Bramley Home Care 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
Bramley Home Care Ltd provides domiciliary support services to people in their own homes. It provides a service to older people and younger adults some of whom have a physical disability, sensory impairment or dementia. At the time of our inspection there were 76 people receiving a service.

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 received consistently safe care because staff had an improved awareness of the risks people faced and how to manage these. People had personalised risk assessments with staff given clear guidance on how to manage people's health conditions.

People felt safe and were protected from avoidable harm as staff had been trained to recognise signs of abuse and knew who to report this to if they had concerns. The service had a recruitment and selection process that helped reduce the risk of unsuitable staff supporting people.

People's capacity to consent to decisions about their care and support had been assessed. The service undertook mental capacity assessments and best interest decisions in line with the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Since the previous inspection quality assurance measures had been improved. The frequency and content of these now provided sufficient oversight of the service people received, effectively identified issues and drove improvements.

People's care plans had been improved since the previous inspection. These were now person-centred and included detailed personal histories, comprehensive risk assessments and people's preferred method/s of communication. Staff who completed initial assessments, care plans and reviews were now trained to carry out this task.

People were supported to maintain links with their local community and follow their interests. People looked forward to visits from the staff and said the service had enabled them to stay well and retain some of their independence. They described the care staff as kind, patient and "truly caring professionals."

People and relatives felt the staff had the required training to meet their needs and were competent. They felt fully involved and informed. People were encouraged to make decisions and express their views about the care and support they received by staff who were respectful and familiar to them.

People's, relatives and staff member's views about the service were frequently sought and used to help make improvements. Compliments were shared with staff which helped them feel motivated and proud about their work.

The management of the service were seen as supportive and approachable. Staff were recognised and valued. Effective communication helped the team to remain organised and respond quickly to changes in people's needs.

The service had established and maintained positive working relationships with other agencies including district nurses, live-in care services, occupational therapists and a hospital discharge team. The service recognised its role in the local community and had sponsored local clubs, a carnival and a sports team.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 15 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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.

Bramley Homecare Ltd

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector and 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 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 September 2019 and ended on 10 September 2019. We visited the office location on both days.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and eight relatives about their experience of the care provided. We also spoke with eight members of staff including the director, registered manager, assistant manager, care workers, care coordinator and administrator.

We reviewed a range of records. This included 10 people's care records and a selection of medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three healthcare professionals by telephone and received feedback from one more via email. We considered their feedback when making our judgements in this report.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

At our last inspection people did not consistently receive safe care because staff were not all aware about the risks people faced or how to manage these. Care plans did not identify people's risks or provide staff with clear guidance about how to manage these.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Staff understood the risks people faced and used identified control measures to work with them in minimising the risks. For example, staff encouraged people to wear their lifeline pendants to ensure a timely response if they became unwell or had a fall. One person's plan advised staff, '[Name] may misplace walking stick and need assistance to find it.' Another person's plan advised staff of body language that could indicate they were experiencing pain.
● People felt safe with the care they received. Risk assessments were detailed, personalised and regularly reviewed. Guidance was available for staff when supporting people with complex health conditions such as diabetes, depression and asthma. One person told us, "I am feeling safe and well supported by my carers." A relative said, "My [family member] is in safe hands, [family member] is well cared for."
● The service used a coding system to identify people most at risk in the event of adverse weather such as heatwaves, snow or flooding. This meant people most at risk would receive priority visits.
● The service recorded and analysed accidents, incidents and significant events. This was used to identify themes in order to reduce the chance of them happening again. Learning was shared with the staff via staff bulletins, team meetings and reflective supervision.
● General environmental risks were also considered including those related to the person's property, food hygiene and fire. With consent, people were referred to the local fire service if concerns were identified. This meant people were at less risk from a fire in the home.
● People were protected by staff who had a good understanding of the signs and symptoms that could indicate they were experiencing abuse or harm. Staff understood how to raise concerns internally and to external agencies such as the CQC, local authority and police.

Staffing and recruitment

● There were enough staff to support the number of people they visited and provide consistency of care. A person said, "I have a group of three regular carers to look after me". Another person told us, "The carers stay the right amount of time, I am never rushed." A relative said, "[Family member] has a regular group of carers who visit."
● People said care staff almost always arrived on time. One person commented, ""The carers are normally on time, subject round here to tractors on the narrow roads and of course the weather." The service used dedicated software to create staff rotas and respond flexibly to short notice changes, training or sickness. Care staff were given the opportunity to feedback to ensure they had sufficient travel time between visits.
● People received their weekly rotas which they could choose to have by post and/or email.
● The provider had robust recruitment practices in place. This helped ensure people were supported by staff with the necessary skills, values and character.

Using medicines safely
● Medicines were managed safely. People received their medicines on time and as prescribed.
● Where required, people were supported with their medicines by staff who had received the necessary training and competency assessments.
● Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
● The service had supplied staff with homely remedy guidance and included this within care plans. These are also known as 'over the counter medicines' and differ from prescribed medicines.
● Where people required topical creams, there were clear instructions for staff on how much to apply and where. One person told us, "The carers do help me a lot and rub special cream on my feet that the doctor said I must use."

Preventing and controlling infection
● Staff had received training in infection prevention and control and understood their responsibilities in this area. The service had provided hand washing training sessions for staff during their induction.
●Staff had access to personal protective equipment (PPE) such as disposable aprons and gloves. People told us staff wore these appropriately when supporting them.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At the last inspection people's capacity to consent to decisions about their care and treatment had not been assessed, or decisions made in people's best interests in line with the Mental Capacity Car 2005.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff had received training to understand their responsibilities under the MCA and were able to tell us how they sought consent and worked in people's best interests.
- People, relatives, staff, advocates and relevant health and social care professionals were involved in best interests' decisions. These covered areas such as: medicines support, keysafe entry and use of bed rails.
- People's care plans noted if they had a representative with the legal authority to make decisions on their behalf should they lack capacity. These clearly detailed the scope of the authority these representatives had. Staff had received training from a solicitor to develop their knowledge about legal representatives.

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

● People had an assessment prior to them receiving a service. This captured their needs, abilities, preferences and known risks. At this time a mental capacity assessment was also undertaken to determine a person's ability to consent to care and support. One person told us, "I was visited before they started to care for me by a person from [the service]. They sorted out what care I needed and did it very well."

● Staff understood the importance of seeking consent before helping people. A relative told us, "The carers do always ask [family member's] permission before they do things for [family member]."

● People received care and support which was planned and delivered in line with current legislation and good practice guidance.

Staff support: induction, training, skills and experience

● People were supported by staff who had an induction that included shadowing more experienced staff and formal competency checks. These checks covered areas such as medicines and person-centred interactions.

● Staff received mandatory and ongoing training to help them meet people's specific needs. This included: medicines, information governance, dementia, bed rail safety, equality and diversity, diabetes and Parkinson's Disease. External training had been provided by district nurses and a local hospice.

● People were confident in the skills of the staff. One person commented, ""The carers that come to me have the right skills to look after me, without doubt."

● Staff received quarterly supervision and annual appraisals where they were encouraged to reflect on their practice and think about their professional development. Discussions included promotional opportunities.

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

● People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. A person said, "The carers do help me with my meals on the days that I need support with this." A relative told us, ""The staff do help [family member] and prepare meals for [family member], it is very important for me to know [family member] is eating regularly."

● Staff understood people's dietary needs and any food allergies they had. Where people required input from healthcare professionals such as speech and language therapists or dieticians the service helped people access this or did this on their behalf.

● Staff received food hygiene training and supported people to recognise the risks from poor hand hygiene and out of date food.

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

● The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. Where people could do this themselves, such as making appointments to see a doctor, diabetic nurse, dentist or chiropodist, staff encouraged them or provided them with reminders. A healthcare professional told us told us via email, '[The staff] are prompt in assessing and honest with start dates of care which enables a well-planned discharge from hospital. They have demonstrated a thorough approach.'

● Healthcare professionals spoke positively about the service provided by Bramley Homecare Ltd and their interactions with their staff. One noted, "Referrals to our team are always timely and appropriate' and when contacting the service, "They are helpful, efficient and communicate well." Another stated, "They always follow our advice."

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.

At the last inspection this key question was rated as good. At this inspection this key question has 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

- Staff knew the people they support well which created meaningful and mutually beneficial interactions. One person expressed, "The carers do everything they should do for me, they do it with a smile." Another person said, ""The carers are kind and caring, very good."
- Staff supported people's right and need for sexual expression. This was incorporated within people's care plans and influenced the approach taken by staff when in people's homes.
- Relatives were satisfied with the quality of care their family members received. One relative expressed, "[Family member] does get great care and support from the team that visits him. I am very happy with their work."
- The service kept a record of compliments from people and relatives which were shared with staff. These included the following comments: 'A great help to me and to get to know such lovely people' and 'Thank you for your truly reliable, kind and caring support of my [family member] during her illness. You are truly caring professionals.'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to express their views about the care and support they received. One person told us, ""The carers do know how I like things done and they do keep to that always."
- Staff understood how to support and maintain people's privacy and dignity. Relative comments included: "From my [family member's] comments to me when I visit, the staff do treat [family member] with full respect and dignity" and "[Family member] is treated with respect and dignity to my observation." A staff member said, "When supporting people with personal care it's important to be respectful and explain what's happening all the time."
- People were actively encouraged and supported to remain as independent as possible and live the lives they want to live. A relative said, "The staff do encourage [family member] to be a bit more independent in a safe way." Daily notes provided additional evidence of staff supporting people's independence. For example, one record noted, '[Name] dressed [them]self with a little guidance.'

Good

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

● People were supported in line with their assessed care needs and preferences. These were clearly detailed in their care plans alongside guidance for staff on symptoms involved with particular health conditions and how to respond. Daily notes were written legibly and in a person-centred way. A relative stated, ""I do look at the carers report folder; I am very impressed with it." A person told us, "I was asked about male or female carers, but I am not fussed and am happy with either."

● Care plans included 'This is Me' documents which were put together by people, relatives and their carers. These detailed people's life stories, skills and achievements and helped build rapport between the carers and people. A new staff member stated, "Care plans have been very informative." Another staff member said, "The care plans give us all the information we need. They've greatly improved."

● People were supported to make decisions by staff who understand the importance of choice in all aspects of the care and support they offered. One person's plan noted, '[Name] would like to continue making [their] own decisions for as long as [name] is able.' A staff member expressed, "You want to be empowering. You don't want to be taking over."

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 care plans documented their preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them. For example, one person's plan noted, 'Ensure have [name's] full attention and are facing [name]. May need to raise voice slightly for [name] to hear.' Another person's plan advised, 'Keep your messages short enough to fit [name's] attention span.'

● People's preferred methods of communication were shared with health and social care professionals when required, for example when people required admission to hospital.

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

● People were encouraged and, where required, supported to maintain friendships, contact with family and links with the community. One person enjoyed regular visits from the local 'pat cat.' Another person was supported to get audio books from the library. When people had events to attend, such as local day centres, staff supported them to get ready in time.

● Staff enabled people to do activities and hobbies important to them. For example, staff helped a person order a take-out Christmas dinner from their local pub. This ensured the person could enjoy a meal culturally relevant to them. Another person, who was an author, was supported by staff to access [their] study where they wished to spend a short time each day writing a book.

Improving care quality in response to complaints or concerns

● The service had a complaints policy and people told us if they had a complaint they would be confident it would be resolved quickly.

● Complaints were logged, progress tracked and resolved in line with the service's policy. A person said, "I did complain once about one of the carers, but it was sorted out right away." A relative told us, ""In the early days they were arriving a bit later than expected but I did complain and time keeping is very good now."

End of life care and support

● People were supported by staff who had received training in death, dying and bereavement. In addition, staff had attended a bereavement workshop run by a local hospice.

● People were offered support in creating advance care plans. These included preferences around contact with those important to them (including pets), choice of burial or cremation and the funeral service. This meant a person's final wishes could be respected and followed.

● The service sent bereaved relatives sympathy cards and flowers to show they cared at such difficult times. A staff member told us, "We get supported with grief on an emotional and practical level if someone passes away." A healthcare professional commented: "We couldn't fault them in the palliative care they provided to a person."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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; Continuous learning and improving care

In October 2018 we noticed the provider was not displaying their last rating on their website. This is a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Offence under Regulation 22 of the 2014 Regulations. In March 2019 we issued the provider a fixed penalty notice. This was paid within 28 days of receipt and action was taken by the provider to ensure the rating was displayed on their website.

At our last inspection quality assurance measures did not provide sufficient oversight of the service delivery. Existing systems did not effectively identify issues or drive improvements.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● Quality assurance systems had been improved and now provided sufficient oversight of service delivery. Where issue were identified, these were used to drive improvements to the service people received. Monthly checks included fire safety, care plans, accident evaluation, staff training and complaints handling.
● The registered manager and staff were clear about their roles and responsibilities. One staff member expressed, "I love my job. I feel humbled to have this role supporting the people we care for."
● People and their relatives felt the service was well run. One person commented, "This is a well-run service, if there is a problem I can ring them, and they deal with it quickly." A relative said, "The service is well managed I think, it runs smoothly." A staff member said, "[Name of registered manager] makes time for the staff if they need an ear. [Name of registered manager] is open to other ideas and listens to other people."
● Staff were recognised, valued and rewarded. Staff incentives included: vouchers for birthdays, long service and achieving national health and social care qualifications. Staff records showed they were praised when working well. The registered manager had sent a message to staff which read, 'I would like to thank you all for your hard work and dedication to your roles.'

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

● Staff told us they enjoyed working for Bramley Homecare Ltd and felt supported by management and colleagues. Events, such as summer parties, were held to bring staff together and develop a team spirit. Colleagues were encouraged to vote for each other to win recognition as the service's employee of the year and a cash gift.

● The registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding. This is a legal requirement.

● The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and transparent about any accident or incident that had caused or placed a person at risk of harm.

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

● People and their relatives told us the service engaged with them and involved them in care delivery decisions. One person told us, "I get calls from time to time to see how things are going."

● Questionnaires were sent out with feedback used to ensure quality was maintained and areas for improvement identified. A relative confirmed, "They do send out questionnaires from time to time and I always complete and return them." Survey feedback included: ''Brilliant care, couldn't have done more', 'Would not hesitate to recommend their care services to anyone in need' and 'Thank you to my wonderful carers. The care we received from Bramley was excellent in every way.'

● Rotas considered staff caring responsibilities, health conditions and right to sufficient breaks. This helped to retain staff and support a good work-life balance.

● A range of meetings were held including bi-monthly team leader meetings, bi-monthly team meetings and full staff meetings every four months. These provided opportunity for staff to share ideas, group quizzes to develop learning and contribute to service development ideas.

● The service had developed links with the local community. This included sponsoring the local rotary club, carnival and football team.

● The service worked in partnership with others to provide good care and treatment to people. This included forging and maintaining good working relationships with community nurses, live-in care agencies, GPs and a hospital discharge team. A healthcare professional told us, "The service are always very flexible. [Name of registered manager] always has their finger on the pulse."