

Brand Healthcare Services Ltd

Brand Healthcare

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

Brand Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of the inspection there were six people receiving personal care from the service.

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

Relatives of people using the service told us they were happy with the care and support provided. They told us they felt the service was safe. Systems were in place to protect people against the risk of abuse. Risk assessments were completed to identify and manage risks to keep people safe. People were supported to take their medicines and measures were in place to protect people from the spread of infection. There were enough staff available to meet people's needs. Pre-employment checks had been carried out to ensure staff were suitable to support people.

The service carried out assessments of people's needs prior to the provision of care and support to ensure they could meet their needs. 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. Staff had completed required training to perform their roles effectively and felt supported in their role. Staff supported people to eat and drink enough to meet their needs. The service worked with other agencies to promote people's health, safety and wellbeing.

People received care and support from staff who were caring and compassionate. Staff treated people in a caring and respectful manner maintaining their dignity and encouraging independence. Staff knew people well and understood the importance of meeting their needs and preferences. People's privacy and confidentiality were respected.

Support plans were person-centred and included the individual needs of people. Support plans were subject to review to ensure they accurately reflected people's changing needs. Complaints procedures were in place and people and their relatives were provided with a copy of the procedure.

People and staff told us they found the registered manager and management team approachable and supportive. Systems were in place for quality assurance and quality monitoring to ensure people received high quality care.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 13 June 2018). 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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Brand Healthcare

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

This inspection was carried out by one inspector.

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 site visit activity started on 22 July 2019 and ended on 31 July 2019. We visited the office location on 22 July 2019 to see the manager and office staff, and to review care records, policies and procedures.

What we did before the inspection

Before inspection we looked at information we held about 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 four members of staff including the registered manager, director, quality assurance manager and care co-ordinator. We reviewed a range of records. This included three people's care records and medicines 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

People using the service were unable to speak with us but gave permission to speak with their relatives. We spoke with three relatives about their experience of the care and support provided. We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments, support plans, training data and quality assurance records. We spoke with three care staff and two professionals who commissioned care and support from the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

At our last inspection the registered manager demonstrated a lack of knowledge of safeguarding procedures, there was ineffective monitoring of when staff arrived and left appointments. We found a lack of records of staff employment history and issues with incomplete medicine administration records. 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.

- People using the service were safeguarded from the risk of abuse and systems were in place to minimise the risk of incidents of abuse.
- The registered manager and staff we spoke with demonstrated knowledge of safeguarding processes in place to keep people safe. Records showed safeguarding training had been completed by all staff. After the last inspection the registered manager had completed additional training and attended workshops to improve knowledge in safeguarding processes.
- Relatives of people using the service did not have any concerns about safety. One relative told us when they had raised a concern; it was reported to the local authority safeguarding team and investigated promptly.
- Safe and effective recruitment practices were followed by the service. This meant the service could be assured that staff employed were suitable to provide safe care and support. Checks had been carried out during the recruitment process such as employment history, references and, proof of person's identity and eligibility to work in the UK. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.
- People received care and support when they required it. Individuals involved in people lives told us staff arrived on time and stayed for the agreed length of time, where they carried out personal care and support. and did not rush people. One relative said, "Staff don't rush off. They've stayed longer than the time when they're needed." Another relative said, "The staff are patient and will always stay longer if necessary, they flexible."
- When people required two staff to support them with personal care, records showed the appropriate number of staff were available. Staff rotas confirmed there were staff available to ensure people received the care they required at their preferred times.
- Staff told us they had enough time between visits. The service used systems to monitor staff arrival and departure from people's homes. The care co-ordinator and office-based staff monitored the system and

were able to anticipate if staff were going to be delayed. On these occasions they informed the person using the service or deployed other staff who were in the locality to attend the appointment.

Using medicines safely

- Policies and procedures were in place to ensure medicines were managed and administered safely. Electronic medicine administration records were reviewed daily by the management team to ensure medicines were administered as prescribed and records completed.
- People records included risk assessments relating to their medicines with guidance for staff about the side effects of the persons medicines.
- Records showed all staff had completed medicine administration training and their competency was assessed.

Assessing risk, safety monitoring and management

- Risk assessments for people using the service were comprehensive and detailed.
- Each person's risk assessment highlighted their individual risks and included guidance for staff on how to manage and mitigate such risks. For example, one person had a risk assessment relating to the use of specific medical equipment and guidance for staff on how to mitigate the risk involved with its use. One staff member told us, "[Person using the service] is at risk of falls and the risk assessment tells us to keep their area as clear as possible so no risk of trips or falls when moving around."
- Risk assessments were reviewed every six months or sooner if new risks to the person emerged.
- Risk assessments were carried out to identify risks to staff. For example, risk assessments included lone working, moving and handling, risk of falls or injury, and also risk associated with providing 24-hour live-in care such as stress and overtiredness. Clear guidance was available to staff with measures to mitigate such risks.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area.
- The service provided a supply of protective clothing for staff to wear including gloves, aprons and shoe covers. One relative told us, "The carers practice good hygiene and wear gloves."
- Records confirmed staff completed training in prevention and control of infection.

Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents.
- Records detailed actions taken and lessons learnt from incidents and accidents. This included additional staff training, meetings and further actions taken to minimise the risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were comprehensively assessed to achieve effective outcomes for their care and support.
- Pre-assessments were carried out by senior staff before people began using the service. This included their background, health conditions and needs to determine if the service could provide the support they required. Relatives of people using the service told us they had been involved in the pre-assessment meetings and felt the person's needs were, "fully considered."
- Reviews were completed every six months with people and the individuals involved in their life. Reviews were carried out sooner if necessary to ensure they received the correct level of support.

Staff support: induction, training, skills and experience

- Staff completed a programme of mandatory training and refresher courses to effectively perform their roles. The service provided opportunities for staff to obtain further qualifications in health and social care. One staff member said, "The training is really good and I'm working towards a qualification in health."
- Relatives of people using the service and professionals told us they felt staff were well trained to carry out their roles. They commented staff were, "Well trained in complex care."
- Regular spot checks, one to one supervisions and appraisals were carried out to enable staff to discuss any issues they may have and to set goals for their development. Staff told us they felt supported in their role.
- Staff completed a 10-day induction course when they began working at the service. Staff told us they found the course useful. One staff member said, "I had a very thorough induction and didn't work on my own until I had completed all of it and shadowed other staff."

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

- People were supported with maintaining nutrition and hydration and their preferences were met.
- Support plans detailed required support and information about people's likes and dislikes regarding food, drink and meal times.
- Staff told us they offered people choices about the meals they prepared for them. One staff member said, "[Person using the service] chooses what they would like to eat and I make sure it's prepared how they like it."

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

- The service promoted working with other agencies to ensure people received appropriate care in a timely

manner.

- Records showed the staff worked with the district nursing service, GP's and pharmacists to ensure people got the support they required.
- The registered manager participated in a local health initiative to prevent people from requiring frequent hospital admissions for long term health conditions.
- People using the service had health care passports. These documents contained information about their health conditions, preferences and communication needs. When people needed to access treatment in an emergency the health care passport was used to inform health care professionals about the person's needs.
- Support plans included contact details of people's next of kin or individuals involved in the lives their GP and other healthcare professionals. This meant staff could contact them if the need arose.
- Staff were aware of what to do in case of a medical emergency. Support plans included specific signs and symptoms of deterioration in people's health condition. This information meant staff knew actions to take to seek treatment and medical advice.

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.

- Records showed that mental capacity assessments had been carried out to determine if people had capacity to make decisions.
- Staff received training on the MCA and were aware of the principles. Staff told us most of the people they worked with were able to make choices about their care. People had signed forms to consent to the care set out in their support plans.
- Relatives told us staff sought consent before carrying out care and support. One relative said, "They [staff] always ask before and say what they are doing."
- Staff sought consent before carrying out care or support. When asked about consent one staff member said, "Always with consent. If a person can't give consent verbally we look for their body language. We know what body language means because we check with the family when we start working with the person so we know what all the different gestures mean."

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 were caring and had a positive relationship with people. One relative told us, "[Care worker] is the kindest most caring person I've ever met. The relationship between them [person using the service and care worker] is very touching to see." Other relatives described staff as, "Caring" and "Patient"
- Staff gave examples of how they built relationships with people using the service and their relatives by speaking with them and finding out about people's lives and interests. Staff also used support plans to find out about people's preferences, to get to know the person.
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff understood that discrimination were forms of abuse. They told us all people were treated equally and people should not be discriminated against because of their religious beliefs, race, gender, age and sexual status. Relatives spoke positively about staff approach to equality and diversity. One relative told us, "Age or culture makes no difference to [care worker]."

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

- People were supported to be involved with their care and to express their views.
- People and their relatives were supported to make changes to how they received their care and support. Individual support plans indicated changes to peoples care as specified by the person.
- Relatives gave examples of how the service had responded to changes people requested. All relatives told us the management team had responded well to preferences and requests regarding continuity of care staff.
- Staff supported people to make decisions about their care. one staff member said, "We have to keep making sure that the care we are giving is right for them. We have to keep asking and checking and let the office know if there are changes to what they need."

Respecting and promoting people's privacy, dignity and independence

- Peoples dignity, and privacy were respected and their independence was promoted. One relative told us, "When [person] doesn't feel like doing things the staff are patient and still encourage them to do the things they can." Relatives commented staff were, "Polite" and "Very respectful."
- Staff told us how they respected people's dignity and privacy, ensuring people were covered during personal care and doors and windows were closed.

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

At our last inspection we recommended the provider include details of people's previous life history in their support plan. The provider had made improvements.

- After the last inspection the service carried out a review of all support plans. At this inspection we found support plans included information about people's life history as well as their personal goals including what they would like to achieve each day as well as longer term.
- Support plans were detailed and contained information about people's health condition and how it affected the person. There was guidance for staff on how to support the person on days when they felt particularly unwell. For example, one support plan detailed, 'I would like my carers to help me with movements, muscle stiffness and massage.'
- Support plans contained details and instruction for staff regarding how people liked their care carried out and a description of the procedure. One support plan detailed, 'Explain procedure and continue to speak to [person] through every step of their bath.'
- Relatives told us people were able to make choices. One relative said, '[Person using the service] likes to decide what to wear and sometimes even after getting dressed will go back to bed. That's a choice.'
- Staff knew people well and were able to give examples relating to people's preferences when providing care and support. One staff member said, "I never take it for granted that they need the same care all the time or want to do the same thing. [Person using the service] sometimes wants to have lunch out, so I make sure I ask what their plans are for the day."

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 using the service and their families were supported to maintain relationships and participate in social activities.
- Support plans showed the service signposted people to various community groups and staff supported them to attend their preferred place of worship, pubs and restaurants.
- Staff told us they used people's preferences to encourage them to attend events in the community. Where people were unable to attend events outside their home, staff told us they encouraged and facilitated people to take part in hobbies at home.
- The registered manager told us the service were mindful of how caring for family members can impact on relatives. They told us they had discussions with relatives to ensure they were getting enough rest and support. They signposted family members to external agencies who were able to provide support and

prevent social isolation.

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.

- The service sought peoples communication preferences and put processes in place to meet their needs.
- People using the service had a service user handbook. The service provided this in different formats to meet people's communication needs. The handbook and support plans were available in braille, large print, and in audio version depending on each person's requirement. The service also used interpreters as necessary and provided communication on different coloured paper to make reading easier for people who required this.

Improving care quality in response to complaints or concerns

- People were supported to raise complaints and concerns and the service responded in a timely manner to complaints.
- We looked at the complaints log and saw the service had received one complaint since the last inspection. We saw the service took appropriate action in line with their complaints policy and procedure.
- Relatives of people using the service told us when they raised concerns the service addressed issues compassionately and promptly. One relative said, "When you call them, the office deal with concerns very quickly."

End of life care and support

- The service supported people with end of life care and support. This was reflected in people's support plans.
- The registered manager gave examples of support given to people and their family members at the end of life. We saw letters and cards from family members about the care people had received and appreciation for support given to relatives.
- Staff received training in end of life care and worked with palliative care teams to deliver care and support compassionately.
- The service had processes in place to support staff at the end of a person's life. This included bereavement support, reflection and supervision meetings.

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.

Continuous learning and improving care

At our last inspection the providers quality assurance systems were not always effective. 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.

- The service had robust systems in place to monitor the quality of the service and to improve delivery of care and support. After the last inspection the service had introduced a system to monitor the attendance of staff at each person's home to ensure staff were on time and calls were not missed. The service found the system could be improved and were in the process of sourcing a new electronic system which was more user friendly for staff and had additional features for monitoring.
- Various quality assurance systems were in place, some of which included seeking the views of people who used the service.
- Senior staff carried out spot checks. These involved carrying out an unannounced visit to a person as they received care. These checks ensured staff were carrying out their role safely and effectively and people were satisfied with the care and support they received.

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

- The service had a registered manager in place who was also the owner of the business. They were supported in the day to day running of the service by the director and care co-ordinator.
- The registered manager was aware of their regulatory responsibilities and of their duty to notify the Care Quality Commission (CQC) of significant events and had notified CQC when events occurred.
- Relatives of people using the service told us the registered manager was open and spoke positively about them. One relative said, "I have good communication with the manager and the office staff. They inform me straight away if things are not right."
- Staff were positive about the registered manager and management team and told us they were "Approachable" and "Supportive." One staff member said, "Management are very nice and approachable. You can rely on them to support us and keep us informed. You can ask them anything and they are honest."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns.
- The quality manager carried out quarterly audits of the service and monthly quality monitoring meetings. Records were audited included support plans, risk assessments, medicine charts and staff spot checks, training and supervision.

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

- There was an effective system to gather people's and staff feedback on the service. The management team telephoned people using the service and their relatives to gain feedback. One relative told us, "They (management team) always contact me to check. They are doing a really good job."
- Staff told us monthly team meetings and weekly tele-conferences were held and records confirmed this. Meetings included discussions about the needs of people using the service, safety, risks and infection control. One staff member said, "Team meetings and calls keep us informed and up to date and we can talk about anything that's a concern. We can call anytime but on the team telephone meetings we get to talk as a team." Staff told us they enjoyed working at the service.
- People's equality characteristics were covered in their pre-assessments. Staff were trained in equality and diversity and the registered manager told us the service sought to meet people's needs related to equality and diversity.

Working in partnership with others

- The service worked in partnership with other agencies such as health professionals if people were unwell, to ensure people's health conditions were well managed.
- The registered manager told us they worked with other agencies to develop practice and share ideas. This included attending forums for home care providers run by the local authority and relevant professional conferences.
- The registered manager had strong links within the local community and was involved in initiatives to encourage young people into careers within care at home. They were also involved in local health and care voluntary groups.