

Age Concern Manchester

Brunswick Village

Inspection report

50 Brunswick Street
Manchester
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Brunswick Village is a domiciliary care service which provides personal care to people living in their own homes. The office was located within a new extra care scheme development. 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. No one living in Brunswick Village apartments received help with personal care. At the time of the inspection there were 14 people living in the wider community receiving care and support with personal care.

People's experience of using this service and what we found

Enough staff were deployed to meet people's assessed needs as the registered manager could draw on a pool of staff from the wider company. However, staff were not always deployed effectively as visit times were not always consistent. People reported timings of visits varied as carers could be either early or late for visits, and we identified occasions when staff were not using the electronic call logging system appropriately. We have made a recommendation in relation to the deployment of staff, to ensure people receive care at the right time.

Whilst the provider carried out quality checks in relation to service delivery these had not identified the issues we found regarding inconsistent care calls, incorrect log in procedures and errors in record-keeping. The service was not always well-led however, the registered manager was open and receptive to explore ways to improve the service. Staff considered they were well supported by management of the service and the provider.

Risks to people's safety had been identified. Risk assessments contained all the information staff needed to keep people safe. Prior to people receiving a service their needs were always assessed to ensure these could be met. Medicines were administered safely by trained staff.

The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training. Staff had access to enough personal protective equipment (PPE). Staff had completed mandatory training.

New staff received an induction and a period of shadowing more experienced staff before working alone. Observations and spot checks were carried out to ensure staff had the required skills and competency. Staff were extremely kind and respectful to people and were mindful of the need to maintain confidentiality in their role.

Staff had good relationships with other health professionals and liaised with stakeholders to ensure people received appropriate support. Health professionals we contacted were extremely complimentary about the responsiveness of the service and their approach to person-centred care.

People and their relatives told us staff knew their needs and preferences well. People and relatives knew

how to complain. Some people and relatives who had raised informal concerns said changes had been made following their complaints.

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.

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

Rating at last inspection

This service was registered with us on 4 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed. We have identified a breach in relation to good governance at this inspection and we have made a recommendation in relation to staffing and recruitment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brunswick Village

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 29 November 2022 and ended on 15 December 2022. We visited the location's office on 30 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. The

provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 1 relative about their experience of the care provided. We spoke with 7 members of staff including the registered manager, a care co-ordinator, a senior carer, 3 care workers and a member of regional management.

We reviewed a range of records. This included 4 people's care records in detail and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, electronic call logs and company policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Whilst there were sufficient staff to deliver the care and support people needed, this was not always consistent or delivered on time.
- People told us how it affected their routines when staff were late for care calls. One person told us, "If they come late, I have to eat at a different time, otherwise I have my breakfast first and then my tablets after."
- Electronic records depicted care calls were not often carried out when people expected them to be. Four people we spoke with confirmed care calls were not consistent and said, "They come 4 times a day, but the times can be all over the place. They are not on time. They can come late, or they can come too early", "they can come anytime between 8 am until 10am", and "the times vary."
- The electronic systems in place were not always used correctly by staff. We noted an occasion when staff had logged into a call prior to reaching a person's home. We brought this to the registered manager's attention.
- The staff list did not accurately reflect those working for the service at the time of the inspection. Some employees had not covered care shifts for months; one staff member had left the service. It wasn't clear what resources the service had available to them.

We recommend that the registered manager has improved oversight of the electronic call monitoring system and processes to ensure people receive care at the right time.

- The registered manager had access to a pool of staff who worked at services within the wider company. Electronic records showed a number of these staff regularly covered care calls. Recruitment of staff was an on-going issue.
- Safe recruitment procedures were mostly followed to help ensure staff were suitable to work with people, although gaps in employment declared by potential employees were not fully explored following interview. We made the registered manager aware of this.
- Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer were carried out. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Where a risk had been identified, risk assessments were in place.

- Risk assessments were reflective of the risks identified within the wider care plan, for example in relation to medication, moving and handling and any health conditions.
- Risks posed by the home environment were also assessed and documented in care plans, including the potential risk of a fire.
- Risk assessments provided sufficient detail for care staff to understand the risks and actions to take.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people and knew what to do if they thought somebody was at risk.
- People had no concerns about their safety. One person told us, "I have never felt unsafe."
- We found safeguarding concerns were discussed with the local authority safeguarding team to ensure people were kept safe.

Using medicines safely

- Not everyone received support with their medication from care staff. Where they did there were systems in place to ensure people received these as prescribed.
- Care records included clear and up to date information about current medication and the level of support people required to take their medicines safely.
- We identified a few errors on archived Medication Administration Records (MARs) paperwork, as not all staff were recording the times of medicine administration, when this was required. We brought this to the registered manager's attention, and they planned to take appropriate action.
- Where relatives were responsible for administering medicines care plans reflected this.

Preventing and controlling infection

- We were assured that the provider had an up-to-date infection control policy in place and was using personal protective equipment (PPE) effectively and safely.
- Staff had access to stocks of PPE, such as gloves and aprons. People we spoke to confirmed these were worn by staff. One person told us, "They all wear the PPE and I have full confidence in them."
- Staff were aware of their roles and responsibilities in preventing and controlling infection and gave examples how they managed this in their caring role.

Learning lessons when things go wrong

- The registered manager was receptive to take action to improve learning which could then lead to service improvement.
- Staff confirmed the process they followed when things went wrong, including reporting any concerns either to the office or directly to the registered manager.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- Assessments of people's needs had been carried out prior to people using the service. People we spoke with recalled being involved in this process.
- We saw evidence of completed pre-admission risk assessments which helped staff formulate care plans.
- Care plans detailed what people's assessed needs were, for example in relation to medicines, mobility and any identified risks.

Staff support: induction, training, skills and experience

- New staff received an induction and a period of shadowing more experienced staff before working alone.
- Staff also completed a set of company standards to fully equip them for the caring role, similar to the standards covered in the formal Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Senior staff carried out observations and spot checks to ensure staff had the required skills, knowledge and competency.
- Staff told us they were supported by the provider. Staff told us that communication was very good with the provider and that they received regular messages, calls and information via mobile phone applications.

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

- Where people needed support with meals, this was recorded in the support plan and included any specific dietary needs, likes and dislikes.
- Not everyone needed support with eating and drinking. Where they did, people and relatives said they were happy with the support they received. One person told us, ""They get my breakfast and cook me some tea. I always choose what I am going to have.""

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

- Staff worked with other healthcare professionals to support people's health and wellbeing.
- When any changes in need were identified referrals were made via the person's General Practitioner (GP).
- Staff had made a referral to the Speech and Language team as one person was experiencing difficulties with swallowing.
- Staff had made a referral to the Speech and Language team as one person was experiencing difficulties

with swallowing. As a result of this referral the GP had reviewed the person's pain medication and changed this to liquid format.

- Staff had good relationships with social work professionals. When additional needs were identified the care co-ordinator or registered manager contacted social workers to discuss increasing the package of care, and how this would benefit the individual.
- One health professional we contacted was extremely complimentary about the responsiveness of the service. They described staff as 'admirable' and considered the service's approach to risk to be very person-centred.

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 MCA 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.

- People's consent to their care and treatment was documented in their care records. We saw that where possible, people had signed consent for relevant professionals to look at their care file.
- People's care plans documented if they had capacity and if they required any support with making decisions.
- Staff received training during induction regarding the MCA and understood their responsibility to seek consent when delivering care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People told us they felt listened to and respected by staff. One person said, "They come in and say 'Morning (name of service user). How are you today?' They always ask how I am, and they know what to do."
- Staff were able to give us examples of how they treated people well, valuing their differences. This was reflected in the feedback we received from people, who told us how kind staff were. One person said, "I do get a lot of pain and they are always gentle with me when they help me wash."
- People told us staff treated them very well and carried out tasks other than care at times. One person said, "All of them will do anything to help, such as if I ask them, they will do some sweeping of the carpet or put rubbish out."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us staff listened to their views, never assumed and provided them with daily choices about their care. One person told us, "They (staff) are all kind, always check what I want and will do anything I ask them."
- Electronic systems were able to reflect people's choices with regards to care preferences. For example, records indicated where people had requested female care staff only.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they helped people maintain levels of independence; this was supported by feedback from relatives. For example, one person told us, "They are really good; They are mindful of my disability and don't treat me any differently because of it."
- Staff were able to describe how their practice promoted dignity for people, as this was important for people.
- People and relatives were complimentary regarding the positive attitude and behaviours displayed by staff. Confidentiality was maintained. People told us, "They (staff) respect privacy and are very patient; I've never heard them discuss anybody else they visit" and "they never talk about anybody else they visit."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

- Care plans were in place which provided a list of tasks for staff to complete. These contained enough detail to show new staff what all the tasks were. Staff told us they had a clear understanding of people's care and support needs.
- Staff told us they had access to care plans on mobile devices. Care plans referred to people's likes and dislikes. Staff knew to report any changes in need or behaviours to seniors or higher management.
- People received support that met their individual needs. This was consistent with feedback we received from most people, including those who required support with mobility.
- Management responded appropriately to changes in need by contacting other professionals. We saw evidence of when senior staff had done this, for example to instigate a review of care, apply for specialist equipment or suggest increased support was necessary.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were outlined in care and support plans and staff were able to communicate with people as per their preference.
- Records showed people were supported to use communication aids, such as hearing aids.
- Information in the service could be made available in a variety of formats to meet people's varied communication needs, for example in a different language or large font. At the time of the inspection, no one required this.

Improving care quality in response to complaints or concerns

- Records showed there was frequent communication by email and telephone when necessary if people raised any concerns.
- People were confident that the registered manager would act on any concerns. One person told us they had contacted the office to report a member of staff had missed calls on a couple of occasions. The registered manager had taken appropriate action.
- People and relatives knew how to complain and told us they would have no qualms in doing so. One

person said, "I haven't complained about anything but if I had any concerns, I would complain to them, and yes I'm confident they would listen." Another person said, "I have no complaints. They come in and get on with the job."

End of life care

- The service was able to provide end of life care for people and had done so prior to this inspection. Staff we spoke with confirmed this.
- The management team understood that if people's health deteriorated, they would seek advice and guidance from healthcare professionals to ensure people had the right care and support at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had not identified through their systems the inconsistencies in care calls, nor when staff had not followed correct log in procedures. Gaps in employment had not been fully explored with prospective employees at interview.
- Feedback about the service was mixed due to the timing of scheduled calls. Improved oversight was required to ensure staff were effectively deployed and that call times were achievable.
- Audits in relation to service delivery were not always robust. Medicines audits had not highlighted staff recording errors, such as missing times of administration. Appropriate action had not been taken with staff.
- Improvements were required to ensure the systems, policies and procedures in place remain effective and meet regulatory requirements. For example, the provider's recruitment policy did not reflect the need to obtain a full employment history for prospective employees. Care plan documentation needed to be standardised.

The provider had failed to operate fully robust quality assurance processes. Oversight of the service needed to improve to ensure any shortfalls were addressed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager held meetings to discuss aspects of people's care, they informed staff of any changes and ensured they were involved in any ideas to make improvements to people's care
- Staff shared a positive culture, and considered they were fully supported to provide people with person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had undertaken a survey and consulted with people about the service. Although few had responded the registered manager had taken appropriate action on receiving a complaint.
- People told us senior staff also completed spot checks and sought their opinion during these, for example if they were satisfied with care staff and with the service.
- The provider took any feedback from people on board wherever possible. One person told us they would

ask questions about their care. People were pleased with the care they received.

- Staff we spoke with confirmed they received support from seniors and the registered manager. One staff member told us, "Carer's opinions do matter." Carer's felt listened to and changes happened as a result of their input.

Continuous learning and improving care

- The registered manager took on board our findings at this inspection and was willing to take action to improve the service.
- The registered manager was considering on changing the way staff logged into calls to improve service delivery, with the introduction of quick response (QR) codes on care plan files in people's properties. Staff would scan these on arrival at a person's home and prior to leaving the call.

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

- The registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong.
- Staff were encouraged to be open and honest when things went wrong. The registered manager told us when things went wrong, they would apologise to the person involved and take any required action.

Working in partnership with others

- The provider worked in partnership with others. The provider worked in conjunction with commissioners to make improvements to the service and to the care people received.
- We saw examples of regular communication with people's general practitioners (GP's), district nurses and other health professionals to effectively meet people's needs.
- We spoke with a mental health practitioner, who informed us how proactive the provider and staff were in building relationships with people to try and best meet their complex needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate fully robust quality assurance processes. Oversight of the service needed to improve to ensure any shortfalls were addressed.