

B & S Healthcare Limited

B & S Healthcare Limited - Unit 21 Barnack Trading Centre

Inspection report

Unit 21 Barnack Trading Centre
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27 September 2018

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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

B & S Healthcare Limited is a domiciliary care service. It provides personal care mainly to older people living in their own homes in the Bristol area. Not everyone using B & S Healthcare Limited receives a regulated activity. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do that we also take into account any wider social care provided.

The inspection took place on 26 and 27 September 2018 and was announced. This meant the provider knew we would be visiting.

At our last inspection, in July 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People felt safe with the staff who supported them. They were protected from avoidable harm. Staff received training and understood how to recognise abuse and who to report to if abuse was suspected.

Staffing levels were sufficient to provide safe care and recruitment checks ensured unsuitable staff were not employed. Staff were suitable trained and received regular supervisions and appraisals.

People received the support they needed with medicines. A review of medicines management was taking place at the time of our inspection. This showed the registered manager took opportunities to make improvements to the service people received.

Accidents, incidents and falls were recorded. Actions were taken to reduce recurrence.

People were supported to have maximum choice and control of their lives and the policies and systems in the service together with staff understanding, supported this practice.

Appropriate health and safety checks were carried out.

Staff were aware of people's nutritional needs and people received the support they needed with food and fluids.

People using the service and relatives were complimentary about the service. They told us staff were kind,

caring and respectful. Staff helped people to maintain independence.

People's needs were assessed before they started to use the service. Care plans were written in a personalised way, taking into account people's individual needs, wishes and choices.

A complaints procedure was in place and people told us they knew how to make a complaint.

People who used the service and their relatives were consulted about the quality of 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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 was a planned comprehensive inspection that took place on 26 and 27 September 2018 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that they would be in the office. At the time of our inspection, personal care was being provided to 53 people.

One adult social care inspector carried out the inspection.

Before we visited the service, we checked the information we held about the location, for example, inspection history and statutory notifications. A notification is information about significant events which the service is required to send to the Commission by law.

We used information we received in the Provider Information Return. This is information we require from the provider at least once each year. It gives key information about the service, what they do well and improvements they plan to make. We also considered the responses to questionnaires we sent to people.

During our inspection we spoke with 12 people who used the service or their relatives. We spoke with the registered manager and seven members of staff. We looked at four people's care records. We checked staff recruitment, supervision and training records and records relating to the monitoring and management of

the service.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. Comments included, "Always feel safe. The staff use the code (for the key safe) and ring the bell as they're coming in to let me know," and, "I trust them all. The staff and the office team are really good. If I was worried about anything or didn't feel safe, I'd just make a call." The care records stated how people wanted staff to gain access to their home. For example, the records for one person stated, 'I would like carers to let themselves in using the key safe. I sleep in a ground floor bedroom at the back of the house.'

An out of hours system was in place. This was shared amongst the registered manager and senior staff. This meant people could be confident their safety was a priority and senior staff were available to provide support if needed in the event of an emergency.

Sufficient staff were employed to meet people's needs. People told us, "They're so good. They usually get here when they should. If they're going to be late, I get a call," "My usual carer is prompt to the minute," and, "Always at the same time, which is the right time." There had been no missed calls since our last inspection. Calls were also monitored using an electronic phone monitoring system. People told us staff stayed for the agreed length of time at each visit. One person commented they had not always been informed if care staff were going to be more than 30 minutes late. We spoke with the registered manager who was aware, and had already acted to address this concern.

People received their medicines safely. The level of support people needed varied from people who were independent to people who required full support with their medicines. Staff had received medicines management training and had their competency assessed. Medicines records were periodically checked by senior staff to make sure they were fully and accurately completed. At the time of our inspection, the registered manager told us they were in the process of amending and strengthening their medicines policy. This was specifically to provide more guidance for staff regarding 'leaving out medicines' for people to 'take later.' They were also planning to introduce a system to check medicines records each month. This showed how the registered manager took opportunities to make improvements to the service.

Staff were safely recruited. Staff files included application forms, proof of identity and references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensure people barred from working with vulnerable groups of people are identified.

Risk assessments were completed and risk management plans were in place. These included risks associated with people's personal care, mobility, moving and handling, environment and use of equipment. For example, for people who were supported to use a hoist, the records showed how to use the equipment safely. A member of staff told us how the service had focused on reducing falls and additional 'falls' training had been provided. They told us, "We encourage people to wear the right footwear, and make sure risks such as worn carpets, or as one person has, a repair to their stair carpet, are recorded so we are all aware."

Accidents and incidents were recorded. The registered manager showed us how they reviewed accidents

each month and took actions to reduce recurrence.

Staff had access to gloves and aprons. They had received training and were aware of the importance of infection prevention and control.

Is the service effective?

Our findings

People received effective care from staff who had received sufficient training and were well supported in their roles. They told us, "The carers do just what I need and they seem to know what they're doing" and, "I'm very satisfied. They are efficient and understand how to care for me."

When new staff started in post they were supported through an induction by the provider's training manager. They completed a combination of training then 'shadow' shifts until they were confident and had been 'signed off' as competent to work unsupervised. New staff completed the Care Certificate, a national set of induction standards for staff working in health and social care. In addition, staff who started work before the introduction of the Care Certificate in 2015, had revisited their induction training and completed the Care Certificate.

A member of staff told us, "I had a really good induction and there is so much training." Another member of staff commented, "Fantastic training, just completed my NVQ as well as in-house training." We checked the training records that showed staff were up to date with refresher training and reminded when updates were due.

Staff received regular supervisions and appraisals. Staff told us that supervision meetings gave them opportunities to discuss their progress, identify training needs, receive feedback and raise any issues or concerns.

Senior staff completed 'spot checks' and 'observation' visits, a combination of announced and unannounced checks to make sure care staff were providing the personal care and support people needed, and to the standards expected. The observation notes for one member of staff included, 'She was polite and caring, she listened and gave the client choices. She washed her hands. The medicine administration records (MARs) were filled in correctly. Spoke in appropriate tone and volume'.

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. In the records we checked, people could make their own decisions and consent to care. A member of staff told us, "If anyone decides they don't want us to provide their care, we might try to coax them, but it's their choice."

People were supported to access health care professionals when needed. The care records we looked at showed medical or specialist input.

For people who needed support to eat and drink, this was provided and recorded in the person's care plan. For one person who had been assessed by the speech and language therapists (SALT), their advice and guidance was written in the care plan. Instructions were also displayed in the person's kitchen. Staff told us they had received training and understood how to provide support to people with textured food and thickened fluids.

Is the service caring?

Our findings

People who used the service and relatives spoke positively and told us staff were kind, respectful and caring. Feedback included, "They are absolutely wonderful. I also speak with [name of staff] in the office and she's lovely, so kind," "All staff are kind, caring and respectful," and, "I'm so happy with the service, everyone is so good."

People were supported to be as independent as possible. One person told us, "I'm in control and direct the carers and they do what I ask and what I need. If they've time, they even empty the bins for me." Another person told us, "I don't have to say anything because they know just what I need, so I don't have to keep telling them. They are marvellous." The support people needed was clearly recorded. For example, 'I would like carers to assist me with a shower. I can ask for assistance to shave when I need it.'

The registered manager told us how care staff often 'went the extra mile' and provided people with care that was thoughtful and compassionate. They also told us in their PIR about a person who was taken to hospital and unforeseen support was needed for their partner who had a sensory impairment. There were no staff available to provide the additional support needed for the person who was 'upset and distressed.' However, staff responded and between them agreed to do additional shifts each day to provide the support the person needed.

People told us they received care and support from regular staff who understood their needs and preferences. The staff who organised staff rotas and allocations told us how they tried to make sure there was continuity. One person told us, "If they have had sickness or the regular girls have been on holiday, they make sure someone comes. Even a supervisor has attended to me. This is good, because they have discussed my needs with staff who know how I like things done." Staff told us they had their 'regular' calls. They told us they got to know people really well. One member of staff said, "I think the clients and their families look forward to our visits. It gives the family a chance to chat to us too, and we get to know and understand more about them too."

When we spoke with staff, it was clear they knew people well. They could tell us how they treated people with respect, and made sure people's privacy and dignity were maintained. As one member of staff told us, "It's basic caring really. Making sure people aren't left uncovered, and are warm enough when we are providing personal care. Preparing in advance is important, making sure we have all we need to hand, so we don't have to leave the person. Just making sure the person is ok."

Staff were highly motivated and proud to talk about the quality of the service they provided. They told us they had sufficient time allocated for them to carry out the care and talk with people. They talked about people in a way which demonstrated they were fully committed to supporting people in any way they could. As one member of staff said, "If we have any difficulties at all, or just want to discuss how we can do things better, we can talk to [registered manager] at any time. She really does want us to provide the best we can for people, so they can stay in their own homes for as long as possible."

We read compliments received by the service. They included the following from a bereaved relative, 'Over the last year you have provided twice daily care for Dad and during that time the carers delivered consistent high quality care. You understood that Dad, having dementia, needed familiar faces and so the team remained set. If unforeseen circumstances occurred, I was always informed as soon as possible and you never failed a visit. As Dad deteriorated I was grateful for your reviews, your visits to undertake that review and quick implementation. I felt very fortunate in finding your company, a local one, employing local staff, hence a quick knowledge of geography, history of the area and the social services/medical teams. Again, thank you. I would recommend B & S readily and indeed already have.'

Is the service responsive?

Our findings

People told us care was personalised and responsive to their needs. They told us, "They're all good. They stay for the time I need and get everything done. A satisfied customer here!" and, "The carers help me with my personal care. They make me feel like a human being. When I speak with friends and compare the care I have to what others have experienced with other companies, I realise just how lucky I am."

People also told us that staff checked before they completed their visit, that they had completed everything the person needed. One person told us the last words care staff said to them, on leaving, was, "Is there anything else you would like me to do." The person told us they found this reassuring and gave them the opportunity to ask if they needed anything before the care staff completed the visit.

Before people started to use the service, the registered manager carried out an assessment to make sure their care needs could be met. A needs assessment was completed that included information about the person's life, current situation and background, medical history along with contact details for relevant health and social care professionals.

Care plans were tailored to meet people's individual needs and included information about people's preferred routines, what tasks they required support with, and other information relating to their care needs. Care plans included details such as, 'Sit with [name of person] during his meals and encourage him to finish his plate,' 'Likes to have hair washed and dried with the hairdryer,' and, 'Has increased pain...chooses to stay in bed'. Care staff recorded their visits, and the care and support given to people, in communication books which were kept in peoples' homes.

The registered manager had developed a 'service user at a glance,' that summarised and provided key details about a person and their needs, on one page at the front of their care plan. This helped staff to quickly identify any key issues, especially if they were new to the service. We did note in the questionnaires returned to us that people had commented they were not always introduced to new care staff.

People and their relatives told us they were involved in their care and that the registered manager or senior staff visited to talk about their care plan. One person told us, "They visited to check all was still ok and nothing needed to be changed." The registered manager told us they reviewed people's plans once a year unless a person's needs had changed. For example, for one person who had been in hospital, the registered manager visited to re-assess and check if any changes were needed. The registered manager worked with other health professionals to make sure care was responsive to people's changing needs. They had contacted an occupational therapist to re-assess a person's support needs when bathing. This included a reassessment of the support the person needed to use a bath seat.

A complaints policy was in place and a copy given to people when they started to use the service. Three complaints had been made since our last inspection. The registered manager noted in their PIR that each complaint related to visit times. They responded by making sure people received a call on the day concerns were raised from either the registered manager or the care supervisor. This meant actions could be taken

immediately. Most people and relatives we spoke with told us they had not found it necessary to make a complaint. They told us they would just 'call the office' if needed. They also told us they were confident any issues or concerns raised would be taken seriously and addressed.

Is the service well-led?

Our findings

There was a registered manager in post. 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. At B & S Healthcare Limited the registered manager was also the provider of the service.

Everyone we spoke with was positive about the leadership and management, and how the service was run. People spoke about the registered manager and their senior team being 'approachable' and 'available.' One person told us, "I never need to speak with the manager. I just pick up the phone to [office based staff] and she sorts things out for me." Another person said, "I know [name of registered manager] is the top person. She is very good. If I ask for anything she always says 'of course.'"

People and relatives told us they were given opportunities to provide feedback. A survey had recently been completed. The registered manager told us they were pleased the feedback was positive and no one had raised any significant issues. In addition, people were contacted by phone or visited on a regular basis.

The registered manager told us they were constantly looking for ways to improve the service. They had recently reviewed and revised the quality monitoring form used by senior staff when they carried out quarterly monitoring visits. They had replaced 'tick box' responses, with the aim of obtaining 'openness and conversation rather than ticking boxes.'

Staff spoke positively about the support they received and how the service was managed. Comments included, "Management support here is really good. They are always here for you, and I really feel part of a great team," "I can call the manager, on-call or the office anytime and know it won't be a problem," and, "I am proud to work for this company. [registered manager] just wants us to provide really good care, and we get the training to help us do that."

Staff were provided with opportunities to provide feedback at meetings with their supervisors and at staff meetings. The notes from the most recent staff meeting showed that confidentiality, reporting and recording and the call logging system had been discussed. In addition, the registered manager invited staff to express their views, and discuss any concerns that worried them.

Overall, the registered manager was aware of their responsibilities about notifications they were required to send to the Commission. However, they had not submitted a safeguarding notification, which was an oversight at the time.

The registered manager worked collaboratively with other organisations. This included involvement in a recruitment initiative with Bristol City Council called, 'Proud to care.' They had participated in a promotional video to share and explain what made them proud to care. They were also involved with the NHS 'Human factors training' project. Their aim was to develop enhanced training for care staff to enable them to carry

out additional tasks, such as administration of eye drops and ear drops.

The registered manager kept up to date with current practice by participating in local forums such as 'Care and Support West' and as a provider representative for 'Bristol Independent Domiciliary Care Agency Forum.'