

BM Homecare Ltd

First Floor Capital House Ltd

Inspection report

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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

This announced inspection took place on 20 March 2018.

First Floor Capital Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. First Floor Capital Ltd provides care to older people and younger adults. At the time of our inspection, two people were using the service.

This is the first inspection of the service since registration with the Care Quality Commission on 31 March 2017.

The service had a registered manager in post who was unavailable on the day of the inspection. 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.

People were happy with the service. Staff understood their responsibility to safeguard people from abuse. Staff knew how to identify and report any concerns about people's well-being. The registered manager identified and reviewed risks to people's safety and health. Staff knew how to provide care in a safe manner that minimised the risk of avoidable harm to people.

People received care and support when needed. Sufficiently skilled and suitably recruited staff delivered people's care. People obtained support to take their prescribed medicines. Staff followed safe hygiene practices to prevent and control the risk of infection.

People's care delivery met the requirements of current legislation and evidence based practice. Staff attended training, received supervision and had the support they required to enable them to carry out their roles.

People received the support they required to consent to care and treatment. Staff followed the legal requirements of the Mental Capacity Act 2005 when providing care and support to people.

People were supported to maintain a healthy nutritional intake and to access healthcare services.

Staff understood people's needs and knew how they wanted their care to be delivered. People enjoyed positive caring relationships with the staff who supported them. Staff were kind and compassionate. They provided people's care in a dignified and respectful manner. People took part in the planning and making decisions about their care and support.

People underwent an ongoing assessment and review of their care and support needs. Support plans were developed to provide guidance to staff about how to deliver care. Staff delivered people's care as planned in line with their needs and preferences. People were encouraged to take part in activities and to be independent.

People using the service and their relatives had opportunities to share their views about the service. The registered manager used the feedback to develop the service. People knew how to make a complaint about unsafe work practices in their care delivery.

Staff spoke positively about the registered manager and the support they received to undertake their roles. Appropriate checks and audits resulted in improvements to the service and care delivery. Other agencies were involved in the developing of staff's practice and care delivery.

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. People's care was delivered safely and managed identified risks to their health and well-being. Staff knew how to recognise and report abuse and to whistleblow about poor practice.

Staff were trained to administer and manage people's medicines. People had their needs met safely by suitably recruited staff.

Staff followed guidance to prevent and control the risk of infection.

Is the service effective?

Good ●

The service was effective. People's care met current legislation and best practice guidance. People received care from trained and experienced staff. Staff received support and supervision to enable them to deliver care effectively.

People consented to care and treatment. Staff provided care in line with the principles of the Mental Capacity Act 2005.

People received support to eat and drink healthily. Staff supported people to maintain good health.

Is the service caring?

Good ●

The service was caring. People were cared for with kindness and compassion.

Staff had developed positive relationships with people using the service. Staff maintained people's dignity and privacy.

People had information about their care in a format they understood. Staff supported people to access advocacy services when needed.

People were involved in planning their care and support.

Is the service responsive?

Good ●

The service was responsive. People's care provision responded

to changes to their needs. Staff provided care that met people's individual needs and preferences.

People using the service and their relatives took part in the review of their care. Staff encouraged people to be independent.

People shared their views about the service. People using the service and their relatives knew how to make a complaint if they were unhappy about any aspect of the service.

Is the service well-led?

The service was well led. People received person centred care. A culture of openness and honesty enabled staff to learn from their mistakes. Staff commended the registered manager for supporting them and for being passionate about meeting people's needs.

People's care underwent monitoring to identify shortfalls and make improvements when needed.

People benefitted from close partnership working between the registered manager and other agencies.

Good ●

First Floor Capital House Ltd

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 checked 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.

The inspection and site visit took place on 20 March 2018 and was announced.

We gave the provider 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events at the service. A statutory notification is information about important events which the registered provider is required to send us by law. The provider submitted a Provider Information Return (PIR) before our inspection. This is a form that asks the provider for key information about the service, what the service does well and the improvements they plan to make.

During the inspection, we spoke with one member of care staff, an administrator and the nominated individual.

We reviewed two people's care records, and two staff files including information on their recruitment, training, supervision and duty rosters. We looked at management records and audit reports.

We reviewed feedback received from people using the service and their relatives and health and social care

professionals.

After the inspection, we spoke with two relatives of people using the service. This was because the two people had complex communication needs and were therefore unable to speak with us . We also spoke with the registered manager, as they were unavailable on the day of the inspection.

We received feedback from the local authority commissioning team to obtain further information about the service.

Is the service safe?

Our findings

People were protected from the risk of harm. Staff understood their responsibility to identify and report abuse and to whistle-blow on unsafe practice. One member of staff told us, "Abuse could be misuse of a service user's money, depriving them of food or hitting and slapping. I would report any of these concerns to the manager without delay." Staff attended safeguarding adults training and had access to the policy and procedure that informed them of ways of keeping people safe. The registered manager worked closely with the local authority safeguarding team to ensure people's safety.

People's care delivery supported them to receive safe care. An assessment of risks to people's safety and well-being ensured staff knew the areas that posed dangers to each person. People required support to eat and drink sufficient amounts, to maintain personal hygiene and to access the community safely. Staff knew the risks to people's welfare and described how these could affect each person if not managed well, such as injury. Staff had sufficient guidance on how to support people in a safe manner, for example, about how to guide a person to use a pedestrian crossing and another with cutting up their food into smaller pieces. The registered manager carried out reviews of risk assessments to identify any changes in people's conditions which might cause them harm. Risk management plans and support plans took into account any changes. Daily observation records showed staff followed guidance to deliver people's care safely.

People were protected from the risk of avoidable harm. Staff followed the provider's procedures to report and record incidents. The registered manager discussed with staff ways of minimising incidents. Staff told us the registered manager encouraged them to report near misses to minimise the risk of accidents. There were no incidents recorded at the time of our inspection. Staff had access to the out of hours' guidance and knew how to escalate issues to emergency services when needed.

People received care and support in a timely and safe manner. One relative told us, "[Member of staff] is very reliable. He/she is punctual and does all he/she is meant to do. [My family member] is very happy with the care." Each person had an assigned member of staff to provide their care to ensure consistency and to enable them to develop a good rapport with the care team. Relatives of people using the service said this was helpful because staff understood how to support the person. People had received the support as planned and had not experienced any missed visits. Rotas and people's care records confirmed that people received support from a regular member of staff assigned to provide their care. Staff told us they had sufficient time to complete tasks without being rushed.

People received care from staff who were deemed suitable for their roles. Staff underwent appropriate recruitment checks that included completing an application form and attending interviews. The provider verified applicant's identity and right to work in the UK. Applicants started to work at the service on the return of satisfactory criminal record checks, references and on completion of the provider's mandatory training.

People received support to take their medicines safely. Each person received an assessment on their ability to self-administer their medicines. People were also supported by their relatives to manage their medicines.

Care plans indicated when family members were responsible for administering a person's medicines to minimise the risk of errors. Staff were trained to administer and manage medicines. Staff knew the medicines people were on and the effects these had on their daily lives. While staff did not administer medicines, they asked relatives whether this had been done correctly to ensure people's safety. Staff told us they had access to the medicines management policy for guidance when needed.

People received care in a manner that minimised the spread of infection. Staff told us they used personal protective equipment such as gloves and aprons when delivering personal care and preparing food. Staff understood hygiene practices that prevented and controlled the risk of infection, which included good handwashing techniques and appropriate use of gloves and safe disposal of waste. The registered manager carried out spot checks to ensure staff applied good hygiene methods in their work.

Is the service effective?

Our findings

People using the service and their relatives were involved in assessing their needs. Health and social care professionals took part in the assessments and provided guidance about meeting people's needs. Support plans showed evidence based guidance and use of current legislation in care delivery. Daily observation records showed staff followed best practice guidance as advised by health and social care professionals when providing people's care. For example, staff monitored the condition of a person who stayed in bed for a period to provide support and a change of position to ensure they did not develop a pressure ulcer.

People were cared for by staff who were knowledgeable and skilled to undertake their roles. One member of staff told us, "We have the training we need to be good at what we do." Staff undertook the provider's mandatory training to develop their effectiveness in their roles. Records showed staff had attended training in safeguarding adults, food hygiene and infection control, medicines management and moving and handling. The registered manager held reflective sessions with staff to discuss how they could apply the knowledge acquired from training when providing care. A matrix showed that staff attended all the scheduled training.

People received care from staff who undertook an induction in their roles. New staff met people using the service, read their care plans and provider's policies and procedures before working independently. Staff attended the provider's mandatory training including completing the Care Certificate which outlined the expectations placed on health and social workers in care delivery. Staff completed a probationary period and were signed off by the registered manager when assessed as being competent for their role.

People received care from staff who had the support they required to undertake their roles. One member of staff told us, "The manager discusses best practices and is there to advise when asked about difficult situations." Staff had their practice reviewed by the registered manager through regular supervision in line with the provider's policy. Supervision notes showed they discussed people's care and support needs, staff concerns, punctuality, team working and well-being. The registered manager had appraisals scheduled for the month after our inspection. Staff had a learning and development plan and objectives which they worked towards to improve their skills and address any gaps in their knowledge.

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.

People were asked for their consent to receiving care and support. One member of staff told us, "I ask the service user how they would like me to help them. I support them as they wish." Staff had received the MCA

training and understood their responsibilities in line with its legal requirements. One member of staff explained, "We respect service user's choices about how they want to be supported. If I see that this might be harmful to their health, I will report to my manager." The registered manager had carried out a mental capacity assessment when a person showed that they were unable to make decisions about their care. This ensured staff had sufficient guidance to make decisions in the person's best interests. Health and social care professionals were involved in best interests meetings to support people to make decisions about complex issues such as receiving medical treatment. Daily observation records confirmed that people consented to receiving care and support.

People received the support they required to eat and drink. Staff worked closely with family members who were involved in people's care about food shopping and preparation. This ensured that they could check if people had sufficient amounts to eat and drink. Staff served people with meals that had been prepared by family members and when on outings, they supported each person to eat healthily. People received food that met their religious, cultural and dietary needs, for example, staff ensured a person had halal foods as stated in their care plans. Staff monitored people's food and fluid intake and knew when to report concerns about a person swallowing or their weight management.

People had support to maintain their health and well-being. Staff supported people to attend the GP and hospital appointments when they were unwell and for check-ups. People had an action plan which indicated the support they required to have their health needs met. Staff monitored people's health and worked closely with their family members and other health and social care professionals to have their needs met. Relatives told us staff updated them if they observed a decline in a person's health. One relative told us they found this useful in that they were able to monitor the person health and seek treatment in a timely manner. Records showed people received treatment when they were unwell and underwent regular reviews of their health.

Is the service caring?

Our findings

People received care provided in a kind and caring manner. One relative told us, "[Member of staff] is gentle and patient with [person]." One member of staff told us, "I am kind in what I do. I pay attention to my service user and recognise them as a person and how they view the world." Staff told us they understood signs when a person was in distress and offered emotional support when needed.

People received support from regular staff. One relative told us, "[Member of staff] is friendly and well-liked by [the person]. They have a lovely friendship which is respectful and professional." The positive caring relationships enabled people to receive consistent care and to develop a good rapport with staff. Family members confirmed people enjoyed positive working relationships with the members of staff who delivered their care.

People were involved in making decisions about their care. Staff had information about how people wanted to receive care for example, maintaining a routine in their day-to-day living. People's records contained information about their routines, history, preferences and likes and dislikes. Staff were able to describe people's needs and showed they knew them well. This enabled them to deliver care in a manner each person preferred which reduced unnecessary changes which might cause anxiety.

People's care records and support plans were kept securely and confidentially. The registered manager ensured staff brought completed daily observation records to the office for auditing and safekeeping in line with data protection guidelines. Records were stored in lockable cabinets at the office and were accessible to authorised staff. Computers were password protected to prevent unauthorised access.

Staff maintained people's privacy and confidentiality. One member of staff told us, "It's all about respecting people as individuals and their right to be treated decently." Relatives told us staff supported people with personal care behind closed bathroom or bedroom doors. Staff were able to describe ways they respected people's privacy such as knocking on bedroom doors, closing curtains when providing personal care and supporting them away from visitors or family members. Staff respected people's confidentiality by keeping their records in a safe place and not discussing a person's health needs with unauthorised parties.

People were treated with respect and dignity. One relative told us, "[Member of staff] chats with [my family member] and talks about different things. He/she listens and have lovely chats about things that interest [the person]." Staff explained they observed how people responded and expressed themselves which helped them to understand how they wanted their care delivered. A member of staff explained that they ensured a person dressed appropriately before going out and addressed them by their preferred name. Daily observation records showed staff respected people's decisions about how they wished their care to be provided.

People received encouragement to maintain their independence. One member of staff told us, "We support service users to do as much as they can for themselves." People's assessments identified the tasks they could complete without support and the areas where they needed to develop their daily living skills. Staff

supported people to complete tasks such as washing areas difficult to reach and choosing appropriate clothing. Records showed staff supported people to develop their independent skills such as putting on their shoes and dressing themselves.

People received care that was in line with the Accessible Information Standard. The provider ensured people had access to the information they needed in a format they understood. One member of staff had provided translation services to produce a service user guide in the language used by people. This enabled people who had English as a second language to have information about services available to them in a language they understood. This promoted people to have access to equal opportunities. The provider told us they understood their responsibility to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to access advocacy to have their voices heard.

Is the service responsive?

Our findings

People received support that met their individual needs. Staff had information about people's background, physical and mental health needs, interests and preferences. Support plans showed staff planned care delivery in line with people's identified needs. People using the service and their relatives when appropriate and health and social care professionals were involved in reviewing people's needs. Care records were updated to show changes in people's needs and the support they required. The registered manager discussed with staff people's changing needs and ensured they understood how to provide appropriate care. For example, a person was spending increased time in bed and had a risk of skin breakdown. Staff told us they had discussed this concern with the registered manager who had involved other health and social care professionals. Support plans were adopted to support the person in a manner that prevented skin breakdown. For example, staff turned the person regularly in bed, carried out frequent checks on their skin integrity and informed the registered manager of any concerns.

People received care that responded to their needs. Relatives told us staff were flexible in the manner they provided care, for example adjusting visiting times when requested to enable a person to attend hospital appointments or family functions. People were able to change their plans for the day and undertake different activities, for example, a person could decide to stay at home rather than access the community. Staff told us they respected people's choices and engaged them in a manner that responded to their changing needs.

People were supported to take part in activities of their choosing. Care records detailed people's hobbies, interests, likes and dislikes. Staff told us they encouraged people to pursue their hobbies and develop new interests. For example, one person enjoyed swimming sessions at a local leisure centre. Staff said the exercise helped the person maintain good health and boosted their confidence. Staff supported a person to attend a social group where they met like-minded people and developed their communication skills. A member of staff told us the person benefitted from the outings and they had observed that their social interaction skills had improved through the association with other people in the community. The outings minimised the risk of loneliness and social isolation. People were supported to practice their religion. Staff ensured a person was ready for their weekly prayers and attended their local place of worship when they wished.

People using the service and their relatives knew how to make a complaint if they were unhappy about any aspect of the service. They had access to the complaints procedure which was in the service handbook they received when they started to use the service. The registered manager told us they understood the provider's procedures in investigating and resolving complaints. There had not been any complaints made against the service since registration with the Care Quality Commission.

People had opportunities to share views about the service and care delivery. The registered manager made telephone calls to people and visited their homes to discuss any concerns they had. Records of this contact showed people commented positively about staff's conduct and the manner in which they delivered care. The registered manager also undertook spot check visits to observe staff's practice. A compliments logbook

showed relatives were happy with the service provided.

Is the service well-led?

Our findings

People received person centred care at the service. One member of staff told us, "We focus on how to support our service users in the best way possible." The registered manager ensured staff placed people at the centre of decisions made about their care. Staff supported people in a manner that encouraged them to develop their potential and fulfil their aspirations. Records showed care and support plans were individualised which enabled staff to meet people's needs.

The registered manager worked closely with a team of experienced care staff and an administrator. Staff described the registered manager as knowledgeable, approachable and hands on. One member of staff told us, "[Registered manager] is supportive and works through scenarios on how to provide support to our service users. He is available to talk about any concerns and will come out to see a service user at home when necessary." The administrator explained that the registered manager promoted staff relations and good team working within the team. Staff received information about changes in people's needs and developments at the service. This made them feel valued for their work.

Staff attended meetings at the service to discuss people's welfare and their well-being. The registered manager appreciated staff's feedback and used their ideas to develop the service. Staff said a culture of openness and honesty existed at the service. The registered manager encouraged staff to raise any concerns about people's well-being and to learn from their mistakes when things went wrong.

The registered manager and provider understood their responsibilities in line with the Care Quality Commission's registration requirements. Notifications were submitted as required. The registered manager worked closely with other agencies as required by law to ensure people's safety and well-being. Records were maintained and safely stored at the service and used appropriately in line with data protection guidance.

People received care that underwent regular checks. Appropriate quality assurance systems were used to review the standards of care provided by staff. Monthly spot check reports showed staff delivered people's care in line with the provider's procedures and followed good hygiene practices. Audits of care plans and record keeping monitored that staff delivered people's care as planned in line with their support needs and preferences. An audit of care notes carried out in January 2018 highlighted to staff areas that required improvement in the recording of people's daily observation records. Feedback to a member of staff stated that additional details were required to reflect the care provided and reasons for refusal of support to identify any patterns. Staff were happy that the registered manager informed them of the positive feedback made by relatives of people using the service about their practice.

People provided feedback about the service and care delivery. The provider carried out surveys, sent out questionnaires, visited people's homes and made telephone calls to find out people's views on service delivery. An analysis of the monthly surveys showed people using the service and their relatives were happy about the manner in which staff provided care and the way the registered manager responded to any questions they raised. The registered manager also asked people when they did the spot check visits if they

had any concerns. Responses recorded were positive and indicated staff delivered people's care in a manner they liked. Health and social care professionals completed feedback forms and records which showed they commended the registered manager's approach in ensuring that staff delivered care effectively in line with their guidance.

People benefitted from the involvement of other agencies in their care. The registered manager worked in close partnership with other health and social care professionals to ensure people using the service received appropriate care. For example, staff received specialist input on how to meet people's complex needs. The registered manager and staff attended external meetings and training to develop their knowledge. This also presented opportunities to staff to adopt their practice in line with changing legislation and best practice guidance. The registered manager carried out reflective meetings with staff about how to implement the learning to improve care delivery.

A business improvement plan showed plans to develop the service. The provider worked closely with the registered manager and discussed ideas to improve care delivery. Minutes of their meetings showed they had plans to grow the business, recruit more staff and increase the amount of in house training.