Braunton Care Limited

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## 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 took place on 28 and 29 March 2017 and was announced.

Braunton Care Limited is an established domiciliary care agency. It provides care to people in their own homes in the Braunton area of North Devon. At the time of our inspection, the service provided personal care and support to approximately 60 people. The time of visits ranged from 15 minutes to two and half hours. The frequency of visits ranged from once a week to 28 a week.
The service employed 21 care workers who worked both full and part-time.

The service has a registered manager. 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.

At the last inspection in January 2016, we asked the provider to take action to improve: the management of the service and record keeping; staff training; management of medicines; assessments, risk assessments and care plans, and staff training. Four requirement notices were issued. The provider sent us an action plan outlining how and when they would meet their legal requirements. We found this had been followed and all necessary actions had now been completed.

People were happy with the service provided. Comments included, "All the people have been wonderful …. they are all too nice" and "They are all very good".

People were supported by a regular team of staff who arrived on time, stayed for the required time and did not miss visits.

Care workers were safely recruited, trained and received supervision in their job roles. They felt valued, included and listened to and enjoyed working for the service. Regular staff meetings took place to update care workers on important issues and any concerns could be discussed.

Staff knew how to recognise the signs of abuse and the correct action to take if they had any concerns.

When people started to use the service, an assessment of their needs was carried out. Each person had a care plan which identified risk assessments. Where needed, risk assessments were developed to help staff keep themselves and people safe. Medicines were given out safely and people were assisted to eat and drink meals of their choices. Care workers monitored people's health needs and involved health professionals where necessary.

People confirmed staff sought their consent before providing any care and where people lacked capacity. Care workers demonstrated an understanding of the Mental Capacity Act (MCA) (2005) and how this applied

to their practice.

People developed positive and meaningful relationships with a team of regular care workers they knew well. People were treated with dignity, respect and privacy. Their independence was maintained and encouraged.

People knew how to raise any concerns or complaints and felt confident to do so. Where concerns were raised these were investigated and the appropriate action taken.

The service was open and inclusive and regular feedback was sought. The management team carried out care calls when necessary. People and staff were very positive about the
leadership of the service and felt communication was good.

The provider had a range of quality monitoring systems in place which included spot checks, regular staff meetings and a range of audits. Annual surveys were sent out to gain people's feedback to improve the service.

## 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 was safe.

People's individual risks were assessed and reduced as far as possible.

People were protected because staff understood signs of abuse and how to report any concerns.

People were supported by enough staff who arrived on time, stayed for the required length of time and did not miss visits.

People received their medicines on time and in a safe way.

People were protected by a safe staff recruitment procedure.

### Is the service effective?

Good

The service was effective.

People were cared for by staff who received the appropriate training and supervision to do their jobs properly.

People were supported to eat and drink meals of their choice.

Staff recognised changes in people's health needs, reported concerns and involved professionals where necessary.

Staff offered people choices and supported them with their individual
preferences.

Staff had an understanding of the Mental Capacity Act (2005) and how it applied to their practice.

### Is the service caring?

Good

The service was caring.

Staff were caring and compassionate and treated people with dignity and respect.

People were able to express their views and be involved in decisions about their care.

People were supported by a team of staff they knew well and had developed meaningful relationships with them.

Staff protected people's privacy and promoted their independence.

## Is the service responsive?

Good

The service was responsive.

People's individual needs were assessed and their care records reflected their care and support needs.

People knew how to raise concerns and complaints and who to contact. They were confident they would be listened to.

## Is the service well-led?

Good

The service was well-led.

The culture was open, inclusive and friendly.

Care staff felt supported, included and that their opinions mattered.

The service used quality monitoring systems to monitor and improve the quality and safety of people's care.

People's views and suggestions were taken into account.

# Braunton Care Limited

**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.

The inspection took place on 28 and 29 March 2017. It was an unannounced inspection. The inspection team consisted of one adult social care inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the home. This included previous inspection reports, action plans and other information held by the Care Quality Commission, such as statutory notifications. A notification is information about important events which the service is required to send us by law. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The Care Quality Commission sent questionnaires out to people who used the service. 45 were sent to people, relatives and friends; 22 were returned. This information was used during the inspection.

We spoke with the providers, (one of whom is the registered manager), the care co-ordinator and seven care staff. We visited two people in their own homes. We spoke with three other people who used the service and four relatives. Following the inspection, we sought feedback from four healthcare professionals and received two replies. We also spoke with the local authority, commissioners and safeguarding teams. This enabled us to ensure we were addressing any potential areas of concern.

We reviewed information about people's care and how the service was managed. These included: two people's care files and medicine records; three staff files which included recruitment records of the last three staff to be appointed; staff rotas; staff training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incidents and accident reporting; minutes of meetings and the most recent quality survey returned from people, relatives and staff.

Good

# Is the service safe?

## Our findings

At the last inspection in January 2016 we found the provider was not meeting their legal requirements with regard to safe care and treatment. This related to not assessing the risks to the health and safety to people and not ensuring the proper and safe management of medicines. This requirement had now been met.

People felt safe being cared for by Braunton Care. They knew the care workers well. Two people said their care workers were part of their extended family. Comments about them included: "All the people have been wonderful …. they are all too nice" and "They are all very good." Another person said, "I feel safe and cared for in my own home." A relative said, "They are lovely … really lovely." The Care Quality Commission (CQC) questionnaire stated 100 per cent of people felt "safe from abuse and or harm."

People benefitted from a safe service where staff understood their safeguarding responsibilities. They knew how to recognise abuse, who to report it to and the correct action to take. All staff had undertaken training on the protection of vulnerable adults. The registered manager was aware of their role and knew who to contact if necessary. There had been no safeguarding concerns recently reported.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The Provider Information Return (PIR) stated five care workers out of 21 had left the service in the last 12 months and six new staff had been recruited. This meant the service gave continuity of care for people in their homes with a low staff turnover.

People were cared for by sufficient staff with the right skills and knowledge to meet their individual needs. People and relatives said the service was very reliable, there were seldom missed visits and care workers stayed the right amount of time. The CQC questionnaire said that, for 95 per cent of people, their care workers arrived on time and 100 per cent of them completed all the tasks they should do during each visit.

Most care workers were introduced to people before they visited them so they knew who to expect. However, there were occasions when this was not possible, such as short notice changes to the staff schedule. When this happened, a senior member of staff would inform the care worker and the person. One care worker said, "Sometimes we get a telephone call about a new client … we are not introduced to them. I don't like going in 'blind' … I like to know what their needs are … If the care co-ordinator has been to see a new client, they do phone me and give me more information … I also get updates by text". The CQC questionnaire said 84 per cent of people were introduced to the care worker before they provided care and 89 per cent of people received familiar and consistent care workers.

People and care workers received a schedule of care visits for the following week. If there were any changes to the schedule, the office contacted people to let them know. This meant people felt safe by knowing which care workers to expect in their home on each day.

People's medicines were managed and administered safely. Systems had been improved and all staff had successfully undertaken comprehensive medicine training. Care workers did not give out people's medicines until they had undertaken this training. The majority of people's medicines were in monitored dosage systems (MDS) to reduce the risk of incorrect medicines being taken. Staff signed the medicine administration record (MAR) to say medicines had been given. The MAR charts had improved since the last inspection and had been made clearer for care workers to give out medicines in a safe way. However, these required more detail to guide staff whether to prompt people to take their medicines themselves or whether the medicines needed to be given to the person. The issue was addressed during the inspection and the MAR charts were amended. The PIR stated two medicines errors had been made in the last 12 months. These had been recorded and the appropriate action taken to prevent a recurrence, such as refresher medicine training.

Risks to people's personal safety had been assessed and plans were in place to minimise risks. For example, those people who were at risk from moving and handling or from skin damage. The service had improved on the risk assessments and these continued to be updated and improved. When fully in place, these will provide staff with clear information as to how to manage and reduce risk as much as possible. Environmental risk assessments were also undertaken in people's homes to reduce risks to both themselves and staff. For example, security, furniture and equipment.

There were arrangements in place to keep people safe in an emergency and staff understood these. In the case of an emergency, such as poor weather and flooding, the registered manager and care workers knew which people required a priority visit. For example, this may be because they had complex health needs, no relatives or were isolated. The service would ensure these visits were carried out where possible.

When people had accidents or incidents these were recorded and monitored. The necessary people were contacted, such as the person's relative, GP or district nurse. Where a person sustained a bruise, mark or injury, these were documented on a body map so they could be monitored.

Staff had completed infection control training, washed their hands regularly and used protective equipment, such as gloves and aprons to reduce cross infection risks. All care staff said they had plentiful supplies of gloves and aprons available, which were available from the office.

Good

# Is the service effective?

## Our findings

At the last inspection in January 2016 we found the provider was not meeting their legal requirements with regard to staffing. This related to staff not having the appropriate training, professional development or supervision. This requirement had now been met.

People and their relatives spoke positively about care workers who had the training and skills required to meet their needs. One person said, "They are very good and well trained." Care workers had access to training which included DVD's, on-line, college courses and from outside trainers and health care professionals. The staff training record and Provider Information Return (PIR) showed staff were up to date in their training. The PIR also stated 13 care workers had at least a level two qualification or above in health and social care. Care workers without a formal qualification in care were in the process of obtaining one. Two care workers said, "Training has improved since the last inspection … we had a shove in the right direction" and "The training is really good … a lot of it." Another care worker said, "If you feel you need any training, you are encouraged to do so … you just mention it and say, 'I'd like some more training'."

New care workers undertook the Care Certificate induction training. This is a set of standards that social care and health workers are expected to adhere to in their daily working life. They had a period of shadowing a senior member of staff. This was for as long as they needed, until they felt comfortable to work unsupervised. One care worker said, "I shadowed the care co-ordinator for three shifts at different times … I learnt a lot." Another said, "(Care worker) shadowed me."

The provider had encouraged each care worker, irrespective of how long they had worked at the service or whether they had formal qualifications, to complete the Care Certificate. The PIR stated all staff had now successfully completed it. The registered manager felt this had improved care practice and updated care workers skills and knowledge. One care worker said, "Because the training has improved, the quality of care has improved."

Care workers received regular supervision and an annual appraisal. These took place in one to one meetings, 'spot checks' and staff meetings. This gave care workers an opportunity to discuss further learning needs and receive feedback on their work performance. All supervisions were recorded and held on care workers' files. This helped to ensure staff continued to deliver effective care and support to people. Care workers said they benefitted from the supervision sessions and two said, "Supervisions are very useful and we can discuss things" and "We can bring anything up that's bothering us … if you are unhappy the management are very discreet and keep things confidential."

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. We checked whether the service was working within the principles of the Act. Staff demonstrated a good understanding of the principles surrounding the MCA and how this was applied in their everyday

practice. Staff gave good examples of seeking consent prior to providing people with their personal care. People had signed consent forms to record and confirm their agreement to their care and support. The PIR confirmed none of the people they cared for had been assessed as having a lack of capacity to make their own decisions. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

People were supported to have a meal of their choice and type which was organised by care workers. Where people required assistance to eat or drink, they were happy with their support. Meals were prepared, cooked and served as they should be. Care workers ensured any out of date food was brought to the person's attention and disposed of if necessary. Care staff made sure people had food, drinks or snacks within reach before they left. If care workers had any concerns about people's food or fluid intake, these were recorded in people's daily diaries and the office informed. This was so they could pass the information over to other care workers.

Good

# Is the service caring?

## Our findings

In the Care Quality Commission (CQC) questionnaire 100 per cent of people and their relatives confirmed: they were happy with the care received; were always treated with respect and dignity, and care workers were caring and kind. One relative said, "Very happy with Braunton Care … they seem to look after my family member very well."

Positive and meaningful relationships had been developed between people and care workers. Two relatives said, "All the staff are respectful … they are very good and they leave my home as they found it" and "My (family member) has become very attached to them (care workers) and they all treat him with respect and dignity." One person said, "They (care workers) are always smiling, always happy and that suits me."

Care workers showed a good understanding of people's needs. They were warmly welcomed into people's homes. It was clear care workers knew people and their extended family well. They supported people appropriately and did this in a kind and caring manner. For example, one care worker knew the person liked the fat cut off their bacon and crusts removed from their bread. They served the food as attractively as possible to encourage the person to eat.

Staff respected people's individual choices and preferences. People had control over their lives and what they wanted the care worker to do for them. For example, one care worker explained the different tasks they carried out at each visit for one person. These were dependent upon what the person wanted and did not want. They did this in a patient and kind manner. Each person had a care plan in place which had been developed for them and included their likes and dislikes.

Staff were happy and motivated in their jobs. They all spoke of how they liked to come to work and how they put people first. They were very clear they worked in people's homes and they respected this. Comments includes, "I love my job … I am pretty happy" and "We always put our clients first."

People were encouraged to maintain their independence and do as much for themselves as possible. The CQC questionnaire said 100 per cent of people were encouraged to be as independent as they could be. One person said, "The girls help me do as much for myself as possible." On one home visit, a person was encouraged to help with their personal care, brush their hair and put make up on.

After the initial visits, people were supported by a regular team of care workers which helped to develop caring relationships. One care worker said they visited people for some time and then rotated to care for other people. They felt this was useful so that "if someone is sick, someone else can step in that they know and cover the visit". This ensured continuity of care from care workers who knew how to meet people's needs fully.

Good

# Is the service responsive?

## Our findings

At the last inspection in January 2016 we found the provider was not meeting their legal requirements with regards to person centred care. This related to a lack of assessment of people's needs and a care plan to meet those needs. This requirement had now been met.

People and their families were involved in developing their care and support plans. The Care Quality Commission questionnaire said 84 per cent of people were involved in making decisions about their care and support needs and 100 per cent of relatives said the service involved them in making important decisions if consent was given.

Care packages were not accepted without a care plan from the local authority first. When a referral for a new person was received, the providers assessed the information to see if they could meet the person's needs fully and provide care at the time required. All initial care assessments were carried out by a senior member of the team who then put together a care plan.

Care plans were in place for each person using the service. Whilst these plans had been improved significantly and contained valuable information, these were still based on care workers completing a 'task sheet' without much detail. For example, one person needed assistance with personal care. There was little guidance for staff as to how this should be carried out in the care records. However, the care worker knew how they liked their care given. The management team had a programme of updating all care plans and was a 'work in progress'. Care plans were reviewed regularly by a senior member of staff.

Where people's health care needs changed, care staff informed the office who then called the appropriate professional such as the GP. This enabled the office to co-ordinate and keep up to date with people's health conditions. Any necessary information was then passed on to other care workers when needed. One care worker said, "I am kept up to date with everything which I like as I like to know what's going on with all my clients."

When people's needs changed, with either an increase or decrease in care hours, the provider made commissioners aware. This meant the person's care package was reviewed and amended if agreed.

People received a service responsive to their needs by a team of regular care workers. The provider ensured care visits were carried out when the person requested and changed when needed. If care workers were running late, people received a telephone call from the office to let them know. One care worker said, "If someone is sick, someone steps in or cover if something happens … care is always covered." A relative said, "There's never a missed visit." A care worker said, "If we have any problems we ring the office … we are advised to call if we are running late."

People and relatives were very happy with the service and had no complaints, only compliments. In the CQC questionnaire 89 per cent of people said they knew how to make a complaint and that the service responded to their complaints raised. The Provider Information Return (PIR) stated four complaints had

been made in the last 12 months. These had been investigated appropriately and records held. One person told us, "I have never had any complaints or concerns."

People and relatives knew who to contact if they needed to get in touch with the service. Contact details with telephone numbers were held in people's care files in their homes. The management team provided a 24 hour on call system seven days a week. This provided people and care workers with support and advice out of hours. Care workers said the management team were always available for advice and guidance. Two said, "They are always there at the end of a phone" and "They are always there to help and support you." In periods of short notice absence, such as unplanned staff sickness, both managers either arranged for another care worker to take the care visits or they did the care visits themselves.

Good

# Is the service well-led?

## Our findings

At the last inspection in January 2016 we found the provider was not meeting their legal requirements with regards to good governance. This related to a lack of record keeping and assessing and improving the quality of the service delivered. This requirement had now been met.

Braunton Care has operated for several years and is run jointly by the nominated individual and the registered manager who form the management team. They are also both the owners of the service.

The management team intended the service to remain at its current the size. They felt this enabled them to provide a small, quality service where they knew all the people they provided a service to. The registered manager said, "We will never get bigger … we have a good reputation." The Care Quality Commission questionnaire stated 100 per cent of people knew who contact at the service if they needed to.

Since the last inspection, the management of the service had been reviewed and much improved upon. The management team had recognised they needed to reduce the amount of care calls they undertook and increase the amount of management time they spent in the office. They had also recruited a care – coordinator to assist in the running of the service and hoped to recruit a second person for this role. The management team and care workers all spoke of the improvements in the management of the service. The registered manager said, "It has been a team effort … we all pulled together and gained control … everyone was involved in meetings." The management team had recognised they "needed to be on top of systems, keep on top of paperwork and identify and rectify things."

Care workers felt listened to, involved in the running of the service and felt happy to bring concerns to the attention of the management team. Comments included: "We all think about each other now … we get gentle reminders to keep us updated … we all communicate better"; "It's a lot nicer here now, we pulled together last year, there's more communication and more working together"; "I feel part of the team and I can ask or talk about anything … we all put people first and know anything would be sorted"; "It's not the same place as last year … it's been an amazing change and it's so much better … it's made a big difference"; "I only work part-time but I still feel very part of Braunton Care", and "There's been so many improvements … it's great."

Regular staff meetings took place and care workers felt strongly these had brought the staff team together and allowed them to discuss their concerns or grievances openly. Two care workers said, "The meetings are great …. people bring up their grievances now and do not hold on to bad feelings … it sorts out issues" and "We have a staff meeting the first Tuesday of every month … you can say what you like and you are listened to … we are always asked to think of each other." Two care workers gave examples of how the management team had helped them personally. One said, "They (management team) tried their best to accommodate my family life" and another said, "They (management team) helped me out with a personal issue and are so kind, open and friendly." The last staff surveys returned reflected these comments and the satisfaction care workers felt in their work.

Care workers received a weekly newsletter with their staff schedules to let them know of any updates necessary and relevant news. The management team also give out financial rewards if they believe a care worker has gone "an extra mile". The management team planned to give each care worker a gift voucher at the next team meeting as a 'thank you' in appreciation of their dedicated work. This helped care workers feel involved and motivated in their work.

Regular audits of the service were carried out and any improvements made. For example, the registered manager had identified the new care records needed to be revised.

Regular surveys were sent out to gain people's views on the service and how it could be improved upon. The most recent one sent out in November 2016 was complimentary of the service with lots of positive comments on the care workers and management of the service. One said, "My family member and I have been spoilt … we have carers who are closer than family … some are very close … we owe a lot to (both providers)." The results of the surveys have not yet been analysed and followed up on.

The service promoted a friendly culture that was open and inclusive. There was an open door policy at the office and care worker's dropped in for an informal chat, a coffee or just to say 'hello' between visits. There was a comfortable, happy and joking atmosphere at the office where it was clear care workers felt comfortable speaking with the management team. Care workers also fed back information to the management team, such as changes in a person's condition.

The vision and value for the service centred on giving good quality care to people who deserved it. The philosophy of care was to "give a helping hand when you need it most." This culture was reflected by the management team, care workers and people who used the service.