative. We continued to seek clarification from the provider to validate evidence found. We looked at training data.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessment documentation provided guidance to staff and showed the actions taken to manage and reduce risks to people. However, some risk assessments were not sufficiently detailed and required more information, for example, how to support someone to re-position safely.
- Risk assessments lacked detail of peoples' specific individual needs. For example, how to support someone with diabetes or where individuals required support with continence; how to protect people's skin integrity.
- People using the service had the same regular staff who knew their individual support needs and how to mitigate their risks.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Whilst there had been no accidents or incidents recorded at the service since it opened, the care manager was aware of the importance of investigating such events and the monitoring of trends and patterns to prevent them from happening again in the future.

### Staffing and recruitment

- There were recruitment processes and recruitment checks undertaken before staff were appointed, ensuring suitable staff were employed.
- The provider had an electronic call monitoring system to monitor whether calls were logged in at the scheduled time. This enabled the provider to ensure the staff member had arrived at the person's home safely and the person received their care on time.
- There were enough staff to support people. One person said, "They [staff] turned up on time."

### Using medicines safely

- People using the service were not currently receiving support with medicines.
- The provider had a medicines policy in place to guide staff on how to support people safely with medicines when required and staff received training in safe administration of medicines.

### Preventing and controlling infection

- Staff had received training in infection control and told us how they followed good infection control practices to prevent the spread of infection.

- PPE (personal protective equipment) was readily available to staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We found the service was not working with the principles of the MCA as they had not provided any training around the MCA for their staff. Staff we spoke with had very little understanding of the MCA. People currently using the service had capacity to make their own decisions so currently there had been no impact on people.

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

- There were no oral health care assessments in place for people to give guidance to staff on how to support people with good oral health.
- People using the service were supported by family members to access healthcare in the community. However, one staff member told us how they supported a person using the service by picking up their medicines for them from the pharmacy when they were unable to do this themselves.

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

- The provider carried out an assessment so they could be sure they could support people safely and how they wanted. People using the service and their family members were involved in the assessment.

Staff support: induction, training, skills and experience



- People were supported by staff who had the skills and knowledge to do so effectively. One relative told us, "She [staff] knows what she is doing."
- Staff completed an induction programme and shadowed experienced staff before commencing work.
- All staff were given opportunities to review their individual work and development needs.
- Staff received regular supervisions from the manager.

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

- People were supported to eat a healthy diet. One person told us, "They make my breakfast."
- Staff knew people's individual dietary requirements.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives we spoke with, gave positive feedback about the staff. One person said, "Staff are alright. I get on well with them." A relative told us, "[Person] has a really good relationship with [staff]. [Person] gets on really well with them."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity to be able to meet people's needs.
- Staff told us they enjoyed working at Brindley care. One staff member said, "It is better than other companies I have worked for."

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and this was evidenced in records we observed. One relative told us, "We are involved in care reviews." This meant people's views and wishes were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One relative said, "[Staff] are very good. They put [name of person] at ease."
- Staff gave us examples of the steps they took to promote people's privacy and dignity. For example, they told us how they would close the door and cover someone with a towel to protect their privacy and dignity whilst providing personal care.
- People were encouraged to maintain their independence and do as much as they could for themselves. One staff member told us how they supported [person] to walk rather than use their wheelchair when they were able to do so.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place which contained information about people's background and preferences, which showed the support people needed and these were reviewed regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The care manager was aware of AIS and how to meet people's specific communication needs. They told us they were able to print documents in different formats, for example, large text.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. There had been no complaints since the service had opened.
- A relative told us, "If we have an issue we can get in touch with them [Brindley Care] and they will sort it out. For example, [person] was getting confused with medication and now the staff prompt [person] to take them."

End of life care and support

- People using the service were not receiving end of life care and did not have end of life care plans in place. We discussed with the care manager about giving people the choice to discuss their end of life wishes if they would like to and have these recorded in their care plans. The care manager told us she would implement this.
- Staff had received training in end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's audits to monitor the quality of the service were not effective and had not identified where risk assessments were lacking in detail to guide staff on how to support people safely. They had not identified where risk assessments had not been implemented for people's specific needs, for example, around skin integrity. We found staff understood key risks to people, however, documentation was not always in place.
- The provider's oversight had not identified where staff had not been trained in the Mental Capacity Act and had little knowledge of how to work within the legal framework of the Act.
- There was no registered manager in post as required by law. The current care manager had applied for registration and was waiting for their application to be processed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the care people received at Brindley Care. One person said, "I am happy with the service."
- Staff spoke positively about the care manager and said, "The manager is approachable. I can talk to them. I always get the support I need."
- The nominated individual was regularly in the office and the manager told us, "[nominated individual] is very supportive."

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 provider understood the duty of candour and was open and honest about where the service needed to improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality reviews were carried out with people to gain their views of the service. Feedback we observed from the reviews was very positive. One relative told us how [person] had not been completing their physiotherapy exercises and following the quality review staff prompted [person] to complete their exercises which helped to improve [person's] health.

#### Continuous learning and improving care

- The manager told us they would arrange for staff to receive training in the MCA, following our inspection which had identified gaps in learning and understanding.

#### Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs.