

Bronte Care Services

Bronte Care Services

Inspection report

1 St. Johns House
Clyde Street
Bingley
BD16 4LD

Tel: 01274550966

Website: www.brontecare.co.uk

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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

Bronte Care Services is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection, the service provided personal care to 56 people including older people, people living with dementia and people with a learning disability. 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

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

Right Support

Staff supported people within their own home, working with relatives to ensure they supported people to be involved in maintaining their own health and wellbeing where possible. Staff communicated with people in ways that met 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.

Right Care:

People's needs were appropriately assessed before they started to receive support from the service. The service worked together with healthcare professionals and relatives to ensure people's needs could be met. People were supported with nutrition and hydration. Care was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and they knew how to report safeguarding concerns. Relatives told us their loved ones were safe when receiving care from the service. Care records contained risk assessments with clear guidance for staff to follow. Medicines were managed safely. Staff were recruited safely.

Right Culture:

Relatives spoke positively about the management team and staff. People received good quality care, and support because appropriately trained staff could meet their needs and wishes. Staff understood people's needs in relation to their strengths, impairments or sensitivities. This enabled people to receive compassionate, sensitive and appropriate care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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

is in the full report.

Rating at last inspection

The last rating for this service was Requires Improvement (published 10th January 2020) and there was a breach of regulation 19 (Fit and proper persons employed). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We carried out a comprehensive inspection of this service on 5th January 2023. This inspection was prompted by a review of the information we held about this service and the providers re registration changing from an individual to a partnership on 18th May 2021.

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 ●

Bronte Care Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on the 5 January 2023 and ended on 31 January 2023. We visited the location's office on 5 January 2023.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make.

During the inspection

We spoke with 2 people who used the service. We spoke with 4 staff and the registered manager. We reviewed 4 people's care records including risk assessments and 3 staff files in relation to recruitment. We also reviewed a range of management records including staff training, quality audits, medicines, and service user feedback. We spoke with 2 people who used the service and 7 relatives. We used electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough qualified staff to meet people's needs. Comments from staff included, "All our notes are done on the electronic app which means we have more time to talk to people and get to know them, we are the only person some people may see all day." A relative told us, "My mother is safe with the carers."
- Staff worked in regions which ensured that people received continuity of staff and allowed relationships to be built.
- Relatives and people told us calls were not missed, however, these varied regarding time. One person told us "It's very rarely 9.00am [as planned] sometimes it's too late for example 10.30 but mum is happy."
- Staff recruitment was managed safely. Three staff files were reviewed these evidenced a robust and detailed recruitment processes such as relevant interview questions, disclosure and barring service, references were in place and appropriate shadowing of experienced staff was undertaken.
- Staff were aware key policies were kept in the office and had signed to evidence awareness. One staff member said, "The policies are in the office and we can go there anytime, we can also ring the office for advice, if we were unsure of anything." There was clear evidence of induction and shadowing experienced staff before new staff starting work. The registered manager was actively recruiting a more diverse workforce.

Using medicines safely; Preventing and controlling infection

- People received their medicines safely.
- Medication administration records were clear accurate and audited regularly.
- There were appropriate systems for preventing and controlling the spread of infection. These included training and information for staff.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. Staff knew people well and received training on how to protect people from abuse.
- Staff were able to explain how they would recognise signs of abuse and how they would report it to the management. One staff member said, "I would contact the office or on call and ensure this was reported and followed up".
- Relatives told us they trust staff and felt the service was safe. Comments included, "My mother is safe with the carers" and "I do think she is safe, but they are not there long enough".

Assessing risk, safety monitoring and management: learning lessons when things go wrong

- Risks to people's safety and wellbeing were assessed, monitored and managed. Where needed, risk assessments were in place including environmental, skin integrity, nutrition and moving and handling.
- There was evidence of regular review of daily notes. Information from staff was clear and visible on the 'electronic app' showing real time updates when people's needs changed.

Learning lessons when things go wrong

- Systems were in place to manage incidents and accidents, including learning from these. The registered manager supported staff to learn lessons when things went wrong. We saw evidence of a person's medication not being available in time for administration, this was dealt with promptly and action taken to ensure this was ordered earlier and checked that it was in place on the day prior to this being required.
- Staff told us that they receive regular updates from the registered manager on any changes following an incident this is cascaded using the electronic app.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed. Assessments were carried out before a person began using the service to ensure that their needs could be met.
- People's care plans were up to date, personalised, and reflected their current needs and aspirations, including physical and mental health needs. They showed a good understanding of each person, including their communication support and cultural needs.

Staff support: induction, training, skills and experience

- The provider supported staff to receive the right training and skills to support people appropriately.
- One staff member told us, "I have undertaken lots of training. We are always asked if we would like any extra training, if I wanted to do any training, then I know it would be arranged for me. I have done end of life and diabetes training".
- Training records showed that staff received training appropriate to their role.
- Medication competency assessments for staff had recently been incorporated into the spot checks. This left the possibility of staff not receiving robust medication training, after discussion with the registered manager they informed us that the medication competency assessments would be re implemented in the previous format.
- Staff told us they felt supported by the registered manager and had regular supervision meetings and team meetings. Staff told us "We catch up regarding things. If I am in the office I don't need to wait for supervisions. The door is always open."
- New staff completed an induction which included training and working alongside experienced members of staff before working alone.

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

- Staff understood people's likes and dislikes and people were given a choice of different foods to eat, shopping was undertaken by relatives or people supported, one person supported did not always make healthy food choices and staff were working with the person and their family to ensure they had all the information to ensure he made an informed choice.
- People's care plans contained detailed information about their dietary needs and preferences, including diets due to health reasons or religious beliefs.

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

- Staff and the registered manager worked with health professionals to meet people's health needs in a

consistent and timely manner. The district nurse who worked in partnership with the service, gave feedback to the inspection team via email, stating, "patients and families always say how pleased they are with the care, staff deliver, and they are always very pleasant and caring. I also wanted to take this opportunity to thank [Bronte Care] for all the wonderful timely support given to the district nursing team [Bronte Care] often go over and above to ensure that the fast track patients get brilliant care in a very timely manner. Nothing is too much trouble."

- Staff had a good understanding about people's medical and health conditions and what actions they needed to take if a person became unwell.
- Where people received additional support from healthcare professionals this was recorded within their care records.
- Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. This document contained important information about the medical and healthcare needs of the individual so staff at the hospital knew how best to care for that person.
- Collaborative working with other agencies, such as GPs, social workers and speech and language therapists, had ensured effective care and improved people's quality of life.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We found the service was working within the principles of the MCA.
- There was evidence that capacity had been considered for some people, however not everyone. Following discussion with the registered manager it was acknowledged that further work was required.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to do this. A staff member told us "If a person made what I thought was a poor choice or refused support I would encourage the person, however I would respect their wishes if that was their decision and ensure that this was reported to management and relatives when appropriate to do so."
- Relatives told us people were encouraged to make decisions for themselves and felt involved in making choices wherever possible. A relative told us. "They help (person) maintain as much independence as possible."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring, respectful and treated them with dignity. One person said, "Yes they are very nice and very lovely". A relative said, "Yes, I do feel they are very caring."
- We saw compliments cards received by the service, one read, "To all the lovely ladies at Bronte. Thank you so much for the care you gave to [relative]". The person had also commented on staff having been there when the person passed away and how lovely they were.
- Staff demonstrated caring values; one staff member told us, "We treat people as we would want to be treated, that is what we are taught. Sometimes we may be the only person that the person sees all day. It's nice to spend time with people and listen and chat with them."
- Care records were written in a respectful way, they showed personalisation and respect throughout.
- People received care from small staff teams; this ensured that care was consistent. One relative said, "They are good, I like them" another said, "they are fantastic."
- Most people told us staff listened to them and knew what they are doing. One relative told us, "I do feel they are very caring" another said, "They are very nice and lovely". One person told us "they are good I like them."

Respecting and promoting people's privacy, dignity and independence

- Staff members spoke about the importance of treating people as individuals and respecting their privacy and dignity. One staff member told us, "I would always ask people how they want supporting. Ensure curtains are shut, doors closed. Always ask people what they want. Never disclose anything out of work or talk about work and people in an open environment". Another staff member said, "I know people extremely well, I promote independence, I try to ensure people are supported appropriately and do not over or under support." When asked if they would be happy for their own relative to receive support from this service, the staff member replied, "Yes I would, definitely."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was person centred. Pen pictures were in place which gave information to care staff about people's history, family life, interests and hobbies.
- Care plans were updated when changes were required. For example, when a person's health had deteriorated. The care plan had been updated to reflect this change in their needs.
- Care plans had all been recently reviewed. The registered manager and some relatives stated they had been involved in these reviews, but this was not always clearly evidenced.
- Daily care notes highlighted when changes were required to people's support. The electronic app was used to record any changing needs. Information was then fed back to the care co-ordinator to ensure that care plans were updated to reflect changes.
- When asked if the office staff were responsive, one person said, "They go above and beyond what they need to do." A relative told us, "The manager is good" and another said, "no problems whatsoever."
- At the time of the inspection the service was not supporting anybody at the end of life. However, staff received training and the registered manager told us, "We are applying to undertake the national Gold standard framework in end of life care. The plan would be to then cascade this to the team."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. One person had flash cards in place to assist with their communication. Staff were aware of these and how they were used by the person. Care plans provided guidance around the most effective way to communicate with people.
- Systems were in place to provide people with appropriate communication aids, the registered manager showed us information in other languages that was available to people and could be adapted as required. We also saw Makaton and Braille were available.

Improving care quality in response to complaints or concerns

- The provider welcomed concerns being raised in order to be able to make improvements. The registered manager and care manager spoke passionately about this. They also ensured that positive feedback was shared with staff. We saw many thank you cards and compliments on display.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 care manager demonstrated openness, honesty and a commitment to ongoing improvement. They were enthusiastic about ensuring good outcomes for people and showed consideration for the staff team.
- Staff said they were happy working for the service. One staff member told us, "I do enjoy my role now that I work here. I like knowing in plenty of time who I am supporting and who I am working with." Another said, "Everyone is happy and gets along together."
- When asked if they would recommend the service, we had mostly positive feedback. One relative said, "Absolutely I would, we were sent to another provider, but we came back here." Another said, "Yes, I would because they are a really nice bunch of girls and they make my (relative) very comfortable and (person) enjoys their visits."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour, which is their legal responsibility when things go wrong.

- When minor shortfalls were highlighted, the registered manager immediately looked at ways of taking on board comments. For example, at the time of the inspection visit the care manager contacted the electronic app systems administrator in order to discuss how they could evidence on the electronic app peoples involvement with their care planning, implementation and review.
- There were robust processes in place to monitor the quality and safety of the service. These included detailed audits which produced clear action plans.
- The registered manager understood duty of candour and showed commitment to this. They had complied with the requirements to notify CQC of incidents.

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

- People and relatives mostly stated that they felt involved in their care. One relative said, "The communication is amazing." However, another said, "No not great communication from the manager, they were supposed to have a meeting, but it didn't happen."
- Satisfaction questionnaires had been sent to people and returned, however, one person said, "I haven't received a questionnaire." The registered manager confirmed that questionnaires would be sent out again to ensure that everyone had the opportunity to give their feedback.

- Staff were involved in regular team meetings. They included time to discuss the needs of people, best practice and team development.
- The service worked in partnership with other agencies including the continuing care team and palliative care team. The registered manager was part of the local authority registered manager network.
- The service had been shortlisted for Yorkshire and Humber Region, social care COVID-19 hero award, Great British Care awards 2020.