

Heywood Carers Limited

# Brown Clee Care

## Inspection report

Glebe House  
Middleton  
Ludlow  
Shropshire  
SY8 2DZ

Tel: 01484872084

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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

The inspection took place on 16 November 2016 and was announced.

Brown Clee Care is registered to provide personal care to people living in their own homes. There were 7 people using the service on the day of our inspection.

A registered manager was in post and was present during our inspection. 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.

People were supported by staff who understood how to recognise and report abuse. The risks connected with people's care and support needs had been individually assessed, and plans introduced to manage these. People were involved in decisions about the risks affecting them. The provider assessed and organised their staffing requirements based upon people's care needs. They followed safe recruitment practises. Systems and procedures were in place designed to ensure people received their medicines safely.

Staff had the necessary skills and knowledge to meet people's needs. They received effective induction, training and support from the provider. People's rights under the Mental Capacity Act 2005 were protected by the provider. People received the level of support they needed with eating and drinking. Staff helped people to access healthcare services.

Staff adopted a caring approach towards their work, and took the time to get to know people as individuals. The provider encouraged people's involvement in care planning and decision-making. Staff protected people's dignity and privacy.

People received care and support that was tailored to their needs and preferences. Staff had the time to read and followed people's care plans. People and their relatives knew how to complain about the service, and felt comfortable about doing so.

The provider encouraged an open, ongoing dialogue with people, their relatives and the staff team. Staff felt well supported and were clear about what was expected of them. The provider had developed quality assurance systems to drive improvement at 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.

Staff understood how to recognise and report abuse. The risks associated with people's care and support had been assessed, and plans put in place to manage these. The provider assessed and planned their staffing requirements based upon people's care needs. People received safe support and assistance with their medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and knowledge to meet people's individual needs. Staff supported people's decision-making and respected their wishes. People had the level of support they needed with eating and drinking. Staff monitored people's health and sought medical advice and treatment where necessary.

### Is the service caring?

Good ●

The service was caring.

Staff adopted a caring approach towards their work and knew the people they supported well. People's involvement in decision-making was encouraged. Staff protected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to their needs and preferences. People knew how to complain about the service, and felt comfortable doing so.

### Is the service well-led?

Good ●

The service was well-led.

The provider encouraged an open and inclusive culture within

the service. Staff were clear what was expected of them and felt well supported. The provider had developed systems to monitor and improve the quality of the service provided.

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# Brown Clee Care

## **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.

This inspection took place on 16 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector.

As part of our inspection, we reviewed the information we held about the service. We looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with four people who used the service and two relatives. We also spoke with five members of staff, including care staff and the registered manager. We looked at two people's care plans, the staff handbook and records associated with the provider's quality assurance systems.

## Is the service safe?

### Our findings

People felt the care and support staff provided to them in their homes was safe. One person told us, "The staff they have now are good carers. I feel very safe when they're doing anything." Another person said, "I feel safe because they (staff) are very professional." The provider encouraged people to voice any concerns they may have about their safety or wellbeing. People and their relatives told us they would not hesitate to bring any such issues to the provider's attention.

The provider had given staff guidance and training on how to protect people from harm and abuse. The staff we spoke with understood the forms and potential signs of abuse. They gave us examples of the kinds of things that would concern them, such as marked changes in a person's mood, behaviour or appetite and any unexplained injuries. Staff recognised the need to report any abuse to the provider immediately. One staff member explained, "We (staff) would ring [registered manager], explain the situation to them and they would contact the relevant people." The registered manager demonstrated a clear understanding of the need to report any allegations of abuse to the relevant external authorities.

The provider had carried out an assessment of the risks connected with each person's care and support. They had put plans in place to enable staff to care for people as safely as possible. We saw these plans covered important aspects of keeping people safe, such as minimising the risk of pressure ulcers, managing people's medicines safely and maintaining the security of their homes. People and their relatives told us the provider involved them in these decisions about the risks associated with their care, from the initial assessment of people's needs onwards.

Staff told us they had the time to read people's risk assessments, and that they worked in accordance with these. In the event that the risks to individuals changed, the provider had procedures in place to make the relevant staff aware of these changes by telephone or email. The staff we spoke with confirmed they had access to the up-to-date information needed to keep people and themselves safe. They described the value of reading through each person's daily care notes recorded by all staff involved in their care. One staff member told us, "Communication is good. Ninety percent of it comes from us, as carers, sharing information." Staff also understood the importance of making the provider and their colleagues aware of any new hazards they identified when caring for people in their homes. If people were involved in any accidents or incidents, staff understood the need to report these events to the provider without delay. The registered manager explained that they would analyse any such reports to protect people and reduce the risk of things happening again.

People confirmed that staff were generally on time, and that missed calls were not a concern. One person told us, "They (staff) are mostly on time. If there have been any problems, I've rang up [registered manager] and they have put it right for me." Another person said, "They (staff) are one hundred percent reliable." People told us they tended to have the same carers, who got to know their needs well. People knew who to expect on any given day, because the provider sent a weekly rota out to them. One person said, "I've got a rota, and if it changes they (provider) will ring and tell me."

The registered manager explained that they assessed and planned their staffing requirements in order to provide a reliable and consistent service. In the event of unexpected staff absence, they and the care coordinator provided cover, where needed, to ensure continuity of care. Before any new staff started work, the provider carried out checks to ensure they were suitable to work with people. These consisted of an enhanced check by the Disclosure and Barring Service (DBS), and the taking up of employment references. The DBS helps employers to make safer recruitment decisions. The staff we spoke with confirmed that they had undergone these checks.

The provider had developed systems and procedures to ensure people received safe assistance and support with their medicines, where they needed this. The registered manager explained that all staff involved in the handling or administration of people's medicines had received appropriate assessment, guidance and training. The staff we spoke with confirmed they felt confident in supporting people with this aspect of their care.

## Is the service effective?

### Our findings

People felt staff had the right skills and knowledge to give them the care they needed. One person told us, "All of them could go and be qualified nurses; they are excellent." This person also explained, "They (staff) themselves are confident and that gives me confidence. I was really scared of falls, and they have reassured me." Another person said, ""They (staff) are certainly quite used to their jobs, and do whatever's wanted well."

The staff we spoke with felt the provider had given them the guidance and training needed to provide effective care and support to people. Upon joining the service, staff completed the provider's induction. During this period, staff had the opportunity to get to know the people they would be supporting, and to work alongside, and learn from, more experienced colleagues. Staff were also given time to read each person's care plans, and ask any related questions they may have. On the subject of their induction, one staff member told us, "It was brilliant. I did a lot of shadow shifts to get used to the clients."

Following induction, staff participated in a programme of training. The registered manager explained that they had recently expanded the training offered to staff, in line with people's care and support needs and any mandatory training requirements. Staff spoke positively about the training they had received to date. One staff member described how their first aid training had given them greater confidence to deal with medical emergencies. The provider also issued all staff with a detailed staff handbook, as a reminder of their key duties and responsibilities and how to meet these.

The registered manager informed us they spoke to each member of staff on weekly basis, to identify any additional support or guidance staff may need. They planned to hold more structured one-to-one meetings with staff, moving forward. The staff we spoke with confirmed they felt able to approach the registered manager, at any time, for any additional advice or training required. The registered manager and care coordinator also provided on-call management support, outside of office hours, to respond to any urgent requests for assistance or guidance from staff.

We looked at how the provider was protecting people's rights under the Mental Capacity Act. The Mental Capacity Act (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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager understood the need to protect people's rights under the MCA, and its implications for the service provided. The staff handbook they issued contained information about the MCA, to help staff understand their associated responsibilities. The staff we spoke with recognised the need to support people's decision-making and to respect their choices. They confirmed they would seek advice from the provider in the event that people were unable to make decisions for themselves.

Where people needed assistance from staff to prepare meals or drinks, they were satisfied with the support provided. One person described how staff always took the time to check whether they wanted anything to eat or drink; despite the fact this was not part of their care package. We saw that people's food-related likes and dislikes had been recorded in their care plans. People confirmed staff did their best to prepare food and drinks the way they liked. The registered manager indicated that the people who currently used the service did not have any complex needs around eating and drinking. We saw that any specific nutritional or dietary requirements people had had been recorded in their care plans. The registered manager confirmed that, where possible, they encouraged people to have a healthy, balanced diet. For example, they had advised one person to contact a specialist nurse for support on managing their particular medical condition.

People and their relatives told us staff monitored people's health and helped them seek professional medical advice or treatment when needed. One person told us, "They (staff) have been very good when [medical condition] played up. They got in touch with the district nurses. They have also asked me if I wanted a doctor when I've not been feeling well." A relative said, "[Person's name] had a couple of accidents. Staff had to call the emergency services and were brilliant." We saw that information about people's health needs had been recorded in their care files to ensure staff understood the support people needed in this area.

## Is the service caring?

### Our findings

People felt staff had come to know them well as individuals, and that they took a caring and compassionate approach towards their work. One person told us, "They (staff) are very caring and they enjoy their job." Another person said, "They (staff) are very cheerful; we talk about everything. They love their job and it shines through." This person went on to say, "I look forward to them coming." The staff we spoke with talked about people with a sense of respect and affection, and with insight into their individual needs.

People felt involved in decision-making about their day-to-day care and support. They described how the registered manager had met with them, before their care started, to assess the help they needed. One person explained, "It was discussed what my needs were. I needed to be more mobile, and we've achieved that." People felt able to voice their opinions, ideas and suggestions about their care to the provider at any time. They were confident the provider would listen and take these into account. The registered manager described how they sent people a questionnaire, soon after their care commenced, to confirm whether they had felt adequately involved in the initial assessment and care planning process.

People and their relatives felt staff treated people with dignity and respect. One person told us, "They (staff) are very professional, clean working and they respect your dignity and privacy." Another person described how staff understood and respected their need for privacy during aspects of their personal care. People confirmed that staff respected their right to live as independently as possible, and, where appropriate, had helped them regain their confidence and independence. The registered manager told us they discussed the importance of protecting people's rights with staff from their initial job interview onwards. The staff handbook they issued to all staff contained important information about dignity in care. The staff we spoke with understood the need to treat people in a dignified and respectful manner. They gave us examples of the things they did each day to put this into practice. These included protecting people's modesty and privacy during personal care tasks, and safeguarding their personal information. One staff member explained, "It's about asking them, not telling them, and respecting their wishes. It's treating people like you would want your own parent to be treated."

## Is the service responsive?

### Our findings

People and their relatives felt the provider shaped the care and support staff provided around people's individual needs and wishes. They felt listened to by the provider, and in control of their day-to-day care. One person described how staff had always been willing to adapt their care to how they were feeling on a given day. They explained, "If I'm not feeling well, they (staff) are willing to adjust what they do and cope with it." Another person said, "The girls know me and know in advance what I want." A relative praised the manner in which staff had liaised closely with them in order to cater for their family member's every need.

We saw that people's care plans detailed the specific support each person wanted and needed from staff during each of their visits. The registered manager reviewed these plans on a six-monthly basis, involving people and, where appropriate, their relatives in this process. Staff confirmed that they understood the purpose of, and followed, people's care plans. However, they also emphasised the importance of getting to know people well, as individuals, in order to more fully understand how they liked to be supported. One staff member explained, "It's a case of going in on a daily basis and getting to know someone over time and how they like things done."

People and their relatives did not have any significant concerns, at present, about the care and support provided. However, they knew how to raise any complaints or concerns with the provider, should they need to, and felt comfortable about doing so. One person told us, "I'd get in touch with [registered manager] or [care coordinator]." Another person said, "If I wasn't happy, I would get straight onto [registered manager]." We saw the provider had developed a formal a complaints procedure to ensure they dealt with any complaints received appropriately. The registered manager explained they gave people a copy of this procedure to ensure they were clear about the process of raising concerns. People also had a contact number to be able to reach them or the care coordinator at any time. The provider also distributed annual feedback surveys to further capture people's views about the service. The registered manager explained that they reviewed and acted upon any feedback received.

## Is the service well-led?

### Our findings

People and their relatives described a culture within the service in which they were able to speak openly with the provider. They felt the provider valued and listened to their opinions. Although they had, they told us, had a varying amount of contact with the registered manager, people felt she was approachable. One person told us, "We've not had too much contact with [registered manager], but if you want her, she's available on the phone. We've never had any reason to call her." Another person said, "When I've spoken to [registered manager], she listens and is polite."

People felt their communication with the provider was generally good, and that they were kept up-to-date with any information affecting their care.

During our inspection, we met with the registered manager, who was also the owner of the service. The registered manager had a clear understanding of the duties and responsibilities associated with their post. Staff felt well supported and directed by the registered manager. One staff member told us, "I feel very well supported. It's great having [care coordinator] now, as there are two people to speak to. If I need to ring them, they are always there." Staff told us they were clear about what was expected of them, and felt able to approach the registered manager for any additional day-to-day support and guidance needed.

Staff felt their opinions mattered to the provider, with whom they had a sense of shared purpose. One staff member told us, "I would not stay if I wasn't valued. If we (staff) have got something to say, our opinion is valued and appreciated." Another staff member said, "I feel listened to. They (management) are quite friendly and you can talk to them. They want to know what you have to say." The registered manager described how staff feedback had resulted in them increasing the travel time staff had between their visits. The staff we spoke with confirmed they now had paid travel time between visits. We saw that the provider had given staff information on whistleblowing in the staff handbook. The staff we spoke with understood the purpose of whistleblowing, and said they would challenge the provider's working practices or decisions if they needed to.

The provider had developed quality assurance systems to assess, monitor and address the quality of the service provided. These included the distribution of feedback surveys to the people who used the service. The registered manager had also recently commenced a programme of unannounced spot checks. This involved the registered manager or the care coordinator visiting people shortly after staff had left to assess and obtain feedback on the care they had just received. In addition, the registered manager and care coordinator carried out regular checks on the daily care records maintained by all staff. The registered manager told us they kept abreast of best practice through, amongst other things, accessing health and social care resources on the internet. This helped them measure the quality of the service provided, and incorporate new ideas within the service.