

BoJo Care Services Ltd

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Inspection report

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Date of inspection visit:

20 January 2021

21 January 2021

25 January 2021

26 January 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

BoJo Care Services Ltd is a domiciliary care agency providing personal care to nine people at the time of the inspection.

Not everyone who used the service received 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

Not all internal policies and procedures, to guide staff in safe delivery of their work, had been reviewed and updated to accurately reflect the services provided.

People's care records needed updating so clear guidance was available to direct staff in the care and support people wanted and needed. Information was to be added to the electronic devices held by staff making them more easily accessible.

Contemporaneous records were not maintained in respect of people's medication support. We saw information had been amended, as errors had been found during an audit of the records.

The providers current rating was displayed on their website. However, this had not been done in a timely manner immediately following the last inspection.

Governance systems still need embedding to evidence their effectiveness as well as demonstrate clear oversight and scrutiny of the service, so that continuous improvement is made and sustained.

People and their relatives spoke positively about the service and staff. We were told communication was good and people had confidence and trust in the care staff.

Areas of improvement were found in relation to recruitment records and risk management. Relevant information and checks about the character and suitability of new staff had been sought prior to them commencing employment. Staff said there were sufficient numbers of staff available and they felt supported in their role.

Areas of risk were assessed and planned for. Observations and checks were also carried out on staff to make sure their practice was safe.

Suitable arrangements were in place for the management of people's prescribed medicines and safeguarding procedures.

Systems and process to help minimise the risk of cross infection were in place. Staff had received additional training and personal protective equipment was readily available.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 October 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection on-going improvement was needed and the provider was still in breach of regulations. This service has been rated inadequate or requires improvement for the last four consecutive inspections.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has stayed the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BoJo Care Services Ltd on our website at www.cqc.org.uk.

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 have identified an on-going breach in relation to good governance by the provider.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

BoJo Care Services Ltd

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the breaches of regulation in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

Two inspectors visited the location office. A third inspector carried out telephone calls to people and staff.

Service and service type

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

The service has two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 20 January 2021 and ended on 27 January 2021. We visited the office location on 20 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the nominated individual and registered managers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records, medication records, two staff personnel files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We also spoke with three staff members, one person and the relatives of two people, by telephone to seek their feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments showed how people were to be supported so potential risks were reduced.
- Individual risk assessments in the use of moving and handling equipment had been expanded on. Information included the type of hoist and sling to be used. Assessments of staff were also more detailed and included an observation of their practice to check equipment was used safely, without putting themselves and others at risk.
- Action had been taken to keep one person safe where it had been identified they were no longer mobilising safely. Alternative equipment was being put in place to help minimise the risks.
- Additional guidance was available for staff in specific areas of support; such as, mental health, dementia care, multiple sclerosis and the use of bedrails.
- Staff said there would always be two staff made available to support people with moving and handling. We were told, "A double is a double, you're never alone. If staff don't turn up, just ring the office and wait for help", "Care records contain sufficient information on clients' needs and risks" and "I'm confident the office would make staff aware of risks."

Staffing and recruitment

At our last inspection the provider had failed to ensure adequate checks were completed to show new employees were of good character. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Appropriate information and checks around the suitability of staff were now being sought prior to them commencing employment. Further evidence showed where the provider had tried to satisfy themselves applicants were of good character further. .

- Staff spoken with said there were enough staff available to support people. One staff member told us, "Yes, there's sufficient staff. My job is to provide cover for gaps." Another staff member said staffing was 'never an issue' and any gaps through sickness or leave were always covered.

Using medicines safely

- Policies and procedures were in place with regards to the management and administration of people's medication.
- A programme of staff training was provided; competency assessments and observations of staff were completed to ensure practice was safe.
- Care records included details of how people were to be supported with their prescribed medicines, where needed. Medication administration records (MARs) and topical cream charts were completed where this was provided. Records were audited by managers to check items had been administered as prescribed. Any issues were followed up with staff.
- Staff spoken with did not currently provide support with medication. However, they understood the process to be followed should they need to. We were told, "We only do them if it's in the care plan" and "I've received medicines training, it covered processes to follow and completing MARs."

Systems and processes to safeguard people from the risk of abuse

- There were no current safeguarding concerns. When asked if people and their relatives had confidence in the staff we were told; "Yes, I have confidence and trust in the carers" and "Yes, very good relationships. Carers are very good."
- Staff had received safeguarding training and policies and procedures were available to guide them. These had been reviewed since our last inspection.
- Staff were able to demonstrate their understanding of what constituted abuse. Staff understood what their responsibilities were in reporting any concerns and were confident these would be acted upon. One staff member said, "The office does the formal recording and reporting. Senior carer does on-call sometimes, and so if a carer rings with a concern they would pass it to the manager on-call."

Preventing and controlling infection

- Policies and procedures along with a programme of training were provided for staff.
- Due to the current pandemic additional training, observations and checks were being completed to ensure staff were following current guidance in the use of PPE and hand hygiene.
- Staff were currently taking part in the testing programme and arrangements were being made for the team to receive the vaccination. Risk assessments had been completed for those people identified as 'vulnerable'.
- Staff spoken with said they had access to personal protective equipment (PPE) when needed. Staff commented, "Plenty of stock available. Staff always wear gloves, face mask, apron and carry hand gel", "I participate in the weekly COVID-19 testing programme" and "I've received IPC training and donning and doffing online. I feel safe."

Learning lessons when things go wrong

- Through the internal medication audits it had been identified some staff were not accurately recording the support provided. Information showed this had been addressed through individual supervisions with staff.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection the provider had failed to implement robust governance, so people were protected. The provider had also failed to display the most up to date inspection rating on their website. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Not all internal policies and procedures, to guide staff in safe delivery of their work, had been reviewed and updated to reflect the services provided by BoJo Care Services.
- People's care records needed updating so clear guidance was available to direct staff in the care and support people wanted and needed. Information was to be added to the electronic devices held by staff making them more easily accessible.
- Contemporaneous records were not maintained in respect of people's medication support. We saw information had been amended, as errors had been found during an audit of the records.
- Checks carried out by managers had been expanded on in relation to recruitment checks, infection control, moving and handling and visit records. However these had not yet been embedded to evidence their effectiveness as well as demonstrate clear oversight and scrutiny of the service so on-going and sustained improvements are made.
- An action plan, showing areas of improvement required, had been drawn up. The plan was not dated. Whilst some recent improvements had started to be made, further progress was required.
- At the last inspection the provider was not displaying the correct rating on their website. Whilst planning this inspection the rating remained unchanged. However we found this had been update immediately prior to our visit to the location office. We were advised the delay had been due to issues with the website provider. The provider is reminded it is an offence not to display ratings and this must be completed in a timely manner.

We found no evidence that people had been harmed however, systems were not yet sufficiently robust to demonstrate on-going and sustained improvement within the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Learning was evidenced in relation to the recruitment of new staff and information required to satisfy the regulation.
- Previous gaps in management training were explored. Records showed recent training had been undertaken in risk assessments and assessing the competence of staff in moving and handling and medication. Continuous development of managers is essential to ensure good practice guidance and legislation is adhered to.
- The management team remained stable with clearly defined roles. Staff told us; "Managers are supportive and flexible" and "Consistent and flexible."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The week prior to this inspection, the provider had sought advice and support from an external consultant in relation to the outstanding breaches. An assessment was completed along with a summary of their findings. Information provided was used to develop the providers action plan, detailing the areas of improvement to be made.
- The management team worked in partnership with people and their relatives in developing personalised care plans.
- Staff said the service had a clear focus, adding, "Strong message, the client comes first" and "Values emphasised regarding people's lives, dignity and respect."
- Feedback from people was also positive about the management team. We were told, "I have choice and control over my care and they [managers] support and understand that."

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

- There was evidence of on-going reviews with people and their families. One of the registered managers made regular visits to people, carrying out checks of staff as well as people's satisfaction. People told us, "Provider keeps in touch and asks for feedback all the time" and "They have a good relationship and rapport with clients and family."
- Opportunities were also available for staff to share their views through supervision sessions and team meetings. Staff felt fully supported in their role. We were told, "Opportunity to learn, gain experience, ask questions without pressure" and "Always available. They [managers] ask staff for ideas, are open and you can share problems with them. They will listen."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not yet sufficiently robust to demonstrate on-going and sustained improvement within the service.</p>