

Braeburn Care Limited

Braeburn Care (Tunbridge Wells & Tonbridge)

Inspection report

Aurora House
Chiddingstone Causeway
Tonbridge
Kent
TN11 8JU

Tel: 07834761668

Date of inspection visit:
05 March 2018

Date of publication:
19 March 2018

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 ●

Summary of findings

Overall summary

We inspected Braeburn Care (Tunbridge Wells and Tonbridge) on the 5 March 2018. The inspection was announced. Braeburn Care is a domiciliary care agency based in an office in Tonbridge, registered to provide personal care for people who require support in their own home. The organisation is registered to provide care. At the time of our inspection Braeburn Care were providing care to approximately 120 people who had a range of needs from old age, dementia and mental health. The service employed over 40 staff members.

When we completed our previous inspection on 12 February 2017, at the previous office address of the service, we identified two breaches of the legal requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12, (Safe Care and Treatment) as medicines were not consistently managed in a way which ensured people received them in a safe and effective manner with regard for the risks associated with them; Regulation 17, (Good Governance), the provider had failed to operate a robust quality assurance framework. We also made three recommendations for good practice, that; the provider sought guidance from a national source on robust risk assessments; the provider sought guidance on how to implement the MCA 2005 Code of Practice and the provider sought guidance from a national source about the implementation of a person centred care plans.

At this inspection we found that improvements had been made to all identified areas.

Medicines were managed safely and people received them as prescribed. People were supported with medicine management when needed and care workers had received training on how to administer medicines.

Systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service and these were being followed. An electronic system to monitor if staff were staying the allocated times at care calls was now effective.

Individual risk assessments were in place which considered for example, moving and handling, falls and skin integrity. Systems were in place to monitor accidents and incidents.

The provider had appropriately implemented the Mental Capacity Act (2005) Code of Practice. Training schedules confirmed care workers had received training on the Mental Capacity Act (2005). Staff told us how they gained consent from people before delivering care. Consent forms were in place for people to sign to indicate their consent to the package of care and care plan.

Person centred care plans had been put in place when implementing the new electronic system of recording records. People had individual care plans and staff spoke highly of these. Information was available on the person's personal history and hobbies and interests.

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 was unavailable on the day of the inspection, and the provider and management team supported the inspection process.

People who received personal care and support from Braeburn Care told us they were happy with the service provided. One person told us, "They (staff) are very good. I cannot complain about anything". Staff treated people with kindness and respect for their privacy and dignity. Staff knew people well and remembered the things that were important to them so that they received person-centred care. One person told us, "I would recommend Braeburn to anyone. They do not take liberties. They are respectful".

People receiving support felt safe and well cared for. They were protected from harm because care workers understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse. Staff were vigilant of people's health care needs and ensured they had access to health care professionals to maintain their health. Staff understood the need to share information about changes in people's health. People were supported to eat and drink enough to meet their needs.

There were enough safely recruited care workers to ensure the care could be provided. Staff told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills to do their job effectively.

People were supported by staff who were passionate about their work. Staff told us they liked working for the organisation and appreciated that the organisation put people first.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. The provider ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The provider provided good leadership. They checked staff were focused on people experiencing good quality care and support. Staff told us the management team were approachable and responsive to their ideas and suggestions.

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 

Braeburn Care was safe.

People told us they felt safe receiving care in their own home.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

People received their medicines from staff who had received relevant medicines training.

Staff had received adult safeguarding training and were confident any concerns they brought up would be dealt with appropriately.

Is the service effective?

Good 

Braeburn Care was effective.

People were always asked for their consent before care was given.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

People and their relatives felt confident in the skills of the staff.

Is the service caring?

Good 

Braeburn Care was caring.

Staff were caring and treated people with respect. People's privacy and dignity were maintained.

People told us they received care and support from staff that were kind and caring.

People's confidentiality was respected and maintained.

People's regular staff knew their preferences about their care and support.

Is the service responsive?

Braeburn Care was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

Staff were provided with the information they needed to meet people's needs in a responsive manner.

People were confident they were listened to and any concerns they had were addressed.

Good ●

Is the service well-led?

Braeburn Care was well-led.

There was a robust quality assurance framework in place.

The ethos, values and vision of the organisation were embedded into practice.

Staff spoke highly about working for the provider and recognised they worked together as a team.

Good ●

Braeburn Care (Tunbridge Wells & Tonbridge)

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 was 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.

This was a comprehensive inspection, which took place on 5 March 2018 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection.

The inspection team consisted of one inspector and two experts by experience, who made telephone calls to people receiving a service in their own home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During our inspection we visited the agency's office and spoke with the provider, the personal assistant to the provider, two field care supervisors, one team leader, one care co-ordinator and we spoke on the telephone with five staff who worked in the community. The experts by experience spoke with ten people that used the service and twelve relatives of people that used the service.

We looked at the provider's records. These included people's care records seen on the newly implemented electronic system, which included care plans, health records, risk assessments and daily care records. We also looked at medicines administration records. We looked at staff recruitment files, a sample of audits, staff rotas, staff meeting minutes and staff training records.

This was the first inspection of the service following a move to new office premises.

Is the service safe?

Our findings

People told us they felt safe with the care workers coming into their home and providing care. People said, "It feels safe because I am here", "They are a nice bunch", and "Absolutely safe, very kind and very understanding and do not rush at all". One relative said, "The carers are very friendly. They do just whatever she asks and a bit more". Another relative said, "She feels safe and confident with the carers".

At the last inspection in February 2017, at the previous office address of the service, we identified a breach of Regulation 12, (Safe Care and Treatment) as medicines were not consistently managed in a way which ensured people received them in a safe and effective manner with regard for the risks associated with them. We also recommended that the provider sought guidance from a national source on robust risk assessments.

At this inspection we found that improvements had been made to all identified areas.

Administration of medicines was undertaken appropriately. People confirmed that staff supported them to take their medicine, apply cream or any pain relieving patches. One person told us, "They remind me to take my medication in the morning". One relative told us, "If Mum needs cream, they put it on. They know to do it". Medicine risk assessments were in place which considered if people required support to administer their medicines or just prompting. Information was recorded on where people stored their medicines and who was responsible for re-ordering their medicines. Following the last inspection the registered manager had put in place appropriate medication administration records (MAR). A new electronic record system has been implemented and MAR records were viewed as part of this system. Staff are prompted and have to confirm when medicines have been given, and the appropriate MAR signed with the initials of the staff person. The records are regularly audited by the management team and indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Risks to people's safety were assessed and care plans considered areas of care which presented as a risk. For example, health and safety risk assessments were in place which considered the internal and external environment of the home. Risk assessments also considered the security of the person's home and if any pets were present in the household. Risk assessments were individual for each person and considered specific risks, such as risk of poor diet, dehydration or pressure sores. Information was available on the actions to mitigate such risks and these were viewed on the electronic system. Risk assessments were regularly reviewed and updated in line with people's changing circumstances. Guidance was provided to staff on how to manage identified risks. This ensured staff had all the guidance they needed to help people to remain safe.

Staff recognised the importance of leaving people's property secure at the end of a care call. One staff member told us, "I always make sure there is nothing in the way, and that the windows and doors are closed". Another staff member told us, "I close the curtains if it is an evening call, make sure there are plenty of drinks available for the person and lock the door when I am leaving".

Sufficient numbers of staff provided a dedicated and consistent team for people and ensured that they were safe and well cared for. Staffing numbers were determined by the number of hours of care commissioned, geographical areas and the individual needs of people. On the day of the inspection, Braeburn Care (Tunbridge Wells and Tonbridge) was providing 519 hours of care per week. Staff raised no concerns over staffing levels and felt staffing levels were sufficient to cover the care calls and meet people's needs. Rotas were planned two weeks in advance and care workers were informed of the calls they would be covering via secure email and information provided to them on the electronic system. One staff member told us, "We receive our rota by email on a Thursday, ready for the Saturday. We also receive information on our electronic device". People in their own homes, will soon be able to access the electronic system so they can know who is attending their calls and keep up to date with information about the care provided. Staff are able to tell people they visit who will be coming next and at what time. The provider told us that people could telephone into the office and ask for this information if needed, or a paper copy would be provided on request if the person was unable to access the electronic system.

The provider continued to have an up to date recruitment policy in place, which enabled safe recruitment procedures to be followed. Staff had been recruited through a recruitment process that ensured they were safe to work with adults at risk. Appropriate checks had been completed prior to care workers starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective care worker had a criminal record or were barred from working with children or adults at risk. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. As staff were driving in the local community and accessing people's individual home through the use of their individual car, the provider had sourced appropriate documentation to confirm that care workers were safe to drive and had up to date car insurance and a valid Ministry of Transport (MOT) test certificate.

Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had yearly refresher training. The staff we spoke with were aware of the different types of abuse that may occur, what would constitute poor practice and what actions needed to be taken to report any suspected or actual abuse. Staff told us the registered manager would respond appropriately to any concerns. One staff member told us, "I had concerns over the well-being of one person. I raised concerns with the management team and even though it was just before the office closed they took action straight away". Staff knew who to report to outside of the organisation and gave the example of Social Services. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. This meant that effective procedures were in place to keep people safe from abuse and mistreatment.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies, for example adverse weather conditions.

Is the service effective?

Our findings

People commented that they felt confident in the skills and abilities of care workers. People said, "Yes I do. They are all very, very good", and "Oh yes certainly, I think most are nurses anyway". One relative said, "Yeah, that has been the best thing. My Mum says how incredibly nice they are".

At the last inspection in February 2017, at the previous office address of the service, we recommended that the provider sought guidance on how to implement the MCA 2005 Code of Practice.

At this inspection we found that improvements had been made to this identified area.

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

Staff provided support and met the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with disabilities.

Training records demonstrated that staff had received essential training about the principles of the MCA as part of their induction. They demonstrated a firm awareness of how to gain consent from people. One staff member told us, "When chatting, I ask the person if they want a wash, what would they like to wear today. I always ask and do not do anything without their permission". People and their relatives confirmed that they were always asked for their consent. One person said, "I think it is consensual what they are doing, yes", and "Yes, they do and sometimes my Mother, who has Alzheimer's, will answer them". Consent, which included consent to the care plan implemented by the service was documented. Consideration had been explored as to whether the person lacked capacity and required someone to make this decision or sign the consent form on their behalf. All staff spoken with said that they asked for verbal consent from the person before undertaking any personal care or other activities. The management team and staff could demonstrate how the principles of the MCA 2005 were embedded into practice.

Staff undertook an induction and a variety of essential training which equipped them with the skills and knowledge to provide effective care. Upon commencing employment with Braeburn Care, staff were subject to a probation period. This included shadowing staff until it was deemed they were competent to work unsupervised. One staff member told us, "The shadowing shifts when you first start were really helpful. If you need more you just have to ring the office and they will come and help support you and make sure you are feeling comfortable". Staff also completed a company induction. Staff told us the training was good quality and they felt confident to do their job properly. A variety of training was also provided to care workers via

their inductions. Training included dementia, death and dying, infection control and confidentiality. Staff confirmed they felt the training equipped them with the skills required to provide effective care.

Mechanisms were in place to monitor and ensure that the training staff completed was effective and implemented appropriately. Records demonstrated that staff were subject to unannounced spot checks to ensure that their practice was competent and meeting the needs of the person. These spot checks enabled the registered manager to ensure staff arrived to the care call on time, stayed for the duration of the care call, wore the appropriate uniform and ID badge; whether they treated the customer with respect and dignity, showed an interest in their wellbeing and effectively communicated with the person.

Staff continued to be supported through individual one to one supervision, meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. Staff confirmed that supervision and annual appraisals had taken place.

There was evidence that people's needs were assessed prior to the start of visits by care workers and continually reviewed during the person's time with the service. The management team undertook thorough assessments of people's needs before accepting them and a structured introduction took place. The initial assessment was used to determine whether or not the service could meet the person's needs, and if any specialised tools or professional's assistance would be required. This meant that people's needs were assessed in detail to ensure they could be safely supported at the service.

People were supported to maintain good health and have access to on-going healthcare support. One person told us, "They helped once when the Doctor called at the house". Staff said they checked how people were feeling and would always contact the office if they had any concerns about their health during a visit. One staff member told us, "I noticed that a person I looked after was losing weight. I reported this to the management team, and the GP visited the person". The staff member told us that since then and with prompting the person had gained half a stone in weight. All staff confirmed that in the event of 999 being called, they would always remain with the person until the ambulance crew arrived.

Where people used specialist moving and handling equipment, input and guidance from the occupational therapist and physiotherapist was available within the care plan. Where required, staff supported people to eat and drink. Much of the food preparation at mealtimes had been completed by family members or people themselves and staff were required to reheat and ensure meals and drinks were accessible to people. One staff member told us, "If the person does not fancy the readymade meal, I will offer choices after looking in the fridge. For example omelette with cheese or poached eggs. I always make sure the person has drinks available before leaving them".

Is the service caring?

Our findings

People were satisfied with the care they received and said they saw regular consistent staff who knew them well and treated them with kindness. One person said, "Yes, they (staff) are nice and nice personalities. I can have a little laugh with them while they do their work". Another person said, "They (staff) are quite jolly. It is a good atmosphere when they come. They are caring people as they are doing the job as a pittance". Another person said, "I would say supremely happy with the carers. It has been a pleasure to have them here actually". One relative said, "Mum has built a relationship with her regular carers and is very fond of them". Another relative said, "The carers are very good, I am really pleased with them". Another relative said, "They are all very kind and understanding and do not rush her at all. They are very good". Another relative said, "Yes, because they are all very sweet with my Mother. They are nice and they do what they have to do. On the whole very pleased with them". Staff confirmed they saw people on a regular basis which enabled them to build their rapport with people. One staff member told us, "I have a walking round, and go to the same people every day".

The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights (EDHR). These were accessible to staff at any time and included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff knowledge of EDHR was discussed at recorded supervisions meetings with the registered manager. Staff were respectful of people's cultural and spiritual needs.

People confirmed their dignity and privacy was always upheld and respected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors to ensure people's privacy was respected. One person said, "The carers are respectful and I comfortable with them". One relative told us, "They treat him very respectfully and nicely. They chat with him even though he cannot talk back". We found the staff team was committed to delivering a service that had compassion and respect for people.

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. One staff member told us, "I always ask the person if they want assistance or whether they would like to do it for themselves". Another staff member said, "I prompt the person and ask them what they can do for themselves".

Care and support was provided to a number of people living with dementia in their own homes. Staff told us how they provided kind and compassionate care and understood how to support people's individual care needs. One staff member told us, "I go to their level so they can see me talking as they do not always hear you properly. I have patience with them and aim to keep them calm."

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. The staff's rotas were securely sent to them with details of their visits to undertake. Information on confidentiality was covered during staff induction and

training. People's information was treated confidentially. Personal records were stored securely. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People received care from staff who were knowledgeable about their care needs, preferences, likes and how best to support them. People told us that they had a good relationship with staff and could have a laugh and joke with them. One relative said, "If I had any complaints I would have no hesitation in contacting the office. The carers are good at communicating between themselves, for example; if X is not happy with the amount of butter on her sandwich, or if she wants a bit more food, the carer will leave a note for the others (carers) as to how to do it next time, according to how X wants it". Another person said, "They (staff) are caring people. They seem to know what they are doing. They are genuine, compassionate and kind".

At the last inspection in February 2017, at the previous office address of the service, we recommended that the provider sought guidance from a national source about the implementation of a person centred care plans.

At this inspection we found that improvements had been made to this identified area.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. People received personalised care and support that was based on this assessment. People and those that mattered to them had been involved in identifying their needs and how these should be met. People's care and support was set out in a plan that described what staff needed to do to make sure personalised care was provided. People's plans were reviewed regularly during the period the service was provided. Staff recognised the importance of self-esteem for people and ensured this was taken into account when delivering care. For example, they supported them to dress in a way that reflected their personality and respected their right to privacy and independence. This had a positive effect on people.

Care plans considered general information such as access to the property, the person's health, their personal history and their hobbies and interests. Information was also available on the tasks required at each specific care call and the duration of that care call. For example, one person had a thirty minute care call every morning. The care plan included information on the tasks required, such as supporting the person to have a bath or shower. This provided staff with a clear overview of the level of support and tasks required at each care call. Staff told us they found the care plans helpful and informative. One staff member told us, "It is a lot easier since the new electronic system was implemented, as you can read up about the needs of the person before you go in. For example, X does not like hot tea but prefers it cold with lots of milk".

Personalised care planning is at the heart of health and social care. It refers to an approach aimed at enabling people to plan and formulate their own care plans and to get the services that they need. Personalised care plans consider the person's past, their life story, their wishes, goals, aspirations and what's important for them when receiving care. Steps had been taken to further personalise care plans, with the implementation of the electronic system. From talking with care workers, it was clear they had spent time getting to know people and knew people well.

People and their relatives told us that the service was responsive to their concerns and suggestions. One

relative told us, "Sometimes my relative's visit times need to be changed. These changes are always accommodated". People confirmed that their preference for male or female care worker was upheld. Where people had not formed a positive working relationship with a care worker and requested that they did not support them again, their preference had been upheld and respected.

One person said, "Not a proper complaint, but I did phone about a carer I did not like and it was resolved instantly". One relative said, "When I have had a complaint, I have phoned (the office). I am happy with how they have handled things. There was one carer and she did not come again" People and their relatives confirmed they felt able to express their views, opinions or raise any concerns. One person said, "If I have any problems, I would speak to the carer, or call the office".

Information on how to make a complaint was provided to people when they first started receiving care and people confirmed they felt any complaint would be dealt with and acted upon. The complaints policy was also accessible to people within their homes, as a copy was provided. The policy set out the timescales that the organisation would respond, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. The provider showed evidence that any complaints received had been responded in a timely and thorough way to the complainants' satisfaction.

Since Braeburn Care opened, the provider had received a wide range of compliments from people and their relatives. Recent compliments received included, 'Thank you for sending X (carer) to me, she is lovely and cheers me up each morning', 'X (carer) anticipated her every need and was so helpful and made her feel at home after her crash', 'Thank you so much for all you did for X, it made such a difference to us both' and "Care workers that visit are truly, simple wonderful'. A comment received from a professional health and social care person stated, 'I am writing to express my thanks at the quality of service that Braeburn have provided for my client'.

There was emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring. People were invited to share their views about the service through quality assurance processes, which included phone calls, feedback forms and spot checks for the staff who supported people. The telephone calls to people were also an opportunity for a member of the management team to talk with people who used the service and gather their feedback.

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the provider and registered manager. People and their relatives confirmed they all knew the registered manager and confirmed they felt she did her best to provide them with continuity of care from their preferred staff member. One person said, "I would recommend it to anyone who needed the service". Another person said, "Yes, I do. It is the best one I have been with. I want to say that this company is trustworthy too". One relative said, "Based on the short term, I know my parents are safe. That is an enormous comfort to me. My Dad looks better than he did before". Another relative said, "I think it is excellently run. The care has been excellent so far. My wife and I have been perfectly happy with them".

At the last inspection in February 2017, at the previous office address of the service, we identified a breach of Regulation 17, (Good Governance); the provider had failed to operate a robust quality assurance framework.

At this inspection we found that improvements had been made to this identified area.

The system to monitor and identify whether people received their support on time and for the agreed support time was not always effective. An electronic system was now in the process of being implemented and staff were required to use their electric device to record the time of arrival and time of leaving the call. The system allowed for the management team to monitor call times and ensure that staff were staying for the required length of the call. This meant the provider was able to demonstrate and evidence that staff were staying the allocated time.

The provider had an effective system in place for monitoring the service, which the management team fully implemented. They completed regular audits of all aspects of the service, such as medicines, care plans, and learning and development for staff. They used these audits to review the service. Audits routinely identified areas they could be improved upon and the provider produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that the provider understood the principles of good quality assurance and used these principles to critically review the service.

Systems were in place to obtain feedback from people which was used to help drive service improvement. Satisfaction surveys were sent out on an annual basis and feedback was received from people, their relatives, and staff. People were given information about reviewing the service on the external website Homecare.co.uk. Two recent reviews by people stated, 'I would just like to express my sincere thanks for the wonderful service Braeburn Care are providing for my father. The carers are kind, understanding and compassionate in ensuring my father's needs are met and they have worked extremely hard in building up his confidence and mobility. They keep me well informed of any concerns and act promptly and professionally when the need arises. I would also like to thank the office staff for their help and support, they too provide an excellent and caring service', and 'My mother only had home care for a short time but she told me that the young ladies who visited were excellent and very nice. Also thanks to the member of staff who visited my mother's house on the initial meeting and met my wife and myself. She was really fantastic with the way she handled everything. Both my wife and myself noted how skillfully and patiently she dealt

with my mother's partner whilst at the same time reassuring my mother. Absolutely first class, couldn't recommend more highly'.

There was an emphasis on team work and communication sharing. Information sharing was thorough and staff were encouraged and had time to discuss matters relating to the delivery of care. Staff told us, "They (staff) really are a lovely team", "They (management team) care about the workers. It is a good company to work for", and "Best company I have worked for. I love my job and like to go in to people and make a difference".

The management team ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff knew they were accountable to the provider and registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meetings.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the provider understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.