Bravo Care Limited

Bravo Care Branch

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Bravo Care Branch is a domiciliary care service providing personal care to adults living in their own homes. The service provides support to people with disabilities and older 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. At the time of our inspection there were three people receiving a personal care service.

People's experience of using this service and what we found
We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in North East London. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback. Since our inspection visit the provider moved offices and is now based in Surrey.

Risk assessments were carried out to protect people from the risks of avoidable harm. Where risks to people had been identified, this did not always provide details on how to manage all risks. This could put people at risk of receiving unsafe care. We have made a recommendation about the recording of risks. Processes for reporting incidents and accidents were not always effective in ensuring the registered manager was informed of these. This meant the provider was unable to respond to possible concerns to prevent further incidents. We have made a recommendation about systems for reporting incidents and accidents.

Systems for managing the service were not always effective in ensuring records were accurate and up to date. We have made a recommendation about record management systems.

People felt safe with care staff who understood their needs. Staff were knowledgeable about safeguarding and whistleblowing procedures. Medicines were managed safely, and people were protected from the risks associated with the spread of infection. The provider had a system in place to learn lessons from accidents and incidents.

Staff were supported in their role with training and supervision. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional, hydration and healthcare 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.

Staff demonstrated they knew people and their care needs well. People received care from staff who were caring and kind. The provider and staff understood how to provide a fair and equal service. People were involved in their care planning and were encouraged to make choices. Staff understood how to maintain people's privacy, dignity and independence.

Staff understood how to provide a personalised care service. The provider understood how to meet people's communication needs. People were supported to maintain contact with family and friends. There was a system in place for people to make a complaint.

Relatives and staff spoke positively about the leadership in the service. The provider had a system to check the quality of the service provided and to identify areas for improvement. There was a system to obtain feedback from people using the service and staff. The provider worked jointly with other agencies to achieve good outcomes for people.

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

Rating at last inspection
This service was registered with us on 07/12/2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the service starting to provide support with personal care in March 2021.

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? The service was safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Bravo Care Branch

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 two inspectors.

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

Notice of inspection
This inspection was announced.

We gave the service 24 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 17 March 2022 and ended on 22 March 2022. We visited the location's office on 17 March 2022.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 used all this information to plan our inspection.

During the inspection
We spoke with five members of staff, including the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the

provider. We also spoke with three care workers and an administration officer.

We reviewed a range of records. This included care records for three people, in relation to their care plan, risk assessments and medicine records. We looked at two staff files in relation to recruitment, supervision and training.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data. We reviewed policies and procedures and records related to the running of the service. We spoke with three relatives about their experience of the care provided.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● People had risk assessments which gave some guidance to staff about how to reduce the risks of harm they may face. Staff understood how to manage the risks of harm people may face. One care staff told us about risks for one person who required support due to their risk of choking. However, records required updating to ensure all risks identified were clearly documented.

● Following our inspection, the registered manager provided an up dated risk assessment for one person with risks related to their medical condition. Although the updated risk assessment identified most areas of risk not all risks were detailed, such as risks related to the use of bedrails. The impact of risk was mitigated as staff knew people well and how to manage risks. However, this information would not be available for a new staff member and may put the person at risk of harm.

We recommend the provider seeks a reputable source and good practice guidance in relation to risk assessment recording.

Learning lessons when things go wrong

● The provider had a system in place to record accidents and incidents. These were not always effective in ensuring all incidents were reported to the registered manager. We noted an incident in February 2022 had not been reported by staff. The person had a minor injury and was reported to be well following the incident. The registered manager told us they were not aware of this incident and would look into this and take appropriate action. They told us all staff received training in reporting incidents. This was confirmed by staff.

We recommend the provider seeks a reputable source and good practice guidance in relation to systems for incident and accident reporting.

● The registered manager told us they used incidents to learn lessons and to put measures in place to prevent them reoccurring. They gave an example of one person who fell within their home and the steps that were taken to prevent reoccurrence.

● A relative told us the service always informs them of incidents involving their relative and care staff always record these in a book. Another relative told us, "We have a WhatsApp group, we are in regular contact they let me know when things go wrong…. I then got that sorted."

Preventing and controlling infection

● The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection including COVID-19.

● Relatives told us staff wore personal protective equipment when providing care. One relative told us, "Yes,

staff wear masks, gloves and aprons." Another relative told us staff had all been vaccinated against COVID-19 infection, used hand sanitiser, wore gloves and masks at the height of COVID-19 [pandemic]. They also said, "I'm sure they would be doing all the right things as I know they are conscientious."

● Staff confirmed they had access to personal protective equipment (PPE) and told us they wore gloves, aprons and mask when providing care.

● Staff received training in preventing and controlling the spread of infection. Records and staff confirmed this.

● During our inspection we observed staff wearing masks and implementing social distancing. Hand sanitisers were available for visitors to the office. This helped to minimise the risk of catching and spreading infections. The registered manager told us visitors to the office were asked whether they presented with any possible symptoms related to COVID-19.

● The registered manager told us staff carried out weekly lateral flow testing for COVID-19. Following our inspection, the registered manager told us they had implemented daily later flow testing for staff. This helped to minimise the risks associated with COVID-19 and ensure testing remains in line with government guidelines.

● We have also signposted the provider to resources to develop their approach.

Using medicines safely

● Medicines were managed safely. Staff had received appropriate training in medicine administration. Staff were observed and certified by the manager as competent before being able to administer medicines unsupervised.

● Relatives told us care staff managed medicines well. A relative told us, "[Care staff] are very contentious, there is a dosette box and [person] get their pills when they need them, at the right time." Another relative told us, "Yes, [care staff] does [person's] medicines with no problems."

● Medicine administration records were up to date and accurately completed.

● Following our inspection, the registered manager sent an updated support plan to include side effects of medicines 'as needed' where these were prescribed.

● The registered manager audited people's medicines on a monthly basis to ensure people received their medicines safely and as prescribed.

● People's medicines were clearly listed in their support plan and staff had some knowledge about reasons medicines were prescribed. Improvements were required to ensure Information about medicine side effects were documented and written protocols for 'as needed' medicines were in place.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risks of being harmed or abused. A relative told us, "Yes [person] is safe and cared for as far as I can tell they are particularly good at their jobs, no concerns." Another relative commented, "Very much so, the carers have been with her for some time, they are wonderful and very tuned to her and very good at anticipating her needs.

● Staff were knowledgeable about safeguarding adults and whistleblowing and knew what action to take should they suspect or witness abuse, including types of abuse. Staff were aware of the external authorities to report to, such as CQC, local safeguarding authority and the police.

●Staff received training in safeguarding vulnerable adults.

Staffing and recruitment

● Staff were recruited safely. Relevant checks were carried out before someone was employed including criminal record checks, proof of identification and written references.

● New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to criminal record checks to confirm continued suitability

of staff.

● Relatives told us staff turned up on time and informed them if they were running a bit late. One relative told us, "If [care staff] are ever late they will let me know; usually five minutes." Another relative said, "At first …. I was concerned [the agency] would not have the right staff to support [person], but this is not an issue. Since opening they have never let us down, [care staff] come on time and if one can't cover the other one will so no issues."

● Staff told us they had enough time to travel to visits and did not feel rushed when providing care.

● The registered manager told us staffing levels were based on level of need and staff experience.

Good

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.

This is the first inspection for this service. This key question has been rated 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 were assessed before they began to use the service to ensure the provider could meet their support needs. Records confirmed this.
- Assessments included where support was needed and which areas of care the person could complete independently. A relative told us, "Oh yes, definitely [registered manager] came to visit us she did a full report. We went through everything. It was very detailed."
- Care records included people's preferences for care. For example, in one care plan it included how the person wanted to be addressed. We noted staff using this when speaking about how they provided care to the person.

Staff support: induction, training, skills and experience

- People were cared for by staff who were skilled and good at their jobs. A relative told us, "I do think [care staff] are very skilled at their job and very professional they certainly understand my [relative]…All those little things [care staff] are very good" They gave us an example of how well staff knew their relative, such as their mobility needs. Another relative told us, "Yes, I have seen how they [care staff] are with [person], and they seem relaxed and calm when I see them.",
- Records showed staff had completed training in various care topics, including moving and handling, health and safety and first aid, as well as specialist training from a health care professional in relation to one person's health condition.

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

- People received support to maintain their hydration and nutritional needs and were given choices. A relative told us, "I do all the preparations…. staff heat it up." Another relative told us, "[Care staff] do the cooking for [person] …They give choice and will cook things especially for [person] as they know what [they] eat and not, such as vegetables cooked a particular way."
- People with special dietary requirements were supported with eating and drinking. One relative told us, "[Person's] food is pureed, and [person] gets a varied diet from what the carer reports to me."
- People's preferences for how they liked their meals were documented. For example, in one care plan it stated how and where the person liked to eat their meals and what they liked to drink.

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

- Staff supported people to maintain their health and attend appointments with healthcare professionals. Records and relatives confirmed this.

● Staff worked with health professionals to meet people's health needs, such as speech and language therapist and GP.

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 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 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. We checked whether the service was working within the principles of the MCA.

● People were given choice and care staff asked their permission before providing care. A relative told us care staff would ask them to leave the room when providing personal care. They told us, "…I think this is really respectful. For someone like me that is really important. I like that [care staff] is comfortable enough to say." Another relative told us, "I am not always there, but [care staff] talks to [person] as they are doing things, if doesn't like something they will say."
● The registered manager told us staff completed Mental Capacity Act 2005 training. They told us, "We advise staff when they get to [person's] house, introduce themselves, get consent and let them know what you are doing."
● Where people lacked capacity, the provider had obtained evidence of the named power of attorney who could make decisions around health or finances on the person's behalf.

Good

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.

This is the first inspection for this service. This key question has been rated 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 were cared for by staff who treated them with respect and kindness. Relatives spoke highly of the care provided by staff. A relative told us, "I can't fault what [care staff] are doing because [person] is happy and very content. The care given works well. [Person] is relaxed happy and content. What more could I want?" Another relative told us, "[Care staff] is very caring indeed, I am so lucky to have both of them."

● People's diverse needs were met by the service. The registered manager told us, "You treat people as individual. [People from the lesbian, gay, bisexual and transgender community], that's their choice, you are there to look after the [person], accepting everybody for who they are no matter their colour or race or sexual preference, you look at the individual."

● Staff completed equalities and diversity training and knew the importance of treating people without discrimination.

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

● Records and relatives confirmed they were able to express their views and were involved in making decisions about people's care.

● A relative told us, "Yes, it [care plan] meets his needs, they are clear on how to support him. I do not have any concerns in this area. I am involved in his care plan as much as possible." Another relative told us the care plan was in a folder in the person's home.

Respecting and promoting people's privacy, dignity and independence

● People were treated with dignity by staff who were caring and kind. A relative told us care staff treated their loved one with respect by ensuring the door was closed when providing personal care.

● People's privacy was respected, and independence promoted. One relative told us, "The mere fact [person] is able to live in their own flat and supplying the support around them gives [person] the independence if we' re not there."

● Records showed care staff were encouraged to maintain people's independence.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- People were given choice and received care from care staff who understood how to deliver personalised care.
- Most care plans were personalised and included a section for people's preferences, likes and dislikes to be recorded. For example, each care plan recorded people's preference for how they wanted to be addressed by care staff.
- Care staff demonstrated how they had developed a caring relationship with the person they supported. This was confirmed by a relative who described care staff as being, "Very tuned to [person's] needs and we [care staff and relative] work together well as a team."
- Care plans showed where appropriate, care staff supported people to activities and to maintain links with family.

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 carers, 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 recorded in their care records.
- Staff knew people well and how to communicate with them in a way they could understand. For example, s one person who was not able to vocalise their needs, staff would observe the person's facial expressions and hand gestures to understand the person's likes and dislikes when providing care or when participating in activities.
- The registered manager told us about how they communicated with people not able to vocalise their needs. "Care staff are encouraged to speak to [person] and they make expressions and stretch out their hand. You speak and wait for [person's] response."
- The registered manager told us they had reviewed the Accessible Information Standard and would adapt communication methods to suit the person receiving care.

Improving care quality in response to complaints or concerns

- Systems were in place to act on and respond to complaints. One relative told us, "I would just phone the office. Nothing to complain about at the moment." Another relative told us, "Very rare I would ever make a

complaint, [staff] work as a team I would sort it out between us, I feel the work they [the service] does is good."

● The provider had a complaints policy which gave clear guidance to staff and people who wished to make a complaint about how to go about this. This required amendment to make it clear that CQC are regulators of care, not part of the complaints process.

● The registered manager told us they had not yet received any complaints.

End of life care and support

● The provider was not currently supporting people with end of life care.

● The provider had a policy for end of life care which gave clear guidance to staff should anybody require this in the future.

● Records showed staff had completed training in end of life care.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Care staff described their role and showed an understanding of what was required of them. Care staff understood risks and how to improve the quality of care provided.
- The registered manager completed audits to monitor and improve the quality of the service. However, some improvements were required. Such as, more details provided where risks had been identified, protocols for 'as needed' medicines, information about side effects put in place and improved reporting of accidents and incidents.

We recommend the provider seeks a reputable source and good practice guidance in relation to record management systems.

- The registered manager was keen to make improvements and had started to address some of the gaps found during our inspection.

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

- People received care from care staff who provided person-centred care and achieved good outcomes. Relatives spoke highly of the service and outcomes achieved. A relative told us, "Due to the good care, [person] is now much better and stronger so I cannot fault [care staff] at this agency." Another relative told us, "[Service] is great we are lucky enough to have had the same carer, this helps to keep my [relative] well stable."
- Staff spoke positively about the leadership in the service and the support they received from the registered manager. This was echoed by relatives who told us the registered manager was a nice person who was efficient and approachable and listened.
- The registered manager spoke passionately about their role and achievements. They told us their greatest achievements included being, "Able to keep [people who use the service] independent in their homes, healthy, with no hospital admissions, also retain carers and continuity of care."

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 understood their responsibility with the duty of candour including the need to apologise when anything went wrong.

● The provider understood the requirement to notify CQC of incidents or accidents including safeguarding concerns.

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

● The provider had systems in place to check the quality of the service which included spot checks and daily record checks. The registered manager told us that any issues identified were discussed in supervision and used as a learning experience.

● The registered manager sought feedback on the service via telephone monitoring and through questionnaires. Records and relatives confirmed this. One relative told us, "Yes, I have been called and also had a form." Another relative told us they periodically received a call. All relatives told us they would not hesitate to recommend the service.

● Staff confirmed they were able to make suggestions for improvements at staff meetings. Records confirmed this.

Working in partnership with others

● Care records showed the provider worked in partnership with healthcare professionals to provide joined up care.