

Brunelcare

# Brunelcare Domiciliary Care Services Bristol & South Gloucestershire

## Inspection report

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Date of inspection visit:  
24 November 2020

Date of publication:  
17 December 2020

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Brunelcare Domiciliary Care Services Bristol & South Gloucestershire is a domiciliary care agency. It provides support to people who live in their own homes. At the time of the inspection, the service was providing support to 104 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 felt safe with the staff who supported them, and many had built positive relationships. Staff understood their responsibilities and received regular training to ensure people were kept safe. Where risks were identified, action was taken to safeguard people appropriately.

Systems and processes were in place to protect people from the risk of harm or abuse.

Although there had been a high number of errors in the recording of medicines administration, these had been well managed and did not usually present any risk to people. Regular checks were carried out and action had been taken to monitor themes and improve practice. The number of errors had reduced, and the manager was keen to improve standards further in this area.

People received an individualised service from a well-led team of staff. The manager had only been in post for a few months at the time of our inspection, but they had made changes and received positive feedback from people and staff.

Standards and performance were monitored, and improvements made where necessary. Audits and checks were consistently carried out and these supported all staff to provide high quality care and support.

Staff reflected the vision of the organisation in the support they provided. All the staff we spoke with were committed to providing high quality support which enabled people to stay in their own homes.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (12 October 2018).

#### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about safeguarding and management. We found no evidence during this inspection that people were at risk of harm.

CQC have introduced targeted inspections to check specific concerns. These inspections do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. The overall rating for the service remains good.

#### 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?**

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Brunelcare Domiciliary Care Services Bristol & South Gloucestershire

## **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.

This was a targeted inspection to check on specific concerns we had about safeguarding and management. The inspection took place during the Covid-19 pandemic.

### Inspection team

The 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 who applying to register with the Care Quality Commission. This means that they and the provider will be 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 a short period of notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 24th November 2020 and ended on 1st December 2020. We visited the office location on 24th November 2020.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

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

We spoke with seven people who used the service about their experience of the care provided. We received feedback from three professionals who had contact with the service. We spoke with seven members of staff, including the registered manager. Their comments have been incorporated into this report.

We reviewed a range of records relating to the management of the service, including policies and procedures and audits.

We considered all this information to help us to make a judgement about 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific issues which had been highlighted. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- The people we spoke with told us they felt safe with the staff who supported them, and many told us of the positive relationships they had. Comments included, "They're spot on, I wouldn't change [name] for anything" and, "I know them, and they know me, they're marvellous".
- Staff had a good understanding of safeguarding issues and knew what they should do if they had concerns. We saw evidence that staff raised concerns and reported incidents appropriately, and these were acted on. One staff member said, "Even if I felt something wasn't really a problem but it was niggling at me, I'd tell the office about any concerns".
- Systems and processes were in place to protect people from the risk of harm or abuse. Policies provided information and guidance for staff, and staff knew how to access and use these documents.
- Records were clear and a log enabled managers to monitor and track safeguarding concerns or allegations. These were regularly reviewed, and themes analysed to ensure people were appropriately protected.

Using medicines safely

- The provider had appropriately reported a high number of errors in the recording of medicines administration. We reviewed records of these errors and found nearly all of them were incidents where staff had given a person their prescribed medicine but had failed to sign the form to indicate they had done this. In most cases, there had been no risk to people from these recording errors. Managers had reviewed every error and taken action as necessary to monitor themes and improve practice. The number of errors had reduced, and the manager was keen to improve standards further in this area.
- Staff were trained in the safe management of medicines, and competency spot checks were carried out regularly.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific issues which had been highlighted. We will assess all of the key question at the next comprehensive inspection of the service.

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

- At the time of our inspection, a manager had recently joined the organisation and had applied to CQC to become the new registered manager. The service is required to have a registered manager as part of their conditions of registration.
- The leadership team was strong, and there were clear lines of responsibility and accountability. One person said, "It's so much better now that they have a new manager". A staff member told us, "Things have really improved since [manager] came. She's done really well. I hope she sticks around".
- Staff knew what was expected of them, and some had worked with the same people for many years. They were motivated and proud of the service. Comments from staff included, "I love what I do" and, "I love my run, I love the people I care for and all the staff are brilliant".
- Staff reflected the provider's vision by promoting people's independence and giving them the support they needed to make the most of their lives. One person said, "It makes such a difference having them come in because I live alone and can't do everything myself".
- The manager was committed to the service and passionate about providing high quality support which enabled people to stay in their own homes and be as independent as possible. They told us they wanted to be recognised as the best provider of this type of service in the area.
- The manager and senior staff team were clear about their roles and understood quality performance, risk and regulatory requirements. The provider displayed their CQC rating at the service and on their website and the manager made notifications to CQC as required. Notifications are information about important events the service is legally obliged to send us within required timescales. This helped ensure standards were monitored and the service remained compliant with regulations.
- Quality assurance systems were in place to monitor and review standards and performance and ensure risks were managed. There were regular audits including support plans, medicines, incidents and staff training. When shortfalls and areas for improvement were identified, these were clearly recorded and addressed in a timely manner. This supported all staff to work towards consistently providing high quality care and support.
- Staff received supervision and training, and regular email communications kept staff up to date with changes. Support was available within the organisation and senior managers monitored and reviewed service delivery and performance.

### Continuous learning and improving care

- The management team were open and honest and encouraged a culture of improvement and development to ensure staff provided safe and effective care to people. For example, reminding staff about the importance of the correct use of personal protective equipment (PPE) during the coronavirus pandemic when concerns were raised about compliance with guidelines.
- Managers had taken action to ensure staff were competent and met the expectations of the organisation. Managers had acted when staff had not met these requirements.
- Complaints were managed promptly and professionally, and managers identified any themes. Action was taken to improve standards and learning was shared with staff to improve the service provided.
- Action plans from audits were monitored to ensure standards and quality of care continued to meet expectations.
- The manager took opportunities to keep up to date and develop their skills and knowledge, for example attending webinars about managing services during the coronavirus pandemic. Staff were also supported to learn and develop to ensure they met people's needs. This improved the outcomes for people and the quality of care they receive.
- An up to date log was kept of compliments which had been received from people, their families and professionals. Themes included staff kindness, standards of work, care and commitment. Managers ensured feedback was shared with staff and good practice encouraged throughout the service.