

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

Braunton Care Limited

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

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 announced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Braunton Care Limited, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations and carried out a visit on 10 October 2012. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We gave short notice of 24 hours to this agency as they are small and we needed to ensure that someone was available in the office. We spent time looking at care plans, risk assessments and staff training details. We spoke with six people who receive a service and to two relatives of people who use the service. We heard that people were positive about the care and support received. Comments included "Yes, they do exactly what is written in my plan. Some go that extra mile and offer to do more, some finish once they have done everything that is listed, but they all do a good job." Another person told us, "They usually come at the time they should. Of course sometimes traffic holds them up, but if they are running very late we normally get a phone call to tell us why." One person stressed the importance of having the same carers for consistency and we heard that for the most part this had been honoured.

We saw that staff were supported and trained to do their job well. Care plans and risk assessments ensured that people's needs were clearly understood and care was delivered safely and at a time that suited them most of the time.

The agency has systems in place to review the care and support they provide and ensured they listened to people who use their service and staff who work for them

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with six people who use the service and with two relatives. We heard that people had been fully involved in the assessment of their needs and wishes before the service was started. One person told us for example, "They came to speak with us at length to find out what support we needed and how we liked things done." Another person told us "They (care staff) were getting through the tasks quickly so I crossed off the times they had written and the office staff called and talked to me about having less time as it was not needed. They said they would look at it again if I decided I needed more time." This showed that people who use the service understood the care and treatment choices available to them.

We saw from the agency training information that most staff were completing or had completed training in national vocational qualifications in care. This included modules about respect and dignity. We heard from one staff member that this was also discussed as part of their induction.

We asked people if they felt that care staff treated them with respect and dignity and received a positive response from everyone about this outcome. Comments included "Oh yes they are very kind and helpful," "Very satisfied, they are all very helpful and treat me very well."

People expressed their views and were involved in making decisions about their care and treatment. For example we heard from one relative that they had specified the time they wanted care staff to arrive for assisting their relative to go to bed. On one occasion this had been earlier than agreed, but they were able to request a later visit that suited their needs and wishes better.

People's diversity, values and human rights were respected. For example we heard that one person preferred a male carer and this request was honoured by the agency. We saw in care plans that people's social history and diverse needs were documented.

When we spoke with care staff that work for the agency, we heard that detailed and person centred care plans helped them to provide individualised care for people. For example plans gave quite clear details about preferred routines for getting up and in what order people liked to be assisted. Staff we spoke with were able to provide examples of ensuring respect and dignity were maintained for people. For example making sure people were covered up during personal care and allowing sufficient time for people to do as much for themselves as possible.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with six people who use the service and two relatives of people who used the service. People gave positive feedback about the care and support that was delivered to them. All said, when asked, that care was delivered in line with their care plan. Comments included "Yes, they do exactly what is written in my plan. Some go that extra mile and offer to do more, some finish once they have done everything that is listed, but they all do a good job." Another person told us "They usually come at the time they should. Of course sometimes traffic holds them up, but if they are running very late we normally get a phone call to tell us why." One person stressed the importance of having the same carers for consistency and we heard that for the most part this had been honoured.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw for example that for each person that received a service, a risk assessment had been completed that included the environment and any risks in providing the care and support. We heard that where it had been assessed for two carers to provide care safely, this was always planned. Staff we spoke with confirmed that they always had copies of risk assessments, care plans and rotas for the week that ensured the right staff were rostered for the right times.

We looked at four care plans in detail and saw that they were clear and gave specific instructions about how staff should provide care and support to each person. They detailed people's preferred routines and wishes. People who use the service who we spoke with confirmed that care plans were in place in their home and that staff used these to make daily records of what they had done each visit to help the person.

Staff we spoke with as part of this inspection were able to demonstrate a good understanding of the needs of people they were caring and supporting. For example they were able to explain how they assisted people in activities of daily living, giving the person time to do as much as they could for themselves. One staff member told us "I am fairly new to care, the care plans gave me a good understanding of what I needed to do for each person and as you get to know them, you can tailor your support in ways that suit their own ways and routines."

There were arrangements in place to deal with foreseeable emergencies. The registered manager and provider had made arrangements for cover at all times. We heard from one person for example, that a care staff had not turned up at a time they had expected at the weekend. The person told us they had been able to contact the provider and the matter was "sorted straight away."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Everyone we spoke with who received a service from the agency were confident they could make any concerns known to the agency. One person told us, "I have spoke to the office a few times and each time although small, my issues have been listened to and dealt with." People were of the view that any issues would be listened to and acted upon quickly.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. All staff we spoke with understood about abuse issues and knew who they should report any concerns to. We saw that staff all received a staff handbook that included detail of policies and procedures relating to protecting people. We saw that staff training had included safeguarding vulnerable adults and one staff member confirmed that they had a refresher course coming up shortly. The providers told us that they used the local authorities on line e-learning modules for safeguarding as this included all local policies and protocols.

There had been no reported safeguarding issues in the last 12 months. The providers discussed a matter where they had needed to refer to the local safeguarding team due to external issues not to do with their own staff. They said that they had not received feedback from the local team as to the outcome of this, but understood that it had been looked at.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with who received a service said that they felt confident that staff understood their needs and were competent at their job. One person said "some of the carers are better than others, some more willing to go that extra mile, but all of them do a good job and seem to know what they are doing."

Staff received appropriate professional development. We heard from the provider that they had recently completed appraisals for all staff. Their aim was to provide support and one to one supervision four times a year as well as staff meetings. We saw records to show these had taken place. They told us that staff often popped into the office if they had any particular issues to discuss. Two staff came to the office to talk about someone's changing needs whilst we were completing this inspection.

The provider gave us a copy of their staff training matrix, which showed that staff had all received regular training in all areas of health and safety and most had gained national vocational qualifications in care. We heard that some staff were also being trained in care of people with dementia and end of life care.

Staff we spoke with said that they were well supported and had good training opportunities to help them do their job effectively. One staff member said "They are always suggesting training updates, it's very good." Another staff member told us "I feel really well supported. They (the agency) have supported me to do NVQ training, they are always available to discuss any concerns and they regularly work with you to monitor your work and to provide advice and support. They are the best employers I have ever had."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People we spoke with about their care and support said that they were confident their views were listened to. Two people gave examples of where they had asked for particular issues to be dealt with and these had been sorted promptly. One person told us that their relative had asked for a male carer as they found this less embarrassing. We heard that their wishes had been listened to and care was being provided by a male care staff.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider may wish to note that although examples were given verbally, we did not see any records of how people's views had been listened to.

We heard from the provider that they were planning to go out to all people who use the service, to review care plans and to check if there were any ways they could improve the service. This would form part of their quality assurance system for the agency. They had reviewed policies and procedures and were in the process of updating their service user guide.

We saw that risk assessments were in place for each environment their staff provided care and support in. We also saw that risk assessments were in place for safe moving and handling. We asked the provider how they ensured that staff followed safe working practices and risk assessments. We heard that they completed spot checks on staff working with people from time to time. The providers said they used this as part of staff supervision and appraisal, to discuss best practice.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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