

B24 Healthcare Solution Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

B24 Healthcare Solutions Limited is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults and older people. At the time of our inspection the service was supporting 28 older people who were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Staff were not always recruited in a safe way. We identified shortfalls in pre-employment checks undertaken by the registered manager. Quality checks were not always effective in identifying where improvements were needed.

People felt staff were kind and most staff had the skills they needed for their role. However, some people and relatives felt staff needed more skills for their job role. Some staff had not completed all of the different training sessions allocated to them and had not been assessed in the safe handling of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the registered manager had not completed mental capacity assessments for people when needed. This had not impacted on people in a negative way but meant staff did not always have the guidance to refer to if needed.

Risks of harm to people were identified and management plans were in place. Some people's risk management plans contained a good level of detail and other people's plans needed more detail added to ensure staff had all the information they needed.

There were enough staff to carry out care calls to people and there was a care call monitoring system in place. Where 2 care calls were missed by care staff, the registered manager had later gone out to offer support to the person.

Staff felt supported in their job roles and able to raise any concerns with the registered manager.

People were supported with their medicines and food and drink when this was a part of their agreed care.

People had personalised plans of care and were involved in agreeing their support with B24 Healthcare Solutions Limited. Not everyone had been asked for their feedback. This was recognised by the registered manager as an area to develop.

Important information about specific incidents had not been shared with us as legally required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service is requires improvement, based on the findings of this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified breaches in relation to fit and proper persons employed and good governance.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider, Local Authority and local Clinical Commissioning Group to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

B24 Healthcare Solution Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors. One inspector visited the registered manager's office. The other inspector reviewed documents shared with us electronically and sought feedback from people, relatives and staff.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

This inspection was announced.

We gave short notice on 24 January 2023 to the registered manager. This was so they would be available to support the inspection process. We held a video meeting with them on 30 January 2023 and visited their office on 08 February 2023. Inspection activity started on 24 January 2023 and ended on 08 February 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 person and 9 relatives to gain their feedback on the service. Additionally, we spoke with 5 care staff, the care coordinator and registered manager.

We reviewed a range of records. This included 4 people's care plans and multiple records related to risk management and medicine administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed 5 staff recruitment files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people were not consistently safe and protected from avoidable harm.

Staffing and recruitment

- Staff were not always recruited in a safe way. We reviewed 5 staff employment records and found shortfalls in all of them. Application forms had not always been fully completed by applicants. For example, there were gaps in employment histories that had not been addressed by the registered manager. Confidentiality agreements about workplace data had not been signed and eligibility to work in the UK had not always been indicated.
- Whilst DBS (Disclosure and Barring Services) checks had been obtained, these alone did not consistently support the safe recruitment of staff. For example, the registered manager had accepted references for some staff members who had listed the referee as a friend, colleague or emergency family contact. The registered manager had also accepted references from workplace organisations not listed on the applicant's applications form and did not correspond to an applicant's employment history. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff's start dates were not consistently clear. For example, on one staff's file it gave two different start dates and this person's DBS was dated after each of the different start dates. Another staff's file recorded a start date and induction completion date before their DBS had been obtained. The registered manager told us staff sometimes had two start dates, with the first being when a job was offered and training commenced and a further start date when care calls commenced. This was not recorded on staff's files which meant actual start dates were not always clearly recorded and we could not be assured pre-employment checks were always completed before staff undertook care calls to people.
- A newly appointed staff member had no staff employment record. We met this staff member during our inspection process and requested to review their recruitment file. The registered manager told us, however, the staff member had not officially started their employment, so no file was available. When we gave feedback to the registered manager, this staff member was again present. This staff member had access to confidential information in supporting the registered manager with the inspection process and had not completed pre-employment checks to ensure they were safe to work at the service.

Systems had not been established to ensure staff were recruited safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff employed to undertake agreed care calls. Overall, people and relatives told us their care calls took place at the agreed times. Where people and relatives had reported recent lateness, we found the care call had taken place in the agreed 'time-slot' but the relative had not been aware of 'time-slots' thinking they had a set time appointment.

- People and relatives gave positive feedback when they received consistency in their care staff. One relative told us, "It is really nice when we have the same care staff, it means they can build a caring relationship with [Name]. It also means they know how we like the tasks done." Another person said, "We mostly have the same staff, so they know [Name] well and what they are doing and chat away together."

Assessing risk, safety monitoring and management

- People's risk management plans did not always contain all the information staff needed to support people safely. For example, one person's moving and handling plans did not detail which loops staff should use on their sling to move them safely.
- Risks to people were identified and risk management plans were available to staff to refer to when needed. Staff gave us examples of how to keep people safe, for example from the risk of falls. Staff told us they would report any concerns about people's safety to the registered manager.

Using medicines safely

- People were supported by trained staff with their medicines where this was an agreed part of their care and support.
- Some people had topical applications prescribed, such as creams for dry or sore skin. Staff knew how and where on the person's skin this needed to be applied and could refer to care plan guidance if needed.
- The registered manager ensured people had medication administration records (MARs) in place. Staff recorded administering people's medicines in line with the prescribing directions.

Systems and processes to safeguard people from the risk of abuse

- Overall, people and relatives felt safe with staff in their homes and protected from the risks of abuse when their care calls took place. However, one relative told us, "I didn't like at all when a staff member came in and we had never met them before. They did not introduce themselves or show us their identity badge." We discussed this with the registered manager who took immediate action to address this issue.
- The registered manager had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. Staff members told us they would report any concerns to their manager. However, not all staff could recall how to 'whistle-blow' concerns to external organisations such as the Care Quality Commission, if they felt their concerns had not been listened to.
- The registered manager understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse.

Preventing and controlling infection

- There was an infection prevention and control policy available to staff to refer to. Staff were offered training in infection prevention and the use of PPE (Personal Protective Equipment), however, not all staff had completed this.
- Staff told us they had adequate stocks of PPE. One staff member told us, "We use gloves and aprons for personal care. We also have face masks to use."

Learning lessons when things go wrong

- The registered manager told us lessons were learned from experiences during their establishing of their business. They gave us examples of ensuring special equipment was in place in people's homes before they took on new packages of care.
- Processes were in place to monitor the safety of the service. For example, there was a system to monitor accident and incidents so learning could take place to minimise reoccurrence. Whilst the registered manager could tell us about actions that had been taken, they had not always recorded actions and outcomes on their incident report.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. Whilst people's outcomes were good, and people's feedback confirmed this, the information available to staff about people was not consistently effective and required improvement.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- People were supported in their own homes and they were not restricted by staff in how they lived their lives. Staff understood the importance of gaining consent and one staff member told us, "I make sure [Name] is fully awake before I explain I am going to support them with a body wash, I make sure they are happy with this."
- Whilst care staff worked within the remit of the Mental Capacity Act, the registered manager had not considered where mental capacity assessments were needed. For example, a person was living with dementia and experienced anxiety, confusion and memory loss. This person had varying mental capacity but had no mental capacity assessment in their care plan to guide staff around consent to care.

Staff support: induction, training, skills and experience

- Staff received an induction and training. However, staff had not always completed their training in a timely way which meant staff did not always have the skills needed for their role. One staff member had commenced employment during September 2022 but still had 8 training topics to complete. This included key training topics including infection control and prevention.
- The registered manager us staff would complete outstanding training before the end of February 2023.
- Some people had specific health conditions and support needs. However, there was no record of staff being trained in these areas. For example, one person's risk management plan referred to staff monitoring their oxygen saturation and giving support with their oxygen therapy. However, staff had not had training in this. The registered manager told us this person had mental capacity and was not dependent on staff support for managing their oxygen but this was not fully reflected in their care plan.
- We received mixed feedback on staff's skills. Some people and their relatives felt staff had the skills they needed for their role. One relative told us, "They are marvellous, they know what they are doing." However,

another relative told us, "Staff phoned me about a missing medicine, but couldn't say what medicine was missing. They have also phoned me because they could not operate basic household appliances, it's a bit worrying."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support. People and relatives confirmed this support took place and staff prepared food and drink according to their preferences.

Staff work with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked with guidance given by the hospitals discharge team about people's care and support needs.
- The registered manager and staff followed advice and guidance from other healthcare professionals. This included district nurses on skin care and catheter care and occupational therapists advising on specialist equipment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives gave positive feedback about the service they received. One relative told us, "Staff are polite and caring." Another relative told us, "The care staff seem lovely and chat with my relation."
- People and their relatives were involved in making decisions about their care. One relative told us, "The manager came out to do an assessment with us and agree what support we needed."
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. This meant people's equality and diversity were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. People and relatives confirmed staff closed doors and used towels to give respect during personal care.
- Some people required the support from 2 staff during their care calls; referred to as 'double-ups'. One staff member told us, "I do double-up care calls with a male staff member, so whilst I support the person with her personal care, they prepare meals in the kitchen. This promotes privacy to the person as she likes personal care from a female staff member."
- People's independence was promoted. One relative told us, "My relation's mobility has improved since they came home from hospital and staff can now walk close to them just to guide them in using their walking frame. It's a big improvement and it's good to enable their independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care calls and people's 'packages of care' were often arranged by the hospital discharge team who contracted the care package to B24 Healthcare Solutions Limited. A relative told us once they were allocated to B24 Healthcare Solutions Limited, the registered manager visited them prior to commencing the care package to carry out an initial assessment of needs and agree care call times. This enabled people and their relatives to express their preferences and how they wanted the care and support to take place.
- People's day to day care and support was tailored to meet their individual needs and preferences.
- Written information in people's care plans was personalised to the person. Detail was provided to staff about people's likes and dislikes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were documented in their plans of care.
- Some people had sensory impairments such as being hard of hearing. Care plans directed staff to ensure people were supported to wear their hearing aids and to speak clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered healthcare task support calls to people and social visits to people as well as the regulated activity of personal care and support. People, or their relatives, could purchase these other services if they wished to.
- People's plans of care gave details about their hobbies and interests. Staff had recorded a person had enjoyed watching rugby on the television and chatting about this.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints about the services they received.
- There was a complaints policy available to people and their relatives. The registered manager told us they would use complaints and concerns as a way of learning to improve the services they provided.

End of life care and support

- End of life care and palliative support was provided. However, care plans around people's future wishes for their care, and where they wished to be cared for, had not been explored. The registered manager assured us that going forward they would offer people the opportunity to discuss future wishes when plans of care were agreed.
- The registered manager told us about a person with a ReSPECT document in place which included a directive of DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation). Whilst this person's plan of care made no mention of this, the registered manager told us the ReSPECT document was in the person's home, close to their care plan. This assured us staff had the information they needed. The registered manager told us additional information would be added to the person's care plan.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality checks and audits in place. However, these were not always effective in identifying where improvements were needed. For example, 'employment checklists' completed by the registered manager had not identified the shortfalls in their recruitment process that we found.
- Checks on care plans had not always identified where information was not clear. For example, a person's care plan contained conflicting information for staff about how to assist a person with dementia with their medicines. This had not been identified by the registered manager.
- Checks on care plans had not always identified where information was missing. For example, a person was described as having anxiety linked to their dementia. However, there was no plan of care to guide staff in managing this.
- Care reviews and assessments had not identified where mental capacity assessments should have been completed by the registered manager to guide staff around issues of consent to care.
- Medicine competency assessments were not completed by the registered manager to assess staff's safe handling of medication. The registered manager had accepted some staff's training from prior employment but had not assessed this had given them the skills needed.
- Improvement was needed to ensure staff had all the skills they needed for their role and that training was effective. A few people and relatives told us they felt staff did their best but did not always speak clear English or consistently have all the skills needed for their job role. One relative told us, "We cannot always understand what the staff are saying due to their spoken English."

Systems had not been established to ensure effective quality checks were completed as required. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's risk management spreadsheet plans included generic information about staff risks which were not relevant to the person whose care plan it was. This meant staff did not always have clearly presented information about managing people's risks. The registered manager had not identified that the way they presented risk management information was not always clear.
- Spot checks on staff were completed by the registered manager. The registered manager shared evidence of 'site spot checks' with us where they completed a checklist to ensure staff worked in accordance with their expectations.
- Processes were in place for medicine administration records (MARs) to be checked. The registered

manager undertook quality checks to ensure people's MARs had been completed correctly by staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities under the duty of candour. They had fulfilled this because statutory notifications had been sent as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had no current system in place for regularly gaining feedback from people. They told us, "It had been a busy year growing from 3 to 28 people." They added that going forward they would send surveys to people on a quarterly basis and analysis of results would take place so actions could be taken to improve where needed.

- The registered manager had a feedback survey to gather people's views on the services received. Whilst feedback from the surveys sent to people was positive, only three people had been offered the opportunity to complete a survey.

- We received mixed feedback from people and their relatives about whether they were asked for written feedback on the service. Some said they had been verbally asked if things were going well, however, others could not recall being asked for any verbal or written feedback.

- Staff gave positive feedback about the registered manager and felt well-supported in their role. One staff member told us, "The manager is very good and helpful to us."

Continuous learning and improving care; Working in partnership with others

- The registered manager recognised they still had things to learn and put into practice to develop their business. They told us, "I am willing to listen to advice and guidance from others and am committed to developing a good care service."

- The registered manager was receptive to our inspection feedback and took some immediate actions to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes did not always effectively assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's systems and processes did not always ensure fit and proper persons were employed because robust checks had not always been undertaken.