

Braunton Care Limited

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Inspection report

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Date of inspection visit:
13 December 2019
23 December 2019
10 January 2020

Date of publication:
05 February 2020

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

Braunton Care is a domiciliary care agency providing personal care in people's own homes. At the time of this inspection they were supporting approximately 50 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People said their needs were being well met by a staff team who were reliable, turned up on time and who knew how to support them.

People said staff were kind, caring and compassionate towards them. Their dignity and privacy was upheld at all times. People said staff understood their needs and wishes and were helpful in doing extra tasks if needed. For example one said "All the carers are lovely. They offer the little extras which is nice."

People and relatives said the service was reliable. They said care staff usually arrived on time and there were no missed visits. People were made aware of which staff would be visiting them for each visit as they were given a weekly rota.

Care and support was well planned. Where possible an assessment of needs was completed before a service was started. When people needed urgent support, the agency still ensured as much information was gathered as possible, so they could be sure they could meet that individual's needs.

Risk assessments included the environment staff worked in, as well as individual risk assessments around people's healthcare conditions. These assessments included details of what should be done to mitigate any risks which had been identified.

Staff knew people's needs and wishes and worked in a way which ensured their independence was fully promoted. People's medicines were safely administered.

Staff had good support, training and supervision to enable them to do their job safely and effectively. Recruitment processes ensured only staff who had been checked as being suitable to work with people who may be vulnerable were employed.

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.

There were quality assurance processes in place to review and improve the care and support being

delivered. This helped to ensure good outcomes for people.

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

Rating As the last inspection this service was rated as good (report published May 2017)

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Braunton Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed 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.

What we did before the inspection-

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.

During the inspection-

When we visited the registered office we reviewed three care plans, three recruitment files and spoke with the registered manager and two other staff. We also looked at a range of records relating to their quality

assurance processes. This included audits of the medicine administration records, care plan and daily record audits and spot check audits. As part of the inspection we also spoke by phone to six relatives and two people using the service. We also spoke with four care staff by phone to gain their views of how well the service was run and met peoples needs.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly liaised 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff team who supported them. They usually knew in advance who would be visiting for each visit and were confident staff knew how best to support them.
- Staff had been trained and were aware of their responsibilities to protect people. Staff said they were confident in reporting concerns to senior staff, who would take appropriate action to address concerns.
- There were clear policies and protocols in place to assist staff to raise any concerns or safeguarding alerts.

Assessing risk, safety monitoring and management

- The service ensured all risks were considered, recorded and reviewed to keep people and their staff safe.
- Risk assessments covered all aspects of people's health and care being provided. Where a risk had been identified, staff were instructed about how best to minimise these risks. For example, when supporting someone to transfer safely from their bed to a chair.
- The provider ensured a risk assessment was completed in relation to staff working in the person's home.

Staffing and recruitment

- Staff were recruited safely as the necessary pre-employment checks were carried out prior to the new staff member working in the service.
- The service ensured there was sufficient staff to cover the care hours they were contracted to cover. They were mindful when considering a new package of care, that they had the right number and skill levels of staff to meet this potential new need.
- People said their care packages were always honoured. There had been no reported missed visits. People said that if there was a delay in care staff arriving or a change of staff due to sickness, they were made aware of this. In an emergency, office staff went out to deliver care so people were never at risk of missing their visit.

Using medicines safely

- All staff received training and support to assist them to administer medicines where this was part of the agreed care plan. Mostly their role was supporting and prompting people to take their medicines.
- Medicine records were audited regularly to ensure staff were completing these.
- People confirmed staff supported them to take their medicines in a timely way.

Preventing and controlling infection

- Staff received training in infection control and they confirmed there was a plentiful supply of protective

equipment such as gloves and aprons.

- Where staff worked with people with specialist needs, such as stoma care, additional training was provided to ensure correct processes were followed which included infection control.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. For example, where there had been a potential incident with a hot water bottle, new protocols had been developed which included recording signing to say the lid had been checked.
- Incidents and accidents were audited to identify any trends and reduce further risk.

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 confirmed their needs, wishes and choices were discussed prior to the service commencing.
- The registered manager said that where possible she or the care manager would visit the person in their own home or care setting to complete a full assessment looking at all aspects of the care and support needed. This information was then used to develop a care plan for staff to follow when providing the care and support.
- The assessment was in line with best practice guidance and looked at all aspects of people's needs, and risks associated with any health conditions.

Staff support: induction, training, skills and experience

- The service had a team of experienced and well-trained staff to deliver the care and support people needed in their own homes.
- People and relatives were confident staff understood their needs and had the right skills and attitude. One person said "You can't fault them, they really know what they are doing.
- Staff confirmed they were offered regular training in all aspects of health and safety and dealing with people with a variety of healthcare conditions.
- Staff training and supervision records showed staff had regular training updates to ensure they could do their job effectively. They also received one to one supervision where their role and training needs were discussed.

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

- Where assisting someone to eat and drink was specifically detailed in their plan, staff made sure this happened.
- Staff recorded what meals and snacks and drinks they had prepared, and if needed what had been consumed.
- Staff were vigilant and spoke with the office staff if they were concerned someone was not eating or drinking enough. The care manager said they would speak with family, and if needed the person's GP, if they felt the person needed additional support with supplements for example.
- Relatives confirmed staff followed people's plans and prepared food when this was specified. One said, "I have no worries on that front, they always leave extra snacks and drinks out."

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 closely with the community nurse team and local GP s to ensure they were delivering care and support in line with their specific needs.
- Where people had a particular healthcare need, the community nurses or nurse specialists provided staff with the training needed and support on an ongoing basis.

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.

At the time of the inspection there was no one who was subject to Court of Protection.

- Staff understood the principles of the MCA as they had received training on this.
- Staff worked in the least restrictive way and always ensured consent was gained prior to any care or support being delivered.

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

- People told us staff were kind and caring. Comments included, "Yes I would say they are very kind and caring." And, "Some are more caring than others, but all are very good really. I can't fault them. I do like to have my regulars."
- The registered manager was proactive in ensuring that an equality, diversity and human rights approach was firmly embedded at the service. This formed part of the induction programme and was reinforced during training, observations and supervisions. They said they prided themselves on "Being a local company for local people, providing person centred care with a dedicated and experienced staff team."
- Staff treated people as equals. They showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. This included advocating for them when needed. For example making sure their healthcare needs were being met through their GP.
- The service had received many compliments and thank you cards which showed the caring and compassion shown to people. One said "Big thank you to all your wonderful people who cared for dad with respect and patience. You gave him care and comfort for which we are so grateful."

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

- People, with their relatives were treated as active partners in their care. Staff supported people with their routines and offered them choices during their visits.
- People enjoyed having a regular team of staff who knew their needs well. They were consulted about who and what worked best for them through reviews and telephone calls.
- Relatives said they were confident their views and their relatives' views were fully considered. One said "I have no hesitation calling the office if something is not quite right. They listen and they try to fix whatever the issue is."

Respecting and promoting people's privacy, dignity and independence

- People said staff did their utmost to ensure their privacy and dignity was upheld. One person said "I feel I am treated very well by all the girls. They are so kind and helpful."
- Staff understood ways of working to ensure people's privacy and dignity were fully considered. One said, "I treat people how I would like to be treated."
- Care plans gave clear instructions to staff about how to maintain and encourage people to be as independent as possible. For example explaining what the person could do for themselves in personal care

and what aspects they would need some support in. This way, staff would know and encourage people to maintain their independence where possible.

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

- Care plans were detailed and covered all aspects of a person's needs and wishes. It included a task list for what staff should do on each visit. This was personalised to account for people's preferred routines and ways they wish to be cared for.
- People and relatives confirmed they were actively involved in the development and review of their care plan and any risk assessments associated with their care delivery.
- Where plans included assisting people with their meals, these included what the person enjoyed eating and drinking and what should be made and left for the person each day.
- Staff confirmed there was always information available about how best to support people.

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.

- Plans included how the person was able to communicate, and whether they had any sensory or cognitive impairment which may affect their communication and understanding.
- The registered manager said they were always looking for ways to ensure their information was accessible. One staff member had developed some communication cards to help a person make choices.

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

- Where the contracted hours included enabling, staff ensured people had opportunities to go out and about into the local community. They also helped facilitate people staying in touch with family and friends.
- On a day to day basis staff recognised the importance of their daily contact with people. They were not just doing their personal care but as one staff member said "We are often the only person they see for most of the day, so its nice to have a chat and make them smile. That means we are doing our job."

Improving care quality in response to complaints or concerns

- Although there had been no formal complaints, there had been some issues around a complex package of care which were appropriately dealt with.
- People and their relatives said they were confident to make any concerns known and that they would be responded to appropriately.
- Staff said they were confident in raising any issues in relation to the people they cared for

End of life care and support

- The service worked closely with the community nurse team and GP when end of life care was needed.
- If known, people's end of life wishes were documented as part of their care plan.
- Staff had some training in end of life care.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and nominated individual continued to provide some of the care and support along side staff. They said this gave them an opportunity to work with staff, hear their views and promote their ethos of being a caring and person-centred agency.
- The registered manager talked about ways they had been promoting an inclusive culture with more staff meetings, asking for their ideas and showing staff they were valued. This had included tokens for going the extra mile, nominating carers for local care awards and looking at increases to pay.
- Since the last inspection, they had recruited a care manager to help with the organisation of coordinating visits, liaising with GP and community nurses to achieve good outcomes for people.
- Staff confirmed the service, the registered manager and other office staff were open, honest and inclusive. One staff member said, "I wouldn't have worked for them for so long if I did not feel valued."

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 had notified us of all accidents, injuries and significant events that may affect the running of the service..
- The provider understood their legal duty to be open and honest if anything went wrong. They had developed a leaflet for people using the service explaining 'the duty of candour' policy and what this meant in practice.

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

- Each office staff member had their own roles and responsibilities and although there was some crossover, these were clear and helped to ensure a well-run service.
- Risks were clearly identified, reviewed and actions put in place to mitigate them. . They took the safety of people and staff seriously. Any concern was fully investigated and if needed referred to other bodies. There had been a recent incident where a person's behaviour had placed themselves and staff in danger. This was shared with the safeguarding team and a solution sought.

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

- The service used a variety of methods to gain people's views. This included annual surveys, phone calls and regular face to face meetings to review their care plans.
- People and relatives said they felt fully consulted and could call the office at any time.
- Staff had meetings, one to one supervision and could pop into the office at any time for a chat. Staff confirmed this was the case and that their views were listened to and acted upon.

Continuous learning and improving care; Working in partnership with others

- All accident and incidents were fully audited to see if there were lessons to be learnt.
- The service was committed to ensuring there was continuous learning for staff and for them as an organisation. This was through formal training, sharing best practice and attending forums for care providers.
- The service worked with other health and social care professionals in line with people's specific needs. For example, the stoma nurse specialist.