

Bramhams Homecare Ltd

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## Inspection report

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Date of inspection visit:  
16 January 2019  
22 January 2019

Date of publication:  
20 February 2019

## 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 and 22 January 2019 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. At our previous inspection in May 2016 the service was given an overall rating of 'Good'. At this inspection we found it remained good.

Bramhams Homecare Ltd. is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. The agency currently caters for people whose main needs are those associated with older people, including people living with dementia. At the time of our inspection 16 people were receiving personal care from the service.

The service had a registered manager in post at the time of 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 and associated Regulations about how the service is run.

People we spoke with were happy with the quality of the care the service provided and how it was run. They told us the care workers were very good and met their needs and delivered their care as they wanted it delivering.

Staff had been trained in safeguarding of vulnerable people from abuse and avoidable harm. Staff were knowledgeable about the potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and managed in the least restrictive way possible. There were sufficient suitably trained staff available to meet people's needs. People's medicines were safely managed. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

The management and staff team used incidents as a learning tool to help further ensure people's safety and wellbeing. Staff received training and supervision to enable them to meet people's care and support needs. The service worked within the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had consented to their planned care and staff understood the importance of gaining people's consent and acting in their best interest. People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. The staff and management team worked in partnership with external agencies to ensure people's needs were identified and met.

People had a small team of staff who supported them which helped to ensure continuity and enabled people to form bonds with the staff. Staff understood the importance of promoting people's independence and respecting their dignity. People's care records were stored securely to help maintain their dignity and confidentiality.

People and their relatives had been involved in developing care plans that addressed all areas of people's lives. Staff were matched as far as possible with the people they supported in terms of gender, interests and skills. People were enabled to raise complaints and concerns. The people we spoke with told us they would feel comfortable raising concerns, if they had any. When concerns had been raised the correct procedure had been used to record, investigate and resolve issues.

There was a range of routine checks undertaken by the management team which were effective in identifying shortfalls. The management team were passionate about providing good care and support and demonstrated an in-depth knowledge of the staff they employed and people who used the service.

People had been given opportunities to share their opinions about their service provision and action had been taken to address areas for improvement.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> the service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Bramhams Homecare Ltd

## 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 registered provider was 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.

The inspection took place on 16 and 22 January 2019. To make sure key staff were available to assist in the inspection, the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service, such as notifications sent to us by the registered provider and information from people who contacted us to share their experiences. We also requested the views of other agencies that worked with the service, such as service commissioners.

Inspection activity started on 16 January 2019 and ended on 22 January 2019. We visited the office location on 16 January 2019 to meet the registered manager and two care coordinators and to review care records and policies and procedures. On 16 January 2019 we also visited one person in their own home and observed care and support. On 22 January 2019 we spoke with two people who used the service and three relatives. We also spoke with three care workers to gather their views about the support provided.

We looked at the system for arranging visits to people and documentation relating to people who used the service, staff and the management of the service. This included checking three people's care records, how complaints and concerns had been managed, staff recruitment, training and support documentation, and the quality assurance systems, to check if they were robust and had identified areas for improvement.

## Is the service safe?

### Our findings

People we spoke with told us they were safe. One person said, "The staff are marvellous, I am definitely safe in their hands." Relatives we spoke with also felt people were safe. One relative said, "Staff go the extra mile, they always make people feel safe."

Staff understood the importance of safeguarding people from avoidable harm. Staff had received training in safeguarding of vulnerable adults and were aware of the procedures to follow if required. We saw the provider had safeguarding policies and procedures in place for staff to follow.

Risks were managed to ensure people's safety. Where risks had been highlighted guidance told staff how to minimise these risks. For example, when so people were at risk of developing pressure damage there was a detailed risk assessment for skin integrity and staff clearly recorded any concerns on a body map and action was taken. We did see more information was required for people who used a hoist for moving and handling. However, the registered manager described how they were working on adding extra information to care records to give staff full guidance to ensure people's safety. The registered manager confirmed following our inspection that this had been added so staff had more comprehensive information about risk management.

Accidents and incidents had been monitored and evaluated so the service could learn lessons from past events and make changes where necessary.

The registered provider continued to recruit staff robustly. Recruitment records sampled demonstrated appropriate checks had been carried out before staff commenced employment to make sure they were suitable to work with vulnerable people. Once employed, staff attended an induction course, which included learning about the company and essential training. Staff told us this was followed by a period of shadowing an experienced member of staff until they were confident in their role.

There was enough staff, with the right training and skills, to meet people's needs. We saw how visits to people were planned and what was in place should a care worker be delayed attending a call. We saw missed and late calls were monitored on a regular basis by the management team.

The people we spoke with confirmed that staff were on time and stayed the agreed length of time. People told us at times staff could be delayed and therefore late, but they were kept informed of this. Their comments included, "My care worker lets me know if they are running late." Another person said, "She [staff member] will stay for the full length of time." However, one person did discuss an issue with us that staff did not stay the allotted time. We discussed this with the registered manager who had already recorded the concern and had addressed this through the provider's complaints procedure with the person's family.

Medication continued to be administered safely. Everyone we spoke with who had assistance with medication said they were happy with the way staff supported them to take their medicines.

Where people were prescribed 'as and when required' medicines and creams [also known as PRN] these were recorded on the MAR and a separate PRN protocol to provide staff with detailed information about what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective.

Staff we spoke with confirmed they had completed medication training and described how the management team checked records when they were returned to the office and during 'spot checks', to make sure staff were following company policy. Staff were very diligent with medications. For example, one person was discharged from hospital with medication and staff noted two of the medicines were not on the discharge sheet. Staff followed this up and contacted the hospital and found out the person had not been prescribed these two medications on discharge. Staff returned these to the GP.

Staff were knowledgeable about minimising the spread of infection. They confirmed they had completed training on this topic and said they had ample supplies of protective clothing, such as disposable gloves and aprons. People we spoke with confirmed staff wore protective clothing when applicable and maintained good hygiene standards.

## Is the service effective?

### Our findings

People we spoke with told us that the staff provided effective care and support. People told us staff met their needs. One person said, "They [care staff] can't do enough to help." Another said, "I don't want for anything, they are marvellous."

Before care delivery started the provider undertook an assessment of people's care and support needs from which support plans and risk assessments were developed and agreed with people and their relatives as appropriate. We saw evidence of this in care plans we saw.

Staff continued to receive training to support them to meet people's care and support needs. The registered manager told us of various training elements that had been undertaken by staff including basic core training such as infection control, moving and handling and food hygiene. Staff also told us they could access specific training to ensure they had the knowledge to meet people's varied needs. For example, understanding of diabetes and epilepsy.

Staff completed an induction programme at the start of their employment which included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively. New staff shadowed experienced staff until they, and the management team, were satisfied they were sufficiently skilled to work alone.

The management team and staff we spoke with confirmed that there was a programme of staff supervision in place. Staff told us they felt supported and received support as and when needed and were fully confident to approach the management team for additional support at any time.

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 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Staff were aware of the need to ask for people's consent and we heard them asking people for their agreement before providing care. People were encouraged to say how they wanted to be looked after. Their preferences were respected. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff also understood about making decisions in a person's best interest where they lacked the capacity to make a specific decision themselves.

Staff prepared some meals for people as needed and encouraged people to take fluids to maintain their health and wellbeing. The staff and management team worked in partnership with other professionals and families to help ensure the individuals' needs were identified and met.

## Is the service caring?

### Our findings

People told us the staff who supported them were kind, compassionate and caring. One person said, "They look after me very well." Another person said, "My regular staff is lovely, so kind and caring."

Relatives we spoke with also told us the staff were caring. One relative said, "Girls, [care staff] that come are very nice, very polite."

People told us that they were involved in decisions about their care and that communication was good. Information that was documented about a person in their support and care plans gave staff a greater understanding of the needs of the person they would be supporting. For example, how they want to be supported whilst having a bath or shower. Staff we spoke with were extremely passionate about providing person-centred care. The care plans were very personalised. One staff member said, "If we know their hobbies and interests it is something to talk about and makes the person feel involved."

People's privacy and dignity was maintained. When we asked people if staff respected their privacy and dignity most people told us they did. Relatives also commented positively about this topic. We observed staff spoke about people respectfully and attended to their needs discreetly. Staff knocked and waited for an answer before entering people's homes. Staff told us how they respected people's choices and maintained their dignity. Staff told us how they ensured doors and curtains were closed when personal care was being delivered.

The registered manager told us the care coordinators had undertaken 'spot checks' where they had assessed staffs' competency in supporting people. These had also given them the opportunity to gain people's views about their care provision. People confirmed staff communicated with them regularly to ask if they were happy with the care provided and they had all the information they needed about how the service was run.

## Is the service responsive?

### Our findings

People we spoke with and their relatives predominantly told us the service was responsive to their needs. Each person had a care file in their home which outlined their needs and preferences. The duplicate files we sampled at the agencies office contained initial needs assessments, care plans and risk assessments, which people using the service told us they had been involved in completing.

Care plans continued to be developed from assessments and identified people's needs and how they wanted their care delivering. The registered manager told us following an audit by the local authority work was underway to add additional information to the care plans. The registered manager told us they were always looking at ways to improve the service and welcomed advice form the local authority and professionals.

People's end of life wishes were discussed as part of care assessment. Staff told us they had supported people at the end of their life. Staff told us they had the knowledge and support provided. The registered manager told us they were not providing end of life care at the time of our inspection. However, they showed us a compliment received when a person they supported had died. The relative had written, 'I am grateful for the care you provided when [relative] was alive, they had a good bond with the care staff and really enjoyed their company.'

The registered provider continued to enable people to raise concerns and complaints with the confidence they would be taken seriously and addressed appropriately. People we spoke with told us they felt listened to and any issues they had raised were addressed. A record of concerns and complaints received had been maintained. This showed any complaints received had been investigated in line with the registered provider's policy. Where outcomes indicated changes were needed, these had been made. We saw compliments had been received praising the care provided. For example, a health care professional said, "[person's name] has come on leaps and bounds since she came home and I know the care staff have made the difference."

## Is the service well-led?

### Our findings

People we spoke with told us they felt the service was well managed. Staff spoke highly of the management and told us they worked well as a team. They told us the registered manager was approachable and provided support and guidance when needed.

Staff we spoke with had a clear understanding of their roles and responsibilities and felt well supported. Staff confirmed they had attended staff meetings, annual appraisals, competency checks and one to one support meetings, where they could voice their opinions.

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. The registered manager demonstrated a good oversight of the service and a clear vision for how it could be developed to provide people with an even better service. They spoke passionately about providing a high standard.

Regular checks had been carried out to make sure the correct procedures were being followed. Areas covered included care records, medication, staff records and complaints. These enabled the registered manager to monitor how the service was operating, as well as staffs' performance. Where shortfalls had been found action had been taken to address them in a timely manner.

People's views were sought to ensure the service was meeting their needs and to promote improvement. Overall people were satisfied with how the service was run.

The service worked effectively in partnership with other agencies. A health care professional told us, "My experience with Brahmans has always been a positive. The manager contacts me directly occasionally to discuss issues she is concerned with but does not necessarily require a visit from myself. This is a positive action seeking professional advice rather than 'muddling on' and is something I encourage."

The registered manager understood their responsibilities for sharing information with CQC in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.