

Brunelcare

Brunelcare Domiciliary Care Services Somerset

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brunelcare Domiciliary Services Somerset is a domiciliary care service that was providing personal care to 215 people aged 65 and over at the time of the inspection.

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

Since our last inspection people's care plans had been significantly improved. They included specific details of how staff should work with people to meet their needs. This included how to support people who required modified diets.

People told us the service helped them to feel and stay safe. Their relatives agreed. People's risks were assessed, recorded and support provided to minimise these without being unduly restrictive.

Most visits happened at the times scheduled although some people had experienced delays due to staff sickness during the COVID-19 pandemic. The service was trialling a new process to ensure better deployment of staff and visit timings. The service had assessed people's dependency to enable them to prioritise visits in the event of emergencies or unplanned staff shortages. A missed visits protocol had been introduced to ensure robust oversight and follow up where required.

Spot checks took place to ensure staff were competent to support people. A relative told us, "The carers are very professional and my [family member] tends to have a senior carer who has set the high standard for other carers."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff enjoyed their roles and felt proud working for the service. They felt supported by their colleagues. One staff member said, "I love my job, my clients and all the staff there. It's a great place to work."

Professionals were unanimous in their praise of the service. Strong links had been developed with GP surgeries and reablement teams that were contributing to positive outcomes and goal setting for people.

The service worked closely with commissioners to support people's timely discharge from hospital and assessment for ongoing care and support. They had also partnered with commissioners, a private company and a selected group of people in a telecare pilot where sensors and health monitoring devices were

embedded in their homes.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 May 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a comprehensive inspection of this service on 26 February 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brunelcare Domiciliary Services Somerset on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brunelcare Domiciliary Care Services Somerset

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 was carried out by one inspector and two 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 April 2022 and ended on 7 April 2022. We visited the service on 1 April 2022.

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 annually with key information about their service, what they do well, and improvements they plan to make. We contacted the local authority for feedback. We used all this information to plan our inspection.

During the inspection

We spoke with six people and 16 relatives about the service they receive. We spoke with the registered manager, team leader and director of care. We received feedback from 12 members of staff including carers, senior carers, team leaders and deputy managers to obtain their views of the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further documents supplied by the registered manager. These included training data and a medication protocol. We contacted five professionals who work with the service and received feedback from all five. This information helped inform our judgements.

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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that care plans contained sufficient guidance for staff in how to support people or the level of support required. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection people's care plans had significantly improved. The service had liaised with the local authority quality team to develop people's plans and ensure they included specific detail of how to support people. This meant staff had a better understanding of what to do to keep people safe and well. Staff told us, "The care plans have a mass of information which is great when in a call as the layout is easily accessible and straight to the point, which for me in a 30 minute call is perfect" and, "The care plans contain the information you need."
- Care plans for people requiring a modified diet had been improved since the last inspection. They now contained detailed information for staff in line with published guidance and advice from speech and language therapists.
- People's risks were assessed, monitored and regularly reviewed. This covered areas such as dietary intake, home environment, skin integrity, repositioning and mobility. One relative told us, "[Family member] often feels they will fall as [family member] is very unsteady and the carers make sure [family member] uses the trolley to mobilise." A professional said, "They always contact me to discuss any improvements that need to be done in order to improve the quality of the care provision and client safety."
- People and their relatives told us they felt safe when supported by staff. They told us: "I do feel safe when the carers visit me", "Absolutely, the carers are all lovely", "With COVID-19 they do a very job", "Yes [family member] does feel safe with the carers" and, "Oh yes, the carers are lovely and [family member] just loves them visiting." A professional said, "From my own observations I have only known Brunelcare to provide quality care to people that they/we support."
- Spot checks took place to ensure staff were competent to support people. Where any shortfalls were identified reflective discussions took place to identify any remedial action required such as additional training. A relative said, "The carers are very professional and my [family member] tends to have a senior carer who has set the high standard for other carers."
- Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing harm or abuse and knew how to report such concerns. They were confident they would be

listened to.

Staffing and recruitment

- People were supported by sufficient numbers of knowledgeable and competent staff which helped to keep them safe and
- Staff had received training to meet a range of people's needs. Courses had included safeguarding, lone working, fire awareness, food safety, COVID-19, health & safety, diabetes and dysphasia (this is when people have difficulty swallowing). A staff member said, "I do feel confident in my role. Due to COVID-19 we are having training online, we are looking forward to starting face to face training again." meet their needs.
- The service had safe recruitment practices. Checks were done to reduce the risk that staff were unsuitable to support people. This included verified references from previous employers, right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Feedback was mixed about visit times with some people advising these were sometimes different than on the rota. No people had been harmed by this, but for some it had been frustrating. We discussed this with the registered manager who advised staff sickness during the COVID-19 pandemic had impacted on visit times in some areas. A written apology and explanation had been sent out. One relative said, "They try their best at time keeping." Another said, "There have been issues in the past, but it has settled down. I took it up with them and it got sorted."
- The service had assessed people's dependency to enable them to prioritise visits in the event of emergencies or unplanned staff shortages.

Using medicines safely

- People were supported to take their medicines safely, in a way that suited them. One person told us, "They [staff] give it to me on time and record every medication."
- Staff who administered medicines were trained and competent to administer medicines safely.
- Medicine records detailed the medicines people required and the reason they were prescribed.
- Medicine records were paper based with plans to move to electronic recording later this year. The records were legible, complete and audited monthly.
- Regular spot checks and annual competency reviews were undertaken to ensure compliance. Where errors or omissions were identified these were addressed using a medication error protocol to ensure consistency of response and follow up actions.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff competency checks included this, and people and their relatives confirmed staff wore their PPE.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through good hand hygiene.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service completed accident and incident reporting forms. These were reviewed and signed off by team leaders. They were then audited by the registered manager. The process included reflection on what had happened, identified any impacts for people and/or staff and what steps were required to prevent a recurrence.
- Lessons learnt were shared with staff via team meetings, supervision and direct messages to staff mobiles.

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

- Staff enjoyed what they did. They commented: "The team I work in are one big family", "I think Brunelcare have built up a good reputation over the years, lots of clients have been with other companies and decided to change to us through positive word of mouth which is great", "They are a great company to work for", "I feel proud of being part of a team that provides help and support to people" and, "I feel very proud to work for Brunelcare, I love my job, my clients and all the staff there. It's a great place to work."
- Professionals spoke positively about the service and the registered manager. Their comments included: "When I have contacted them they have been prompt to return my calls and have been very helpful", "I have always found it very easy to communicate with them, the care managers are always available, and always return my calls, which is something that I value", "They have very strong links with our operational teams and sourcing care service" and, "[Name of registered manager] is always friendly, approachable whilst being professional at all times. Communication is very much two way and something I think [they] do well."
- The registered manager had worked closely with staff and the local authority to strengthen and improve processes since our last inspection of the service.
- Staff received praise and recognition. Records confirmed this. The registered manager told us, "I am extremely proud of them. I have a very caring team. We always remember when we're planning there is a person at the end of this. Staff go the extra mile and show their own initiative for example when supporting people to access hot water during the recent power cuts."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff had a good understanding of their roles. The registered manager said, "The buck stops with me. To make sure we're compliant and furnishing the team with the right skills to do that. Making sure clients are safe, the quality of the service we deliver, supporting and motivating the team to join me on the improvement journey. Be a sounding board for staff. Staff should be able to come to me to raise things."
- Governance and management systems were robust and provided timely oversight and follow up as required. Auditing included medication, PPE compliance, training and care reviews.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

- The registered manager demonstrated a good understanding of the duty of candour telling us, "It's about not hiding anything. Owning mistakes and being open and honest with the clients about it. We don't get everything right and we need the feedback to be able to improve."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were given opportunity to feedback about the service via annual surveys. The last one was in October 2021. Most people expressed satisfaction with the service they received. Some actions had been identified and were being progressed.
- In response to staff feedback virtual staff surgeries had been held during the height of the pandemic and rates of pay had increased. There were also financial incentives available to staff who referred their friends to work at the service.
- Staff were actively encouraged to improve their skills and knowledge by undertaking qualifications and additional training courses.
- People received a regular newsletter from the registered manager that included information about people, staff and service developments.

Working in partnership with others

- The service is one of the lead providers for a pilot contract with commissioners known as Discharge to Assess (D2A). This service provides care and support to people who are discharged home from hospitals needing assessments for ongoing care or reablement.
- The service is part of a pilot project with Somerset Clinical Commissioning Group and a private company in trialling the use of home sensors and health monitoring devices in nine people's homes.
- The service benefited from shared learning with the provider's care home, reablement and extra care housing schemes. Advice and additional training had been provided by the provider clinical lead.