

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Braunton Care Limited

Unit 1, One The Square, Braunton, EX33 2JB

Tel: 01271814010

Date of Inspection: 11 February 2014

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Braunton Care Limited
Registered Manager	Miss Helen Joyce
Overview of the service	Braunton Care Ltd is a care agency that provides personal care in people's own homes in the Braunton area.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We gave short notice of this inspection as the agency is small and we needed to be assured there would be someone at the registered office. We visited the registered office on 11 February 2014 and spoke with the registered manager and nominated individual. We also looked at care plans and daily records relating to people's care and support. We checked how complaints were responded to and discussed how the agency had learnt from any issues identified from complaints.

We saw the service had robust recruitment processes in place to help protect vulnerable people. Staff all had copies of policies and procedures relating to medication management and had received training to ensure the supported people in a safe and consistent way.

We spoke with 12 people who used the agency following the office visit. They all said they knew how to make a complaint and felt confident any issues would be dealt with quickly. People were very complimentary about the staff providing the care and support. Comments included "They are all very good, any little issues, I speak to the office and it has been sorted." Another person said "They bend over backwards to do things for you, I have found them very flexible and this gives me the confidence I need."

We found the provider was complaint with all five outcomes we inspected.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with 12 people who received a service from Braunton Care and all said they had been fully consulted about what tasks and support they wished the care staff to complete. We heard from people, staff always checked with them they were ready for the care and support to be delivered. One person for example said "They always ask me if I want help with my wash, and what I want them to get for my breakfast." One family member of someone receiving care said "The staff always bend over backwards to do things for you, I have found them very flexible and this gives me the confidence I need." This showed the service was acting in accordance with people's wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We saw for example where the provider had contacted the local safeguarding team to discuss issues of concern where they felt someone lacked capacity to make decisions for themselves. We also saw examples of where the provider had attended safeguarding meetings and 'best interest' meetings which ensured they were acting in people's best interests and in accordance with the legal framework.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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All 12 people we spoke to about the service they received from Braunton Care said they were happy with the care and support provided. Comments included "The girls are all excellent," and "I have tried another agency and just couldn't get on with them, here they know what they are doing, they are all so caring." One person said they couldn't fault the care staff but thought the provider needed to allow more time between visits as care staff were sometimes rushed to get to the next visit.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw care plans had been devised from a pre-care assessment or from the details of a funding authority needs assessment. We looked at six care plans in detail. We found the daily task sheet was comprehensive and gave staff a good level of detail about how best to support someone. The individuals' preferred routines were noted so care could be delivered according to their wishes, being person centred in their approach.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found risk assessments had been completed for most people. This included the risks identified for staff and the individual in respect of the environment. The provider may wish to note for newer people to the service, this had not yet been completed. The manager told us they were in the process of completing all risk assessments and this would be completed within the next few days.

We saw for people who had mobility difficulties, a moving and handling risk assessment and care plan had been developed to minimise risks and to alert staff to the right equipment needed to safely move someone when needed. Sometimes these assessments had been completed by occupational therapists and others by the agency staff. All gave clear instructions about any identified risks and what was needed to safely move the person.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Care and support had always been fully discussed with the individual and their family where appropriate. Where people lacked capacity the provider

had involved the funding authority and their GP to help make 'best interest' decisions about ongoing or increased care and support needs.

There were arrangements in place to deal with foreseeable emergencies. People receiving a service were sent a copy of the rota of staff working with them. Where changes were made due to an emergency situation, people were contacted to inform them of any changes. People's emergency contact numbers were held at the front of their care file and staff received updated training in first aid should they need to administer emergency life-saving procedures whilst waiting for emergency services.



**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to the recording of medicine. Where people had been assessed as needing support to take, or prompt to take their medications, this was clearly identified on their care plan. Staff had a clear policy and procedure to follow which stated only medications clearly labelled as being prescribed for the person were to be administered. Where topical creams had been prescribed, body maps were used to inform staff where cream should be applied.

We spoke with four staff about the training and support they received to complete the task of supporting people with their medications. Staff told us they completed comprehensive training on an annual basis. Their competencies were checked during spot checks completed by the manager. This involved one of the two office staff visiting whilst the care staff were providing their care and support, observing their practice and checking records were accurate and up to date. Staff received feedback about their practice via one to one meetings with their supervisor. This included how well they were completing the task of supporting people to take their medications.

We looked at the records relating to people receiving support to take their medication three files held at the office. We saw the records were well maintained with no gaps. These showed medications were prescribed and given to people appropriately.

People we spoke with confirmed care staff supported them to take their medications appropriately. One person said "They get my medications ready for me to take, it is great help for me." A family member of someone receiving care said they felt confident staff met their relative's needs which included assisting them to take all their medications

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. We checked the recruitment files of the three newest members of staff. We saw that there were two references and checks to ensure that people were suitable to work with vulnerable people. These checks had been completed before the staff member had commenced employment. This ensured that people were kept safe from inappropriate staff supporting them.

The manager was aware of who she needed to refer people to if they had proven evidence that a staff member was no longer deemed fit or safe to work with vulnerable people. We discussed one staff member who had been dismissed and whether the agency had enough information to refer them to a central register of staff deemed unsuitable to work with vulnerable people.

There were effective recruitment and selection processes in place. We saw that for each new staff member there was an application form with employment history detailed. Where the manager had received a standard reference, she had requested further information and/or sought further reference requests.

Each person had an interview although the provider may wish to note there was no record of set questions about the role they had applied for. This would help to show that only people who had skills and experience to work with vulnerable people were recruited, following a formal interview.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People's complaints were fully investigated and resolved, where possible, to their satisfaction. People who used the service had a copy of the complaints process and during their reviews were asked if they had any concerns or worries.

Everyone we spoke with said they knew how to make a complaint and several people told us about issues they had identified and spoken to the agency about. Several people told us when they had voiced their concerns about aspects of care and these had been quickly resolved. The provider may wish to note although we saw how complaints had been resolved, these were not always formally recorded, meaning people were verbally told about resolutions, but this was not always put in writing. Formalising any complaint investigations with an agreed written record means everyone has the information to refer to for future reference and therefore less chance of any mis-communication.

We looked at the records of complaints received by the agency over a 12 month period. Most of these were about late visits or particular tasks not being done. The agency had investigated the complaints and responded back to the person, verbally. Where serious issues had been raised, the provider made sure these were shared with the local safeguarding team. This meant the information was shared so the right people could investigate any serious issues of concern in people's best interests.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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