Braeburn Care Limited

Braeburn Care (Dartford, Gravesend & Swanley)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Braeburn Care is a domiciliary care agency providing personal care and support to older people, people living with dementia and people with a physical disability in their own homes through visits or live-in care. The service was supporting 25 people at the time of the inspection who received personal care.

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

People's experience of using this service and what we found
People were protected from the risk of abuse and were supported to stay safe in line with their needs. People were safeguarded from missed visits and supported by suitable staff. People were supported with their medicines safely. The provider reviewed any incidents to learn from these.

People received care from skilled staff to meet their individual needs. People were supported to access any health care they needed, and staff worked alongside other health professionals to ensure their needs were met.

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

Feedback from people and relatives confirmed that staff were caring and treated people with dignity and respect. Peoples independence was promoted to enable them to remain living in their own home. People were involved with their care and told us their privacy was respected.

People received care which was person centred. People's needs were met in relation to their communication and cultural backgrounds. People were able to complain and be heard. People were supported at the end of their life in line with their wishes.

People received a safe, quality service as there was good management which included checks to ensure this. Staff were engaged with the service and well supported to provide effective care to people. The provider looked at how they could make improvements and worked with others to enable this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 21/05/2018 and this was the first inspection.

Why we inspected
This was a planned inspection following a new registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Braeburn Care (Dartford, Gravesend & Swanley)

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 team consisted of one inspector.

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

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

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

Inspection activity started on 15 May 2019 and ended on 17 May 2019. We visited the office location on 15 May 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included information they are required to send us by law, such as any serious injuries and deaths that have

happened. We sought feedback from the local authority who commission the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service and about their experience of the care provided. We spoke with six members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff rotas, training data, records of accidents and quality assurance records were reviewed.

After the inspection
We continued to seek feedback from people, relatives and professionals to validate the evidence found. We received feedback from one relative, one person, and two professionals who work with the service.

Good

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm. People told us they felt safe with the carers and the carers made sure they were safe before they left.
- One relative said, "The staff made (name of person) comfortable, always had a chat with her and made her feel safe."
- Staff had received training in this area and were confident the registered manager would listen and act upon any concerns quickly. Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The provider and registered manager promoted an open culture to encourage staff to raise any concerns. They were aware of local safeguarding policies and procedures and had notified CQC of any concerns.

Assessing risk, safety monitoring and management

- Individual and environmental risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff how to reduce the risks to people and staff could tell us how they kept people safe. For example, risk assessments considered people's risks around recurring urine infections and how to prevent this by encouraging people to drink enough and ensuring drinks were left within their reach.
- Risk assessments were in place to ensure any equipment was used safely and staff confirmed they received training around this, for example on how to use hoists to lift people.
- People had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- There were enough staff to keep people safe and meet their needs. The registered manager had assessed the required care packages and had ensured these continued to meet people's needs. For example, by continued conversations with people and their relatives.
- Two people told us staff always arrived for their scheduled care and support visit, were normally on-time and stayed for the right length of time. The provider monitored for missed visits and late calls and could confirm there had not been any missed visits.
- Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team and there was no use of agency staff. Where any cover was needed senior staff including the registered manager would help.
- Staff confirmed that people received support in line with their needs. For example, one care supervisor

described how they were told at assessment that the person was able to do a lot for themselves, but they needed a lot more support. They said, "We took the care on a Monday, that morning carers found they couldn't get out of bed, so we had to change to two staff. By the next day they were on double handed calls until they died."

Using medicines safely

● Medicines were managed safely. Staff received training to administer medicines and their competency was checked regularly.

● People received their medicines as prescribed. One relative told us, "Staff gave their medication correctly."

● There were appropriate systems in place to order, store, administer and dispose of medicines safely. Staff could tell us when they needed to administer 'as required' medicines. Written protocols were in place for these medicines to ensure staff knew when people needed these medicines.

● The registered manager monitored that medicines were not missed through an electronic alert system. Monthly medicines audits were completed to ensure people received their medicines safely. Lessons were learnt from any medicines errors and appropriate action taken to prevent any reoccurrence.

Preventing and controlling infection

● People described the help they had from staff with keeping their home clean.

● Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons, washing their hands regularly and changing gloves between visits or tasks. People and relatives confirmed that staff wore gloves and aprons

● Information about how to prevent the spread of infection and personal protective equipment (PPE) was available for all staff.

● We observed the registered manager asked staff if they needed any more PPE when they popped into the office.

Learning lessons when things go wrong

● Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. For example, they identified one person was falling when they were unwell or had a urine infection and a hoist was put in place to ensure their safety in these instances.

● Staff could describe the process for reporting incidents and accidents and knew what to do in the event of an incident such as a fall.

● The registered manager had logged incidents to identify any trends and learning. Lessons were clearly learnt as care plans had been reviewed and appropriate action taken.

● The provider was in the process of implementing further analysis of themes and building this into their quality assurance framework. For example, around monthly falls and medication errors.

Good

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 meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed, looked at their current situation, their needs, planned care and agreed outcomes so staff could support them effectively.
- Care plans offered clear guidance for staff how to support people in line with their needs. For example, personal care plans included guidance around the type of sling to use when lifting someone and how to use it.
- Where people's needs changed, and the provider could no longer meet their needs they were clear about this and worked with commissioners to ensure this was identified and managed.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need assessments. This included people's needs in relation to their culture, religion, sexuality and disability. Staff completed training in equality and diversity. The registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff had received an appropriate induction to the service and training in areas, such as medication, infection control, fire safety, safeguarding, first aid, food hygiene and manual handling. New staff shadowed more experienced staff before providing care. For example, one staff told us, "I had shadow shifts with another carer, they showed me how to use the hoist."
- Staff were competent, knowledgeable and skilled. Staff told us about training they had received which helped them to provide effective support and meet people's individual needs. For example, around dementia. One staff said, "The training helped me to understand how people needs vary from day to day, it teaches you to slow down and understand what they are thinking."
- Two people and one relative told us they thought staff had the right training and skills to look after them. There was a training matrix in place so that when staff required a training update, this was arranged. This showed that all staff were up to date with their training.
- All staff were required to complete the Care Certificate. This is a nationally recognised training program to ensure that new support staff know how to care for people in the right way. Staff were encouraged by the management to access regular training to continually develop their knowledge and skills and were given the opportunity for further training once they had completed their care certificate, such as National Vocational Qualification's.
- Staff told us they were supported by the registered manager and received regular supervision, competencies and appraisals. One staff said, "(Name of manager) does spot checks to make sure we are doing ok."

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

● Staff ensured people's dietary needs and preferences were met. Staff described how they offered people choice by asking them what they wanted to eat when preparing meals.
● People told us staff left a drink within their reach before they left their care visit.
● One relative told us that staff encouraged their loved one to eat healthily and offered them choice.
● Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance in relation to these. For example, one person with diabetes had detailed information about this for staff in their risk assessment. Staff could tell us about another person who had soya milk in their tea and on their cereal as they couldn't have dairy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Healthcare records and plans provided clear guidance for staff for all people's healthcare needs.
● People were supported to maintain good health and were referred to appropriate health professionals as required. For example, staff worked closely with the district nurses to care for one person with a pressure sore. One relative said, "They contacted the district nurse when needed and recently phoned for an ambulance."
● One health professional told us the registered manager would contact them with concerns and to find ways to support people with extra care needs, assessments or equipment.
● People's health and wellbeing was monitored to promote early prevention and positive outcomes. For example, where people were prone to urine infections, they were monitored.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.
● People were asked to consent to their care and care plans had been signed. No-one was being deprived of their liberty.
● People had mental capacity assessments completed which followed the principles of the MCA, for example they involved those important to them and decisions were made in people's best interest.
● Staff were aware of the principles of the MCA and clear guidance was provided to staff within people's care records.
● Where people had a Lasting Power of Attorney (LPA) in place or were in the process of doing so, this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Good

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 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
- Staff were patient and caring with people. We viewed kind, friendly and respectful interactions. For example, when the registered manager arranged for us to visit people and introduced us to people.
- One person told us, "If something has happened (name of carer) will have a little chat with us and calm us down." Another person said, "The care provided by the carers is second to none, they are always so cheerful."
- Two people and one relative told us staff were kind and caring and knew them well. One person said, "The carers will make my daughter or guests a cup of tea if I am having one."
- One relative said, "My (name of relative) was pleased with the service and had a very good rapport with the majority of staff."
- Staff told us they had the time to have a little chat with people. One staff said, "We will have a little chat about the weather, TV, news and what they have been up to."

Supporting people to express their views and be involved in making decisions about their care
- People were involved in the care they received on a day to day basis by the carers supporting them and the care supervisors involved people in their care plans. People told us they had received a handbook from the provider. People were asked to complete a survey about the service they received. The provider was waiting for the feedback from these.
- Staff showed a good understanding of people's needs and preferences and people's care plans included details which helped new staff learn about how people expressed their needs. One staff said, "I always ask them if they are ok, if they have any problems, how their day has been and what they would like me to do. I don't assume, I always ask."
- The registered manager and senior staff had worked directly with people to ensure they knew people's views on the care provided.
- No-one was using advocacy services at the time of our inspection. However, the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence
- People's confidentiality was supported and information about people was held securely. Staff only had access to people's care records 24 hours before and after their care visit.
- Two people and one relative told us they felt they and their loved one were treated with respect and dignity. Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care, for example supporting them to dress in private, by

shutting doors and curtains.

● People were encouraged to maintain their independence where possible. One person said of their care, "We keep our independence and out of a care home. It would be very hard without the care we get, we wouldn't manage without it."

● One relative told us staff helped their loved one to mobilise and do what they could for themselves with their supervision. Staff described how they encouraged people to wash themselves by offering them the flannel and asking if they needed help.

Good

Is the service responsive?

Our findings

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

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

- People's care was person centred and planned to meet their needs. People were given choice and control over their care. For example, people were involved with choosing who supported them. Peoples likes, and dislikes and daily routines were recorded within their care plans to ensure staff supported them in the way they liked.
- Two people told us they had carers visited who they had not met before but that they now have a stable team. One person told us they had always been happy with the care they had received, that staff always asked them if they need anything doing and how the staff had helped them with little extras like cleaning their carpet.
- People's cultural needs were met as people from different national and cultural backgrounds had been matched with carers of the same nationality where possible.
- Technology was used to support people's needs. For example, people who were bed bound had a lifeline they could use to call for help.
- People's care and support was regularly reviewed and updated to reflect their changing needs and staff had access to any changes to peoples care plans immediately. People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to promote positive outcomes for people.

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.

- People's communication needs were known and understood by staff. Information was shared with people in formats which met their communication needs. For example, printed care plans in a larger font.
- The registered manager had provided care plans in another language for people with another nationality and produced prompt sheets for staff with common words in that language. The registered manager attended any meetings with the person to translate their conversation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff used information about people's life histories and interests to engage with them. For example, to discuss their favourite TV programs or to talk about their interest in birds.
- The provider put on special events for people such as Christmas parties.

Improving care quality in response to complaints or concerns

● A complaints procedure was in place for people, relatives and visitors.

● One person told us they had not needed to complain but they would be able to speak to the registered manager easily if they needed to and they were confident they would resolve any concerns.

● One relative told us they had raised concerns on two occasions with the registered manager who dealt with it and they were happy with the response.

● The registered manager told us about a complaint they had received about care visit times. To improve this, they now ask people if they can accept a greater time window during heavy traffic periods whilst continuing to inform people about any delays. The registered manager wrote in their PIR they would always ensure time critical visits were prioritised for the safety of every client.

End of life care and support

● The service supported people at the end of their life. People's wishes and arrangements for the end of their life were recorded in detail and included their spiritual needs. Therefore, staff had the guidance they needed to support people in line with their wishes.

● Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.

● Staff described how they were supporting someone at the end of their life currently and demonstrated they knew the persons needs well and their wishes. They told us how the length of their morning call had been increased as the person needed more time.

● Staff told us they had received training around end of life care which focused on making people comfortable.

Good

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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a caring culture in the service. One person, a relative and all staff were positive about the registered manager and said they were supportive and approachable.
- The registered manager demonstrated a commitment to ensuring they provided person centred and high-quality care.
- The registered manager and provider were responsive to feedback during our inspection. Their duty of candour was demonstrated in the way they kept relatives informed of any incidents.
- One staff described the values of the service as, "It's about providing the best care you can, making sure every client is happy and getting the care they need."

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

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. The registered manager regularly worked closely and hands on with the staff to monitor the care provided and completed spot checks. Staff were knowledgeable in their roles and had easy access to the provider's policies.
- The provider had a clear review process to ensure people received the care they needed. This started as soon as the care package was provided and included monthly and six-monthly care reviews.
- Quality assurance systems, such as audits and checks were used effectively. The provider was developing their quality assurance framework to include audits in all areas. For instance, audits were completed on care plans, complaints, safeguarding's and training compliance. Actions were identified as a result and used to make improvements. For example, location checks were implemented to ensure staff had attended care visits as logged. This helped the provider to ensure there were not any missed calls and that calls were of the right duration.
- The provider promoted the provision of feedback and used an external website for this. All reviews were positive, people and relatives said they would highly recommend the provider.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People and those important to them were engaged with the service. Surveys had been completed with relatives and staff, the provider was waiting for the completion of these to analyse for any trends. Feedback from these so far had been positive, particularly around staff being caring and good continuity of care.

● The provider held quality visits and completed audits which involved people and staff. The registered manager had clearly built up positive relationships with people and their families. One relative told us they were involved with their loved one's care reviews and had met many of the staff team.

● Team meetings were held to share information and the registered manager had an 'open door' policy. This enabled good formal and informal communication between the managers and staff team. Staff told us they felt involved and communication with the office was good. Comments included, "I know if I needed to talk to someone, I could just ring up the office. I know they would come out and give assistance if needed or advice over the phone."

● Staff told us they would be listened to it they had any concerns. One staff said, "It's a good company to work for...It's a great team, if I need help, I will get it." The provider recognised good practice and showed they valued their staff by using awards for 'carer of the quarter' and 'notable performance awards'. For example, the registered manager told us how they awarded one staff, new to care as they had managed well when a person fell, and they received positive feedback from their family.

● The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, nurses and occupational therapists. One health and social care professional said, "(Name of registered manager) manages the care service well…(Name) will always respond to phone calls and keep me updated when there are any concerns about a client."

● The registered manager attended a registered managers network to ensure they remained up to date with best practice. They provider attended provider forums and worked with other local domiciliary care agencies to support the promotion of good practice. The provider engaged with the local community, for example they held coffee mornings and participated in charitable events.