

Brancaster Homecare Limited

# Brancaster Home Care

## 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

This inspection of Brancaster Home Care Limited took place on 18 July and 25 July 2018 and was announced. We visited the agency office on the first day to speak with the registered manager, nominated individual and staff. We also visited people in their homes. On the second day we contacted people who used the agency by telephone and email to ask their experiences of the service.

Brancaster Home care is a domiciliary care agency. It provides personal care to people living in their own homes. Services provided for adults include personal care and bathing, a night service, supervision of medication, meal preparation, cleaning and laundry services, shopping, companionship and support to go out. The offices are situated in Kendal and are open usual office hours with an on-call service outside of office hours.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 34 people were using the agency and 18 were receiving the regulated activity.

At our last inspection in August 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was an experienced registered manager at the service who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe whilst receiving support from staff at the agency and felt it was "reliable and "attentive". People had been involved in planning their care and were able to tell staff on a daily basis how they wanted their care delivered.

People told us that staff were caring and supported them in the way they wanted. People we spoke with who used the agency told us they were supported by regular staff who had got to know them well. Staff had received the training and support they needed to be able to carry out their roles.

Staff had received training on the Mental Capacity Act (2005) and they supported people to have maximum choice and control of their lives and support them in the least restrictive way possible. People were asked for their consent before care was provided and the decisions they made were respected. People told us they had been fully involved in the development and reviews of their care.

Staff told us they felt supported in their role and could seek advice and help from the management team at any time of the day. There were systems in place for staff to feedback any concerns or changes in care needs to the registered manager.

People received the right level of support they needed to take their medicines safely. Staff had received training in safe medicine administration and were able to give medicines to people when needed.

People were supported to eat meals of their choice and staff understood the importance of people having a nutritional diet.

People and their relatives were aware of how to raise concerns or complaints. They said they had been asked for their opinions and views during reviews and in surveys and if they were happy with the services they received.

There were processes in place to monitor quality and understand the experiences of people who used the agency. People and their relatives were happy with how the service was managed. People told us they would happily recommend the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Brancaster Home Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 and 25 July 2018 and was announced. The team consisted of one adult social care inspector. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider.

Before the inspection we gathered information from a number of sources and reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information. Questionnaires were sent out to people who used the service, their relatives/friends and to community professionals.

During the inspection we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for five people who used the service and medicines records. We looked at quality assurance checks being done and findings from questionnaires that the provider had sent to people to see how the registered provider monitored the quality and safety of the service. We also looked at records and procedures relating to compliments and complaints. We looked at four staff recruitment files and the training matrix and training records.

We spoke with four people who received a service from Brancaster Home Care by telephone and one via email and spoke with three relatives. We visited two people in their homes, having first obtained their

permission and spoke with them and checked the agency records kept by them. Whilst visiting the agency office we spoke with the registered manager and the nominated individual and three care workers.

We used a planning tool to collate all this evidence and information prior to visiting the agency.

## Is the service safe?

### Our findings

People told us they felt safe whilst receiving support from the agency care staff. One person commented, "I trust them [staff], we have a good relationship, it's relaxed and informal and they respect my home." A relative commented in our questionnaire, "The sympathetic, supportive involvement of Brancaster Home Care has undoubtedly enabled [relative] to stay safely in their own home at a stage life when this might not have been possible. It is of huge importance to the family knowing that there is a reliable visit every day helping them to get washed and dressed and start their day."

We saw that each person who used the agency had assessments in place that identified their individual needs, preferences and risks that they might encounter. This assessment included people's medication risks, falls, mobility, equipment in use and the environment people lived in that might affect their safety and that of the staff who visited. This was to help ensure that all were kept safe from foreseeable risks. Some people had restricted mobility and information was provided to care staff about mobility aids and how to support people when moving around their home and transferring in and out of chairs or bed.

We saw that risk assessments were done on equipment being used in people's homes and a check was kept on when these would need to be serviced. This helped to make sure that equipment was safe for staff to use and in good working order. During the inspection we found one aspect of the safe management of equipment that needed records to be further developed to make sure checks were always clearly and formally recorded. The registered manager began to address this during the inspection.

Staff we spoke with told us that they had received safeguarding training and could recognise the different types of abuse. They told us of action they would take to report any concerns they had. The registered manager had systems in place to report safeguarding concerns to the local authority to help keep people safe.

The service had a policy in place on the control and spread of infections and staff were given training on infection control and food hygiene. Staff were provided with personal protective equipment [gloves and aprons] for use during personal care. People who used the service told us that staff wore these when providing personal care.

Staff had received training on how to support people with their medicines if they needed or wanted this. The staff we spoke with told us that they had received medication training so if they visited someone who needed help to take their medicines they could do this safely. This included training on instilling eye drops and applying creams. We looked at how the agency managed medicines in people's homes and the policies and procedures in place for staff to follow. We saw that care records contained information about the different support people required to take their medicines.

Everyone we spoke with told us that there were enough staff to provide the care they required. Rotas we saw showed there were enough care workers to flexibly cover the services they provided. People told us that the agency always tried to make sure they received support from the same team of care staff whom they knew.

well and that staff were usually on time. Everyone told us they had never had a 'missed visit' and that if staff were held up for any length they telephoned ahead so they knew the reason. They said they received a copy of their care rota each week, so that they knew the care staff who would be coming to their home for each visit. This helped to keep them safe. Staff told us, "We are allowed the time to do our work properly, we don't want to be rushing people" and "If a client is slowing down then we report back and reassess because things change and they may need more time."

Recruitment checks had been properly completed to help make sure care workers were safe to support people. The staff files we looked at confirmed that checks had been undertaken regarding criminal records and obtaining appropriate references.

## Is the service effective?

### Our findings

People that we spoke with were happy with the care the agency provided. One person commented, "They [agency] have been excellent, very efficient, professional and discreet." One person told us, "I am always asked my permission when they help me and check I am happy to go ahead." One person told us, "My principal carer, i.e. the one who comes on around three-quarters of the visits, is very efficient and responsive and over the years we have developed a good system and working relationship. I can discuss any matters perfectly freely with them." People told us that care workers checked with them that they were happy with the support being provided when they visited.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People had signed to consent to their care arrangements where they could give informed consent. Where people could not easily give consent to aspects of care and support the agency had involved those closest to people and those who had power of attorney for people in making everyday decisions that were in the person's best interests. Staff we spoke with were clear about the need to respect people's choices and preferences. We discussed with the registered manager the need to review consent where people's capacity fluctuated or their condition had changed. They understood the need for this and began to look at doing this during the inspection.

We looked at the training programme for the agency and spoke with a new member of care staff. We saw that staff who were newly recruited to the agency had completed an induction programme. This included working with a senior staff member to get to know the people they would be supporting. Staff we spoke with confirmed that they had received induction training and that they had been introduced to clients before working with them.

We looked at training records. We saw that there was a programme of planned training throughout the year so staff could access training relevant to their roles and the needs of the people they supported. This included dementia training. Staff told us that if the agency took on a client with a specific need, for example being fed via a tube, then staff had the training prior to the care package starting. This helped to make sure staff were suitably skilled and prepared for the care needed. Staff we spoke with told us that they received supervision from the registered manager and had an annual appraisal to assess and support their practices.

Staff told us "I have done all the in-house training, it was very thorough and good" and "We are using workbooks and they are really good not like the on-line stuff, we do hands on training for moving and handling not just theory". The registered manager was due to do their regular moving and handling refresher course for training the staff in this area of support. People who used the service told us that new staff did not work alone but "Always come with the more experienced staff at first until they get to know us."

Staff personnel records showed that staff members were regularly observed by the registered manager for their competency and performance and assessed during visits to people who used the service. This helped to help make sure that staff were performing to a satisfactory standard of care and safety.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people had family members who prepared meals. Where people required assistance with food and drink, this was detailed in their care plan.

There was evidence of collaborative working with other community professionals that helped to support a seamless approach to the delivery of care.

## Is the service caring?

### Our findings

All the people we spoke with who used the agency spoke highly of their care workers. One told us "They [staff] give really attentive care, they notice things, any changes or what might help me." Another person told us that staff helped them stay as independent as they could, "They assist me and let me take the time to do things for myself but never try to take over or rush me along." People told us they had a regular group of staff who supported them but we were also told, "Others who attend less frequently are no less caring and efficient and do as thorough a job."

Staff we spoke with told us they felt that they had the time to give personalised care and support people's independence and "Build up a relationship." Staff were very clear about the importance of getting to know the people they visited and giving them the time and attention they needed.

A relative told us, "Some of the carers go far beyond the remit, this is very positive, I am very grateful for this." Another relative commented, "I feel we have a very open relationship with care staff, they are serious about their work and seen really dedicated." People told us that they had been supported to maintain their independence wherever possible. We saw that people's care plans had reference to encouraging people to maintain their independence.

We could see that people who had received care had appreciated the services provided. This was evident in the many cards and letters the agency had received as well as in their own quality surveys. Comments included, "My family and I really appreciate your help and support" and "Wonderful service, carers were so great with [relative] and enabled [relative] to lead an independent life which was so valuable."

The policies and procedures of the agency covered areas such as, privacy and dignity, data protection and the importance of confidentiality. The records we saw showed people had been included in planning and agreeing to the support and care they received. Staff we spoke with were very knowledgeable about the individuals they supported and about what was important to them in their lives.

The registered manager kept in regular contact with people both by visiting people to discuss their care and while doing spot checks on staff or by telephone. Everyone that we spoke with knew the registered manager and confirmed that she was accessible and "helpful." One relative told us "We have a good relationship with the office, they take time and give us attention when we call."

We spoke with the registered manager about directing people to advocacy services should they require support. The registered manager had information and contact details with such services so it could be provided to people and their families if they wanted it. This helped to make sure people's interests would be independently represented outside of the service to act on their behalf if needed. The agency also had information available for people about different services and voluntary agencies that could help and support them with different issues.

## Is the service responsive?

### Our findings

People we spoke with told us that care and support was provided in a way which they preferred, with their wishes and choices being consistently respected. Their care plans had been developed with them and their preferences were taken in to consideration. We were told, "I am fully satisfied with the arrangements with Brancaster, they were thoroughly discussed at the time they commenced and have been regularly reviewed ever since."

The service had a complaints process in place. We found that there was a clear system and logging procedure for receiving and managing any complaints. People we spoke with told us they would know how to make a complaint and would feel comfortable in doing so, should the need arise. One person told us, "I have met the manager before, I would tell them if something was wrong, always been most helpful." The agency had not had any formal complaints since the last inspection. The registered manager said they felt this was due to the good communication systems in place that helped to make people feel comfortable to raise issues before they got worse and escalated into complaints. A relative told us, "If I have made a suggestion I have been listened to, I feel I know the staff who come well enough to be able to do that."

Assessments were undertaken to identify people's support needs and care plans had been developed outlining how these needs were to be met. Each person had a care plan to guide staff on the level of support and care required and how people wanted this to be provided. We saw that people had a copy of their care plan in their own home.

The care and support plans were reviewed on a regular basis to help make sure the information within was still an accurate picture of what people wanted and needed and so changes could be made to the support required if needed. When we visited people in their homes they showed us their care plans and knew what they contained. A relative told us "We had a review not long ago [registered manager] came out and made sure everything was still as we wanted it. They took the time, not just a quick call and off again."

There were systems in place to ensure staff could report any changes to people's care needs. Daily care logs were completed by staff and we saw these in use in people's homes. Staff told us the care team worked well together and with other community workers. If someone they were supporting was moving towards the end of their lives staff worked with the district nursing team to help make sure people could stay in their own homes and be cared for. Staff we spoke with were aware of the importance of sharing information with community professionals about the person they were supporting.

## Is the service well-led?

### Our findings

People who used the agency were positive about the services provided, the management and staff. Comments made included, "All are efficient and professional." One person who had been using the agency for some time commented to us, "I have no complaints to register, quite a number of compliments to hand out and would have no hesitation in recommending Brancaster to anyone needing similar attention."

The agency had an experienced a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff that we spoke with felt supported in their role and told us they felt able to raise any problems or concerns with the registered manager. One staff member said, "I feel comfortable talking with the manager, I can call in the office anytime, have a coffee, have a chat and tell them about any issues or updates." Another staff member told us, "I like working for them, really supportive to us [staff] and genuinely caring about the clients. Anything at all you are unhappy with or not sure about the office will check up on for people or get the right help for them."

Care staff we spoke with the showed pride and enthusiasm about their work and the way the agency supported and developed them to improve the services they provided. We noted there was an open management culture, that was accessible and placed great emphasis on developing the agency for the benefit of the people who used it. We noted that the agency did not have a high staff turnover but a stable and committed staff team.

There were quality assurance systems in place to help ensure any areas for improvement were identified and action was being taken to continuously improve the quality of the service provided. The registered manager and senior care staff monitored the quality of the service provided by regular visits, satisfaction surveys and by regularly speaking with people to ensure they were happy with the service they received.

The registered manager told us of checks they carried out to monitor and observe staff practice in a person's home. The senior care staff also worked alongside staff to monitor practice through unannounced spot checks of staff. This helped to assess the quality of the services provided and maintain a high standard of service.