

Bramble Homecare Limited

Bramble Home Care LTD - Cinderford

Inspection report

6
High Street
Cinderford
GL14 2SH

Date of inspection visit:
04 April 2023
05 April 2023

Date of publication:
01 June 2023

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

Bramble Home Care LTD - Cinderford is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 62 people who received personal care at the time of the inspection.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

We found some improvements were needed to ensure people's care documentation and medicines records were accurate, complete and contemporaneous. Staff understood people's risks and how to keep them safe, but people's care records were not always up to date with the necessary information. The provider's audits were not always fully effective in identifying and addressing quality and safety concerns related to care and medicine records.

We did not find these shortfalls had impacted on people's care and the registered manager responded to our inspection feedback and was open to making improvements to the service.

People and their relatives were complimentary about the service provided by Bramble Home Care LTD - Cinderford. They were positive about the caring nature and approach of staff. They felt safe when staff visited and were confident concerns would be dealt with.

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.

People received care and support from a consistent group of staff who had been trained and supported to meet their needs. Staff spoke positively about the support they received and how this promoted person

centred care.

Comments from people and their relatives regarding the care and support they received from the service included, "They are excellent. The girls are a lovely lot."; "We are very happy with the care; they are lovely people." and "Very good. They are all angels."

Infection prevention measures had been established and implemented. Staff had a good understanding of these procedures.

Systems were in place for people to raise concerns and for the registered manager to receive feedback from people who used the service. This enabled them to monitor the quality of the service being provided to people

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 01 April 2022 and this is the first inspection.

Why we inspected

We carried out an announced comprehensive inspection of this service on 04 and 05 April 2023. This was a planned inspection based on the service being newly registered.

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 of regulation in relation to good governance at this inspection.

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 ●

Bramble Home Care LTD - Cinderford

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

This inspection was carried out by 2 inspectors and 2 Experts 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 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 04 April 2023 and ended on 11 April 2023. We visited the location's

office/service on 04 and 05 April 2023.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 21 relatives about their experience of the care provided. We spoke with a senior care assistant, 11 care assistants, the care coordinator, the service development lead, the trainer, the registered manager, the nominated individual, and the owner of the service.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 6 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.

We received feedback from 4 health and social care professionals working with the service.

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.

Assessing risk, safety monitoring and management; Using medicines safely

- The service had identified people's personal risks as part of their initial assessment, this included risks in relation to people's eating and drinking, seizures and health appliances. However, people's records did not have guidance for staff to assist them in managing people's specific health risks safely. This put people at risk of not receiving the appropriate care.
- Staff were aware of how to support people with managing their risks and had received specific training in supporting people with health appliances. Staff could describe how to support people safely.
- Medicines administration records (MAR) were in place, however these did not reflect all the information on the pharmacy label, such as the dosage of the prescribed medicines. Good practice was not always followed when staff transcribed people's medicines instructions onto their MAR charts. This increased the risk of medicine errors occurring.
- Where people were prescribed medicines on an 'as required' basis, appropriate information was not in place to guide staff in the use of these medicines. This put people at risk of not receiving their "as required" safely.

Accurate, complete and contemporaneous records in respect of each person's care and medicines were not always maintained. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks were assessed and where staff were working on their own in people's homes, measures were put in place to ensure personal safety.
- People's risks associated with their health and well-being had been assessed and were regularly reviewed or reviewed earlier if there was a change in people's support needs.
- The service had a medicines policy; staff had been trained in medicines management and their competency was assessed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse. Staff had been suitably trained in safeguarding.
- Staff had access to the provider's safeguarding and whistleblowing policies to guide them in the actions they should take if there were concerns or an allegation of abuse.

- The provider had systems in place for when people did not answer their door, or refused care, to ensure the person's safety.
- People and their relatives told us they felt safe when supported by the staff. One relative told us, "I've been very impressed with their patience and their approach to [person]."

Staffing and recruitment

- The provider safely recruited staff following pre-employment checks to ensure people were cared for by suitable staff.
- Systems were in place to plan and manage the timings of people's care calls and the staff who supported them.
- The provider and registered manager are working in a sector with significant work force challenges. Recruitment was ongoing to fill staff vacancies and grow the service.
- The service aimed to support people through a consistent staff team who knew them. The service had enough staff to support people. Staff worked flexibly to cover any additional calls or staff absence. The office staff and registered manager supported staff and covered care calls if needed.
- One professional working with the service told us, "They seem to have a good retention of staff which is very helpful when caring for people in the community as it provides continuity."

Preventing and controlling infection

- Staff had been trained in safe infection control practices and had access to personal protective equipment (PPE).
- Staff were able to tell us how they put on and took off their PPE in accordance with best practice guidance.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents to their managers. They had access to an on-call system which provided support outside office hours.
- Accidents and incidents were recorded, and actions were identified, when needed, to help minimise the risk of reoccurrence for people.

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

- People's support needs were assessed to ensure their care was delivered in a person-centred manner and in line with best practice and current guidance. Once person's relative told us, "We had a lot of meetings in the beginning and are about to review [person's] care."
- Where necessary, staff received specialist and person specific training to meet people's needs.
- Reviews of people's needs were carried out on a scheduled basis or when people's needs were changing.
- Comments from professionals working with the service included, "I have found them to be honest and accurate in their assessment of needs and understanding of the role of social care." and "proactive in getting packages of care reassessed if needed (that can be reductions as well as increases)."

Staff support: induction, training, skills and experience

- New staff were provided with an effective and comprehensive induction period. They were supported to complete the 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had received a mixture of eLearning and face-to-face training from the service in house trainer, to assist them to carry out their role. New staff worked alongside an experienced and existing staff member for as long as needed, which gave them the opportunity to learn their role until they were comfortable to work on their own.
- Staff received regular support from the management team to enable them to develop their practice and share any concerns.
- One professional working with the service told us, "My experience and observations of [service's] carers is that they have the appropriate level of moving and handling training and knowledge."

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

- Where required, staff supported people with their dietary needs.
- Staff had received training in food hygiene to ensure the safety of any meals they prepared for people.
- People's support plans detailed the support they required to eat and drink, however further detail is in the Safe Key Question in relation to people eating and drinking.

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

- The service worked in partnership with people and their families to help them to maintain a healthy lifestyle and access appropriate health care services as needed, such as district nurses and occupational therapists.
- The registered manager recognised the importance of networking with health care professionals and had a keen focus on people's reablement. They shared with us success stories when the service made a positive contribution to people's lives, particularly people who were at risk of self-neglect.
- One professional working with the service told us, "I know all the staff in the local office are very experienced and have worked in the care industry for some time and I feel they will go above and beyond to assist if they can."

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.

- People's consent to care and treatment was sought as part of their initial assessment and reviewed periodically during reviews. Where appropriate people's legal representatives were involved in making significant decisions on behalf of people.
- Staff were aware of principles of the MCA and knew where to find information related to people's decision-making abilities and preferences.
- People's care documentation included information about how to support people to retain their independence. People's care notes captured information about whether staff had sought people's consent prior to delivering care and support.

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; Respecting and promoting people's privacy, dignity and independence

- Staff were receiving equality and diversity training in line with the provider's relevant policy.
- People who used the service were positive about the support they received and the kind and caring nature of the staff. Comments from people and their relatives included, "They have been very patient, and I have seen nothing but kindness." and "They have everything in hand. They're really good."
- People's support plans included information about how to promote their independence. They also provided information on people's likes and dislikes and religious and cultural needs to support person centred care.
- People's relatives told us, "They promote [person's] independence, by for example, giving [person] a flannel so [person] can wash [their] face [themselves]" and "They do respect [person's] wishes."
- One health and social care professional told us, "The carers are also respectful and kind towards patients."

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

- Consent was gained from people at the start of their care package and reviewed periodically.
- People's relatives told us, "I can access the care plan. I've got all the paperwork." and "They do what we advise and take it on board."

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

- People and their relatives were consulted as part of their initial assessment and during ongoing reviews.
- Staff completed care notes to record the care provided to people as well as any concerns they identified. These records were reviewed by the management team to ensure completeness of care tasks and that these reflected person centred care.
- When required, people had specific additional support plans in place such as mental health care plans.
- People's care documentation included information about their emotional wellbeing and the outcomes they would like to achieve.
- The service had a dementia link worker who planned to upskill the team with awareness and knowledge of how to support people living with dementia in a person-centred way.
- The service had a dementia lead and dementia link worker who was training to become a "train the trainer". Their role was to upskill the team with awareness and knowledge of how to support people living with dementia in a person-centred way. The service had plans to train a further 2 staff members to become dementia link workers.
- The service also planned to offer support and training to families to help them understand and support their loved ones who lived with dementia. As well as supporting clients and their families, the service was looking at organising dementia friendly coffee mornings for people in the community to raise dementia awareness.
- One professional working with the service told us, "They seem experienced in dealing with people with dementia."

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 assessed and recorded. Care records contained information about people's needs which assisted staff to support people's preferred methods of communication.
- One person's support plan described how the person, with limited verbal communication, communicated their dislikes, so staff could better support them.

Improving care quality in response to complaints or concerns

- People had access to information on how to raise concerns in line with the provider's policy and client handbook.
- The service had a complaints policy. The registered manager responded to any concerns or complaints in line with the policy and used these to make changes and improvements to the service people received.
- Staff told us what steps they would take to support people if they wanted to raise concerns or complaints.
- People and their relatives told us, when they have had concerns of complaints, these have been addressed. One person told us, "If anything is not good, there is a great willingness to put things right."

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Staff had received training in end of life care and the service was working closely with health care professionals and families when supporting people who were reaching this stage of their life.
- When staff supported people at the end of their life, they used specific care plans. These outlined people's preferences and wishes and ensured co-ordinated care by all staff and professionals involved.
- Staff provided people's families with the support they needed through this journey.

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; 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 and nominated individual had a system in place to audit people's care and medicine records, however this had not been effective in identifying the shortfalls we found during the inspection.
- For example, while the service was auditing a percentage of people's MAR charts each month on a rotation basis in order to identify any recording errors; the medicines audit was not robust enough to identify the concerns related to PRN medicines and transcribing of medicines we have found.
- Whilst the registered manager had appropriately informed the local authority of all safeguarding concerns, the provider's quality monitoring processes had not identified that not all safeguarding incidents had been notified to CQC as is required.

The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's risks were not always maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the registered manager told us they were planning to act on the areas of concern identified.
- Following our inspection, the registered manager notified the CQC retrospectively in relation to one of the safeguarding incidents.
- The registered manager spoke very highly of the support they received from the nominated individual and the owner of the business. The registered manager told us the support from the nominated individual was second to none and the owner welcomed new ideas and visions.
- The registered manager understood their responsibilities to be open and honest and to apologise if things went wrong.

Continuous learning and improving care;

- Plans were in place to introduce an electronic MAR system to make improvements to the medicines

systems and processes.

- The service had systems in place to monitor the planning and delivery of care calls.
- The service had a Service Improvement Plan in place which identified objectives aimed at improving the service delivery and quality of care as well as growing and developing the business.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates, and discussions around how to implement best practice guidance.

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

- The registered manager had a clear vision of delivering a service which empowered and re-enabled people to be as independent as possible. They were committed to support people achieve good outcomes and one of their goals was to embed the dementia work they started within the service.
- Staff spoke positively about the support offered by the registered manager and the management team. One staff member told us, "Lovely team, if you are stuck, they will come and help you no problem." and another said: "[Registered manager] is there at the end of the phone always if I have ever had a worry."
- People and their relatives were positive about the management of the service. They knew the registered manager and said they had a good relationship with them. Comments included, "It's a very good set-up. I can't fault them."; "Very professional, very caring." and "The manager is easy to contact. The care service is top rate, and I would rank them highly."

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

- Systems were in place to gain feedback from people, their relatives and staff. People's views were gathered during reviews and through annual surveys.
- People and their relatives told us survey forms were sent out at least once a year. Comments included, "I spoke to them at length at their request." and "We had a questionnaire once. We have a review once a year."
- People and their relatives were positive about the responsive nature of the service. Comments included, "They take on board what I say, they're polite, and they answer the phone quickly." and "Brilliant, [registered manager] is very, very good. I can pick up the phone and [they] will sort it out."
- Staff told us they felt listened to and able to provide feedback.
- The management team held regular staff meetings and had a secure electronic communication system to ensure prompt and effective communication within the team.
- Feedback from professionals working with the service in relation to the communication with the service included, "communication is always professional and clear. I feel confident that they will follow recommendations and advice that I have given."

Working in partnership with others

- The service worked openly with other stakeholders and commissioners to ensure people received joined up care. They worked in partnership with people, their families and community health and social care professionals to maintain people's health and well-being and to achieve positive outcomes for them.
- We received very positive feedback from health and social care professionals who work with the service.
- We received very positive feedback from health and social care professionals who work with the service. One professional told us, "I find the service manager [registered manager] very helpful and I am always heartened if I pick up a case and see they are involved and on visiting the people who have [care from the service] [I] have positive things to say about them."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided.</p> <p>Accurate, complete and contemporaneous records in respect of each person's risks were not always maintained.</p> <p>Regulation 17(1)</p>