

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?	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

Bradcare Ltd is a domiciliary care service providing personal care to younger adults and older people in and around Swadlincote. The service currently provides a service for 60 people. 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 felt safe with staff members who knew how to identify potential harm and report their concerns. Where staff suspected any abuse, they knew how to act to ensure people were protected from further harm. Checks were carried out prior to staff starting work, to ensure their suitability to work with people who used the service.

Care records included assessment of risk and staff knew how to reduce the risk of potential harm. People usually received support from the same staff team and they knew who was providing their support in advance. The provider was flexible and responsive to changes for support times. There were sufficient numbers of staff to ensure visits were made when they should be and to meet people's care needs.

People received their medicine and were supported to apply any creams or ointments they needed to maintain their health. People received the assistance they required to have enough to eat and drink.

People chose how they wanted to receive their care and where they lacked capacity to make decisions, a best interest decision was made with people who were important to them. 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.

Positive and caring relationships had been developed between staff and people who used the service. People were treated with care and kindness and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs.

Staff provided personalised care that people had requested and knew people well. The support people wanted was regularly reviewed to ensure it continued to meet their needs.

People knew how to make a complaint if they needed to. People and staff were confident they could raise any concerns or issues, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service and plan ongoing improvements. People who used the service and staff felt involved and able to make suggestions to support the development of ongoing improvements.

Rating at last inspection.

The service was rated Good at our last inspection. (Published December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradcare Limited on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bradcare Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out this inspection with an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 two managers 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 five days' notice of the inspection because some of the people using it could not consent to a phone call from us. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

The provider completed a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this nine months previously and we therefore gave opportunities for them to update us throughout the inspection.

During the inspection-

We spoke with nine people and five relatives on the telephone. At the registered office, we spoke with five staff and the two registered managers. We received feedback from three social care professionals.

We reviewed a range of records which included five people's care records and risk assessments. Medicine records and daily log sheets. We also reviewed the records which detailed when people had their support visits, quality monitoring visits and records relation to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service and were confident that staff protected them from harm.
- Staff had received training to understand how to recognise different forms of abuse. They were confident they could report any concerns directly to the local authority safeguarding team or to the on-call person if they needed support.
- Staff knew people well and could describe how they could recognise changes in behaviour which may indicate possible abuse.
- There had been no recent incidents of safeguarding within the service.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and their care plans recorded how they needed to be supported to stay safe. One person told us, "I do feel safe with the staff; they know what they are doing and how to treat me."
- Checks were carried out on any equipment to ensure it was maintained and safe to use. A record was maintained of its suitability.
- Where people needed mobility equipment to move around their home, this was recorded in their care plan and staff understood how to assist them. One person told us, "They all know what they are doing. They make sure I am holding the rail in the shower and make sure I am steady on the stairs and that I'm sat properly in my chair. They will make sure my sticks are handy too." Another person told us, "They walk at the side or back of me depending on what we are doing. They make sure I am sitting comfortably and not in any danger of falling."
- Staff received training to support people to move. Where new equipment was provided, the staff explained that the trainer or an occupational therapist (OT) would provide support in people's homes to ensure they knew how to use the equipment safely. One relative told us, "I am happy [Name] is safe. They have to use a hoist and the Occupational Therapist came out and showed them how to use it." A member of staff told us, "We will meet the OT at people's homes and they will go through everything with us. The new equipment normally arrives in a few days."
- Environmental risks assessments were undertaken within people's homes including how to gain safe access. This assessment reviewed whether their home had suitable fire protection and safety features to ensure any food preparation could be completed safely.
- People were satisfied with the security arrangements for their home. Entry codes to their homes was provided to staff in an encrypted form using an agreed code, in order to keep this information secure.

Staffing and recruitment

- People benefitted from having a small team of staff who provided their care and knew them well.

- Where new staff started providing a service, they told us they worked alongside existing staff to ensure they could meet and develop a good relationship with people before they worked alone.
- People felt there were sufficient staff working within the organisation to provide their support. One person told us, "I tend to get more or less the same staff in the morning, but the evening one can vary. They don't usually send people I've not met before though." Another person told us, "It is usually people I know and sometimes I get a new one that comes with one of them to learn the ropes."
- Safe and effective recruitment practices were followed to help ensure staff were of good character and able to do their job. Necessary checks were completed which included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- A record of prescribed medicines was recorded for all people who used the service. Where people needed support from staff, there was a record of what assistance they needed. One person told us, "They apply my creams and always wear gloves and aprons. They sign the book to say they have done it."
- Where people needed 'as required' medicines, there was a protocol in place to ensure staff knew when this was safe and suitable to administer.
- The storage arrangements in people's homes was reviewed to identify any risks.
- Staff received medicines training and competency checks were carried out to ensure they understood how to administer medicines safely.
- Staff knew which medicines needed to be given on time. The staff told us that if they would be late on a support visit, the on-call person would be contacted to ensure alternative arrangements were made so people had their medicines when needed.

Preventing and controlling infection

- People were confident that staff understood how to maintain suitable infection control standards and wore necessary protective clothing when providing their support. One person told us, "They always wear gloves and aprons." Another person told us, "The staff always look nice and wear their gloves and aprons when helping me."
- Infection control practices were assessed during competency checks carried out in people's homes.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered managers explained how recording and assessments had improved to ensure staff had the necessary information to support people safely.
- The registered managers took suitable actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

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. At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- Prior to receiving a service, the registered managers carried out an assessment of need to ensure they could provide a suitable service for them. Staff understood how to use this information to ensure best practice guidelines were followed.
- Each person had a care plan and risk assessments were developed, which were agreed with them and their relatives and a copy was kept in their home.

Staff support: induction, training, skills and experience

- People felt that the staff were trained to support them, and one person told us, "I do think they know what they are doing well, they certainly look after me well. I feel confident with them even when they are using the hoist. They are always asking if I am alright." Another person told us, "They tell me sometimes that they are doing training. They know how to look after me anyway."
- Staff explained that prior to supporting people, they completed a comprehensive induction to ensure they knew how to provide people's support safely. The induction included learning about how to recognise and respond to potential abuse, how to support people to move and administer medicines.
- Following the induction, staff worked alongside an experienced member of staff and completed support calls together before they worked alone. One member of staff told us, "I had checks completed before I worked on my own to make sure I understood everything and felt okay to work alone."
- Staff continued to be supported through the supervision process, where they met with senior staff to discuss how they worked, whether they had any developmental or training needs or concerns.
- Staff explained they had unannounced spot checks which assessed how they provided people's care, whether they maintained suitable infection control standards and administered people's medicines safely.

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

- Some people received support from staff to prepare their meals. People were responsible for purchasing the food and told us they were happy with how their meals were prepared. One person told us, "They do whatever I want at lunchtime and evening, they will ask what I want." Another person told us, "They will always ask if I want a drink or biscuit and they are happy to do that for me before they leave."
- Information about food and drinks served was recorded to ensure other staff knew what had been offered and food and drink intake could be monitored.
- We saw in the recorded compliments, 'The staff paid detailed attention to their meals, always making them nutritious and filling.'

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with health care professionals to ensure people received effective care from all agencies.

- People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support.
- People generally attended hospital appointments with the support of carers or family, although staff told us this they could support people on hospital visits where this had been agreed.
- Where people received support from community health care professionals, the staff received training to understand specific conditions. For example, where people experience epileptic seizures, staff had received training to recognise potential signs and how to care for people during a seizure. Staff told us this gave them the confidence to support people safely.
- Information from health and social care professionals was recorded within the care plan. Where any intervention resulted in a change to care, the care plan was reviewed to reflect this

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.

- People made decisions about their care and support and signed their care plans to record their agreement.
- Where people lacked the capacity to make decisions, capacity assessments were completed and evidenced how capacity had been assessed and a best interest decision was recorded. For example, information was recorded about how they had asked people about the medicines they had prescribed, their use and why taking these medicines were in people's best interests.
- Checks were made to ensure only other people who had the legal authority to make any decision on people's behalf, had necessary authorisations in place.

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. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who were kind and caring. One person told us, "They are very kind and caring staff and always look professional in their uniform and gloves and aprons. The one I have regularly at the moment is lovely and we have a little chat, it is all done nicely and privately."
- People were encouraged and supported to be as independent as they wanted to be. One relative told us, "I can't fault them. They are kind and encourage them to do what they can." Another relative told us, "They seem to work well with [Name] maintaining their independence and supporting the things they can't do without taking over."
- When organising support, the provider considered people's preferences. One relative told us, "We have the crème de la crème of staff, they are brilliant. We live in a village and some of the staff that come, went to school there, so they have common interests."
- People were asked how they wanted to be supported and regarding the gender of staff who supported them.
- The staff told us they would signpost people to relevant organisations to access advocates if they needed support with making decisions. (An advocate helps a person to express their views and wishes and to stand up for their rights.)

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and people were complimentary about how staff provided their support and care. One person told us, "They are good at looking after my 'modesty' particularly when I am in the hoist. They are nice staff and ask me what I want and will do anything for me." One relative told us, "They treat them with respect and listen to what they want. They make sure the bedroom door is shut and curtains closed to maintain his privacy."
- Staff understood the importance of ensuring confidentiality and signed copies of the confidentiality policy to evidence they understood their role. During spot checks, senior staff checked staff were maintaining necessary standards including ensuring staff's cars did not have confidential papers on display and accessible to people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Meeting people's communication needs

- People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. One relative told us, "There is a comprehensive care plan and we have just had a new one as the hoist wasn't included on the last one. I am very happy it covers all of their care."
- Where there were changes to people's care, for example, following an admission to hospital, we saw the care plan was reviewed to ensure it reflected people's current care needs. One relative told us, "They update the care plan regularly and after [Name] came out of hospital there was a senior there next day to check everything was up and running. I certainly feel involved in [Name's] care all the way."
- People felt they were involved with the review process and one person told us, "I am happy my care plan covers my needs. I like the personal touch they have as one of the seniors came to go through it and checked I was happy with everything."
- The care records included relevant information about how people wanted to be supported, their likes and dislikes and any particular preferences. Staff felt they provided them with the information they needed to support people and to get to know the person. One relative wrote stating, 'The staff have gone out of their way to interact with them, making conversation with them about their past life and work, and trying to keep their time with them pleasant and jovial.'
- People received a copy of the rota of support visits and felt this reflected the support they received.
- People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

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 felt the information was provided in a format that they understood. The registered managers confirmed that information could be provided in different formats where this was needed.

Improving care quality in response to complaints or concerns

- People could raise any concern or make a complaint. One person told us, "I have a number in the book they write in. I would ring the office if I was worried about anything or anyone upset me. I have rung late at night and they have sorted things out for me." Another person told us, "I contact the office if I need to alter anything. We have had no complaints at all in the time we have used them. I do think they would listen and sort it out if we did though."

- We saw where complaints had been received the provider had investigated these and responded to people, identifying any outcome or improvement to be made.

End of life care and support

- There were no people receiving end of life care, however, the staff told us they knew who to involve at this important time of people's lives such as palliative care teams or GPs.
- Where people had expressed their views regarding their care towards the end of their life, this was recorded. This included where people did not want to receive any treatment or to be resuscitated. A copy of this information was within the care plan to ensure their wishes were acted upon.
- Staff explained they had receiving training for supporting people during the end of life. They told us this included ensuring people were free from pain and how to support with mouth care. One member of staff told us, "It's important that people can die with dignity."

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. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 were two registered managers who worked together to manage the service and provide support. The registered managers understood their regulatory responsibilities and there were clearly defined roles for staff working in the service.
- People knew who the registered managers were and told us they were happy to speak with them if they needed advice or support. There was an on-call system for people and they felt they received a prompt response to any call.
- The staff felt the registered managers provided leadership, guidance and the support they needed to provide good care to people who used the service. One member of staff told us, "If needed, the managers will come out and provide us with extra support. During winter there have been times when it is difficult to get to places, and they have a 4x4 car and have helped us with our calls. That was really lovely."
- There was a contingency plan in place in case of emergencies, including how to prioritise support calls in the event of inclement weather. One member of staff told us, "We know who needs a priority call. Some people live with family members and although it's not ideal, if we can't get there due to snow, we know they will still be safe, and we can focus on people who are more vulnerable."
- Staff explained that there was an on-call system in operation for them to contact senior staff if they had any concerns or would be late for any visit. One member of staff told us, "If we think we are going to be late, the on-call person has everybody's details, so they can contact them and let them know. We don't share personal numbers with people. If there are any serious issues, the managers are a back-up on call too and this is reassuring as it means there is always someone else to offer support and advice."
- Systems were in place to monitor and identify whether people received their support on time and ensured that people received the agreed support time. We saw this was reviewed to check that staff arrived and left each visit and the right time and the length of support people received matched the care they had agreed to. Where improvements were needed, these were addressed with staff through the supervision process to ensure people received the care they expected.
- Staff kept records of the care provided during each visit. The records were returned to the office each month and these were reviewed to ensure staff were delivering the agreed care.
- The registered managers assessed and monitored the staff's learning and development needs through regular meetings with them and appraisals. Staff felt that they were well supported and able to develop in their role.
- The registered managers understood the responsibilities of their registration with us. They ensured that we received notifications about important events so that we could check that appropriate action had been

taken. We saw that the previous rating was displayed in the office in line with our requirements and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given the opportunity to give their feedback about how the service could develop and improve through their annual review and a satisfaction survey.
- The registered managers had reviewed the results and produced a summary of their findings and information about taking part in the survey was included within the newsletters. One person told us, "We get regular questionnaires. I think it is quite an open company."
- People and relatives were regularly involved with reviews of the care provided. We saw care plans had been reviewed to reflect any changes or additional requests for care.
- People told us they would recommend the service to others. Comments included; "I would recommend them. I can't think of anything they could do better. Everything I need has been sorted as I want it." and "I would definitely recommend them; they seem to have the balance of my life sorted out."

Continuous learning and improving care

- The registered managers made efforts to learn from mistakes and to keep staff informed of any changes that could affect people's care. Staff attended meetings with the registered managers, and open and honest discussions were held about the care provided.
- Staff were given opportunities to discuss the service at team meetings. We saw the last team meeting reviewed staff's knowledge for MCA and the procedure to follow if they were concerned people had not received their medicines as prescribed. One member of staff told us, "The staff meetings are arranged at different times so this gives us all a better chance at being able to attend."

Working in partnership with others

- The registered managers had established effective links with health and social care agencies. They worked in partnership with other professionals to ensure that people received the care and support they needed.