

Bradcare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 8, 9 and 10 November 2016. This was an announced inspection and we telephoned two days' prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Swadlincote.

Our last inspection took place in October 2015 and at that time we found the provider was meeting the regulations we looked at and the service was given an overall rating of Good. Improvements were required within our question of Well-led as a registered manager was not in post and investigations of incidents did not always clearly demonstrate how the provider could make improvements within the service.

The provider of the service is now the registered manager. 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.

We found improvements had been made with how incidents had been investigated. Where incidents had been reviewed, the provider had taken necessary action to make changes to the service to ensure improvements were made. Quality assurance systems had been developed to monitor how the service was delivered and people were able to comment on the quality of the service. Where people raised concerns these were addressed and changes made to people's satisfaction.

Where people lacked capacity, this had not been assessed and it was not clear how some decisions had been made and whether people could make the decision for themselves. We recommended that further training was researched and where concerns about capacity was identified, capacity assessments needed to be completed to ensure decisions were made in people's best interests.

Staff sought people's consent before they provided care and support and people were involved in the planning and reviewing of their care. People were treated with dignity and respect by staff who understood the importance of this. People had support to take their medicines at the right time and staff knew how to act if medicines were missed. Where assistance was required, people received support to prepare and eat their meals and had access to food and drink between support visits.

Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk of harm. Where risks had been identified, measures were taken to reduce or prevent potential risks to people. People were able to raise concerns if they were not happy with the service provided and action was taken by the provider.

There were enough staff to meet people's identified needs and people received support from staff who knew them well and who had received training to be able to meet their specific needs. People benefitted from

receiving a service from staff who worked in an open and friendly culture and were happy in their work and supported by senior staff. Staff received supervision from senior staff who reviewed their work to ensure they were competent in their role.

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.

People were protected from abuse as staff understand how to identify risks and take action to prevent people from avoidable harm. Checks were carried out to ensure staff employed were suitable to work with people who used the service. There were sufficient numbers of staff available to provide the support people wanted and to receive their medicines when they needed them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff sought people's consent when providing support although where people may lack capacity, it was not clear that decisions were always made in people's best interests. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were caring and respectful and knew them well. People's rights to dignity and privacy were respected and they were supported to be as independent as possible and to choose how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised to meet their needs and they benefitted from staff who had an in depth knowledge and understanding of their individual needs. Where people's support needs changed, this was recognised and care was reviewed. People knew how to raise concerns and confirmed

they were listened to and taken seriously if they did.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service that was managed well and had a strong leadership. Staff felt supported by the registered manager and given the support they received helped them to do their job well. People were given opportunities to comment on the quality of the service and felt their views were listened to. Quality assurance systems were in place to monitor the service and drive improvements.

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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 checked 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.

This inspection visit took place on 8, 9 and 10 November 2016 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. Two inspectors carried out this inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We used a range of different methods to help us understand people's experience. We visited six people accompanied by their relatives in their homes and made telephone calls to three people and three relatives. We sent out questionnaires to people who used the service and staff and received 30 completed forms. We spoke with eight care staff, the registered manager, and received feedback from commissioners of the service, and a community pharmacist. We also reviewed the last inspection carried out by the local authority quality monitoring officer. We used this information to make a judgement about the service.

Is the service safe?

Our findings

People felt safe when they received care and were satisfied with the security arrangements for their home. Some people had an entry code so staff could enter their home as they were unable to move to the door to open it. One person told us, "I can't let the staff in, so I have a key code so staff can come in when they visit." Staff understood the importance of maintaining people's confidentiality. Where codes and information was recorded, staff knew the importance of keeping this information safe and it was recorded in a manner that would not identify each person. One member of staff told us, "We never write people's names against a code or important information; there's nothing that we take with us that would identify people."

Risks to people's safety had been assessed and staff knew how to provide support to reduce the risk of harm to people. Where people had sore skin, the staff knew how to support them to move to prevent further harm. One relative told us, "The staff really care when they help them to move and to change position in bed. They no longer use a hoist as it would do such damage to their skin and they all know this." Equipment to help them change position had been provided on advice from the occupational therapist and nursing team and the care records detailed how support was provided. One member of staff told us, "We work closely with the nursing team so we know what we should do. I am really confident about how I work with them and I know what I'm doing is the right thing to do."

Staff knew people well and described how they may recognise possible abuse or neglect. One member of staff told us, "We've recently had training so we can recognise different forms of abuse. I never knew there were so many and I really enjoyed the course." The staff understood the procedure to follow to report concerns and staff told us they were confident these would be dealt with. The provider had informed us of incidents that had taken place and they had liaised with the local authority where appropriate to take action to prevent possible further harm.

People were supported to take their medicines and had creams applied where this was needed. The community pharmacist had supported the staff to develop safer systems to ensure people received their medicines at the time they needed them. One person told us, "The staff remind me to take my tablets and record it." Another person told us, "I can't always get them out the packet so the staff help me. They always check on their next visit too that I have taken them." One member of staff told us, "We can only administer medicines that have been written on a pharmacy record sheet. This way we know we have the right information." Another member of staff told us, "We now write the time people have their medicines on their record sheet. If we visit again within four hours then we won't give them their next tablet. If this means someone had to come back out, then that's what we do." When there were medication errors, the staff contacted the senior staff and sought medical guidance to ensure people stayed well. One member of staff told us, "If we see anything has not been signed for, then we do checks straight away. We know it is our responsibility and we check to see if they can have any medicine later than planned or if they need to get medical attention. We know we have to get medicines right." We saw staff completed a medication administration record after medicines had been given and recorded any concerns in the daily notes. Information about the support people needed with medicines was recorded in people's care records and matched what staff had told us.

When new staff started working in the service, the staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. We spoke with one person who had recently started working in the service. They told us the provider had taken out appropriate references and had confirmed their identity. A police check had been carried out to ensure they were suitable to work with people.

There were sufficient staff to provide people with the agreed level of support. People told us that the staff were reliable and provided the support they needed. One person told us, "They always turn up around the time they are supposed to. They can be half an hour early or late and we understand that as sometimes they stay longer here, and that makes them late for the next person; they will never leave until they are finished though." Another person told us, "I can only recall the staff being late once and it was because there had been a serious incident. The office staff called me and explained and they came as soon as they could. I don't think that's a bad record and shows how they care." Systems were in place which identified whether people received their support at the agreed time. Staff were required to log their visit by making a telephone call when they arrived and left people's homes; this was reviewed to ensure people received their support at a time they wanted this. There was also an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and a copy of the emergency number was recorded in people's care records. One person told us, "I have the number of Bradcare just here and it's at hand should I ever need them."

Is the service effective?

Our findings

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us that some people who used the service did not have capacity to make decisions about their care, although an assessment to show where people no longer had capacity had not been completed. For example, family members had been asked to consent to the care and support people needed as staff confirmed the person was no longer able to make this decision. Staff had received training to understand MCA and knew that when people no longer had capacity, decisions could be made in their best interests, but had not understood how to implement this. A member of staff told us, "We support people to make decisions, but at this moment assessments are not completed". The registered manager acknowledged improvements were needed and told us, "I want to get this right and show where people don't have capacity, so we can make these decisions in people's best interests." The manager made arrangements to attend further training provided by the local authority to fully understand how to assess capacity.

We recommend that following attendance of the training, the registered manager should identify where people no longer have capacity and capacity assessments should be completed to show how decisions are being made in people's best interests.

People who used the service had a regular team of staff who visited them. People told us they felt at ease with these staff and were confident they knew how to provide the care and support they wanted. One person told us, "I have the same team of staff and I get a rota each week which tells me who is going to visit. It rarely changes unless they are sick. I prefer it when it's staff that I know and trust." Another person told us, "Two staff always visit me and I always know at least one of them. There's never been an occasion where they are both unknown. I wouldn't mind with the general care, but when it comes to the intimate stuff, I want people I know, so it always works out fine."

Staff received individual training to support the specific needs of people they supported. One person told us, "I have a hoist and I once asked them if they knew what this was like? They told me how their training included actually using different slings so they could understand how we may feel and what it was like. I think this has worked really well as the staff are really sensitive and I've never had any problems." Another person told us, "I don't have to tell the staff what sling or strap to use as they know and it's in my care plan. I always check they are doing it right but I've never had to say anything." Another person told us, "I've just had some new equipment and the staff won't use it until they have had the training. The occupational therapist came out and organised it all and they will show them what to do and get it all signed off. They always make

sure it's safe and they know what they are doing." Staff told us they felt they had the necessary skills to provide the individual support people wanted and one member of staff told us, "This company is really committed to giving us the training we need. The last training I had was for medication. We get checked to see to if we are doing it right. If there's anything we are worried about that we have to do more training. When you are working on your own, you have to make sure you are getting it right."

New staff received an induction into the service and this included training to meet the specific support people would need. One member of staff told us, "I did a two week induction that covered how we should help people. This was really comprehensive. I'm new to care and by the end of the two weeks I felt confident and ready to work. I'm doing the care certificate now and have just completed the module on legislation. This included knowing about rules and how we should work. I've enjoyed doing it." The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff told us they were observed carrying out care and support in people's home as part of the supervision and appraisal system. One person told us, "Sometimes the managers come here and check that the staff are doing things right. Other times a senior carer will work with the staff and check everything. They ask me what I feel and I can honestly say I have no problems." Staff also received an annual appraisal of their work and one member of staff told us, "We talk about how well I've been doing and if I need any more training or need to learn some new skill. We can also talk to the manager and seniors at any time; they are always available for us whatever we have to talk about they listen."

People retained responsibility for managing their health care and one person told us, "If anything is wrong then I give the doctor a call. The staff are helpful though and on one occasion one member of staff noticed I was looking a bit blue. They called the doctor and stayed with me until the ambulance arrived. It's thanks to them that I was ok. I wouldn't have noticed." Another person told us, "I'm also supported by the district nurse team and occupational therapist. When anything changes we let them know so the plan can be changed. It's a good team approach and one which works well." A member of staff told us, "We often do our visits at the same time as the district nurse as we help the people to move so they can do any dressing. It works better this way as they can tell us how everything is and if we need to do anything differently. If we aren't here they leave a message."

Some people needed support to prepare their meals and they told us staff offered them a choice of food and the staff prepared their meal in accordance with how they wanted this. One person told us, "My family help me with my shopping so everything is here. The staff prepare what I want and when they leave they always make sure I have a drink and a snack if I want one." Another person told us, "The staff make me a flask of tea each time they visit me so I always have a hot drink when I need one. I can't get around so this is just perfect for me."

Is the service caring?

Our findings

People were happy with the way staff supported them and told us the staff were kind and compassionate. One person told us, "The staff are kind and attentive and they help to keep me in my own home. I can't thank them enough." Another person told us, "I have great admiration for the staff. Even when the weather was bad last winter they still came to me. Sometimes this meant they had to park their car and walk, but they never missed a visit. They are very caring." A relative told us, "I'm critically dependant on the staff keeping me informed about what is happening when I'm not there. They are so very thoughtful and keep me informed about any changes."

People commented that staff were polite and respected their privacy and dignity and when staff needed to offer personal care they enabled people to retain their independence. One person told us, "The staff know I like to do what I can. I wash where I can reach and the staff do the rest. They never take over. Their support is invaluable and it's them I have to thank for being where I am today. They don't take over and let me do what I can. I no longer need any equipment and am quite independent." Where people received personal care, staff ensured they were covered and doors were closed to ensure their privacy. One person told us, "I can now have a shower on my own but I like the staff to stay outside the door so if anything happens they are there and I feel safe. They wouldn't come in unless I invited them to. It works this way and I can stay independent and wash myself." Staff were aware of people's abilities and care records highlighted what people were able to do for themselves and where they needed help.

The provider was committed to supporting staff to become a dignity champion and staff were being trained to carry out this role. A dignity champion is someone who ensures that being treated with dignity is a basic human right. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. One member of staff told us, "Showing dignity can include enabling people to have privacy and providing care in the way they want this. We want all the staff to be involved with this. We are all committed to making sure people have the care they want and signing up to this helps staff to think about the principles and to make sure dignity is in all parts of our work."

Staff treated people with respect and kindness. One person told us, "All the staff care about how I am and make sure I'm alright, I can't fault any of them. When they visit, they ask how I am and what they can do for me. They would never leave if anything hasn't been done and they check I'm fine before they leave." Another person told us, "The staff mean a lot to me. I see them every day and they make such a difference to me and my life. I can have laugh with them and talk about what's happening; they never make me feel like I'm boring them or they are not interested, they are very respectful."

Is the service responsive?

Our findings

People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. People told us the support had been agreed with them when they started using the service and during any review. One relative told us, "Things have changed a lot since we started using them. They come and talk with us and then we get a copy of the new plan. When things have changed, the girls always know about it before I say anything." A member of staff told us, "If there are any changes, when we log in through the telephone, we get a message which tells us about the changes and we can look at the new plan. If it's anything major, the office staff always call us before hand and explain." We saw the care records included relevant information about how people wanted to be supported and reflected the changes they told us about.

People received a copy of their care rota each week which included information about the staff who would be providing their care. One person told us, "I always know who is coming as we get a list. Sometimes it's different if someone goes off sick but 99 percent of the time its right." Another person told us, "I prefer it when its people I know who are coming here as you build up a relationship and trust. It's not often there's someone I don't know and everyone has also known what to do and ask me what they can do for me."

People had a regular team of staff who visited them to ensure continuity of care. One person told us, "I know it's not always possible but it's usually the same staff that come out and visit me. This has really improved this year and I like it better this way as I get to know everyone and it's about trust." Another person told us, "I have two staff who come to me and there's always one member of staff I know. It works out fine as they do all the personal care and the other staff does all the general stuff. I wouldn't like someone washing me who I didn't know very well." One member of staff told us, "I generally have the same rota each week so I see the same people. I like to get to know people and to know I'm doing things the way people want me to do and that way you can see if anything is wrong or they don't seem themselves."

People were able to raise concerns or make a complaint if something was not right and were confident their concerns would be taken seriously. One person told us, "I've got all the details to make a complaint and I did speak with the manager once. I didn't really like one of the staff; not because they did anything wrong, I just preferred other people. The manager was great and that member of staff stopped coming to me. She understood that you can't like everyone and when its people coming into your home you want to feel comfortable." People had a copy of the service's complaints policy which provided information on how to make a complaint. Where concerns had been raised, we saw the registered manager had considered the information and responded to them, identifying any outcome or improvement to be made.

Is the service well-led?

Our findings

On our last inspection we identified that improvements were needed as the service did not have a registered manager. The provider of the service has now registered as the manager and demonstrated they understood their role as a registered person and notified us of significant events.

On our last inspection we also identified improvements were needed as the provider did not always take action to ensure lessons were learnt where accidents and incidents had occurred. On this inspection we saw the registered manager had carried out necessary investigations and established how improvements could be made. Staff were informed of any changes to ensure improvements were made throughout the service.

People benefitted from receiving a service from staff who worked in an open and friendly culture. The staff told us they enjoyed working with other members of the staff team and one member of staff told us, "I've been treated really well by everyone. I get so much support and if I'm worried or unsure of anything then they help out." Another member of staff told us, "The team go beyond what is expected and we look out for each other. When you work alone a lot of the time you need to know you have the support and back up from team members and you do here. They care about you." The staff team confirmed they were happy in their work and were confident that any concerns they had would be addressed by the registered manager. Staff members told us the registered manager was accessible and approachable and dealt effectively with any concerns they raised. One member of staff said, "There have been a lot of changes this year and one significant thing is the support we get. It makes a lot of difference knowing that the manager wants to make things better and will give you all the support you need." Another member of staff told us, "We are all connected with each other and help each other out." The staff also said they would feel confident about reporting any concerns or poor practice to their managers.

Staff were provided with opportunities to attend staff meetings where they could speak with other colleagues and receive support. One member of staff told us, "We talk about any changes and what's new. If anything is bothering us we can speak at these meetings or see someone in private." One member of staff told us, "We can say if we need any more training and what we want to do and to develop. If we have done any care training they want to know how we are and if they can support us."

Quality assurance surveys were sent to people and their families to give them an opportunity to comment on the quality of the service. People were also visited by senior staff to review their care and to enquire about the quality of the service. One person told us, "When they come and visit me they ask about whether I'm happy and what I feel about the staff and whether they are here on time. It amazes me how the staff get around and do everything they do, and all with a smile on their face. They never leave me needing anything." One member of staff told us, "We don't want people to just tick a box; we want to know what they really want and feel."

Social care professionals said they felt the service worked well in partnership with them and where improvements were identified, they were enthusiastic to make any changes. We saw where they had worked with community health care staff; improvements had been made with medicines management.

The provider carried out quality checks on how the service was managed. A system was in place to record whether people received their support on time and for the agreed time. We saw where improvements were needed with how staff logged each call; this had been monitored and reviewed with individual staff. As a result, there had been significant improvements in recording visits. One member of staff told us, "We are constantly looking at ways we can make improvements and I'm really pleased to be part of this."

It is a legal requirement that a provider's latest CQC inspection report 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 conspicuously displayed their rating within their office.