

BGS Healthcare Ltd

# BGS Healthcare

## Inspection report

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Date of inspection visit: 4 June 2015

Date of publication: 13/07/2015

### 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?

**Requires improvement** 

### Overall summary

This inspection took place on 4 June 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides personal care to adults who live in their own home. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

BGS Healthcare has been operating since August 2014. At the time of this inspection there were 60 people receiving the service.

There was a registered manager in post at the service at the time of our 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.

The registered manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with her and provided feedback on the service.

We saw records to show formal complaints relating to the service had been dealt with effectively.

# Summary of findings

Staff were knowledgeable of people's preferences and care needs. People told us they had regular staff who provided them with the care and support they needed and expected.

Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

People told us staff members' approach to them was "compassionate and kind."

Each person had a care plan that outlined their needs and the support required. People were supported in a range of interests which suited their wishes, this included accessing their local community.

Staff had received regular training in mandatory subjects. The service employed a person to provide face to face

training to staff for the majority of subjects such as moving and handling. The registered manager said the effectiveness of training was monitored through the supervision and if necessary disciplinary processes.

Each of the four staff we spoke with said they "felt supported." However records of spot checks and supervision had not been made. This meant there was no way of monitoring staff progress or highlighting any performance issues or good practice. We discussed this with the registered manager, who said they would address this immediately.

All staff were clear about how to report any concerns they had. Staff were confident that any concerns raised would be fully investigated to ensure people were protected. The majority of staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

# Summary of findings

## 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 safe. People and staff told us they felt safe.

Staff we spoke with had a good understanding of the people they were supporting, and their working practices were monitored.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines safely.

Good



### Is the service effective?

The service was effective. Care plans were in place which described the care and support the person wished to receive.

Staff had received appropriate training which ensured they were suitably skilled and knowledgeable to support people.

People had regular access to healthcare services to maintain and promote their health and well-being.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring. Staff were “kind and compassionate”. People’s privacy and dignity were respected and they felt involved in making decisions about their care and support.

Relatives spoke positively about the care and support received by their family member.

Good



### Is the service responsive?

The service was responsive.

There were systems in place to manage complaints. Everyone we spoke with was confident that any concerns raised regarding the service would be listened to and acted upon.

Good



### Is the service well-led?

The service was not well led overall. The registered manager had clear values about the way care should be provided.

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Requires improvement



# Summary of findings

Staff had a good understanding of the aims and values of the service and had opportunities to express their views.

The service carried out regular audits to monitor the quality of the service, however there were no records to show these had taken place, or whether any improvements had been identified.

# BGS Healthcare

## 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.

This inspection was carried out by one inspector and a bank inspector. A bank inspector is a person employed by us to assist in the inspection process. The bank inspector gathered information by speaking with 11 people who used the service, six relatives and four staff.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We looked at documents and records that related to four people's support and care, three Staff files and the management of the service. We spoke with the registered manager manager who has is also one of the providers.

# Is the service safe?

## Our findings

People described how the service helped them feel safe. One person told us, “They know what they’re doing. They know far more than me”. Another person said “the staff always lock the doors when they’re going and they don’t leave things lying around”.

All of the relatives we spoke with were confident that their loved one received safe care. One relative explained that although staff sometimes arrive later than the expected time, they usually phoned to say they would be late. Some people told us that although they were cared for by several staff this was not usually a problem as staff read the care folder before delivering care thus ensuring continuity of care. One relative said, “there were lots of staff initially but even when there are new staff they pick things up quickly”.

Everyone we spoke with said there were enough staff to care for them safely, and the staff stayed for the allocated time. Two relatives explained how in an emergency staff had stayed with their loved one over and beyond the allocated time to ensure the person was safe.

People we spoke with described having their medicines prepared in a safe manner. There were clear policies and procedures for the safe handling and administration of medicines. These were followed by staff and this meant people using the service were safe.

Staff we spoke with had completed safeguarding training and updates and told us that, if they had a concern about a person, they would report this to a senior staff member and record their concerns. Staff described different types of abuse and were aware of the role of agencies, such as the local authority and the police, in the safeguarding process. The safeguarding records demonstrated that the manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made.

There were clear recruitment processes in place to ensure new staff were safe to work with people. We looked at three staff records which evidenced that safe recruitment practice was followed.

We looked at four peoples’ records, each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people’s needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe.

There were arrangements in place to deal with foreseeable emergencies. Staff confirmed there was an on call system in place which they had used when needed.

# Is the service effective?

## Our findings

People explained to us how they had confidence in staff's abilities to care for them effectively. One person told us that "new members of staff always shadowed experienced members of staff to start with" and added that some members of staff were "very knowledgeable and competent, they've been doing it for years". Another person told us, "if something needs doing they just do it, they don't need to be told".

Staff we spoke with were knowledgeable about the people they supported. A relative described a member of staff as "They know (the person) inside out." The staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. The provider was using the Care Certificate standards for induction. This meant they were aware of current good practice in this area and are preparing their new staff to develop the fundamental skills, knowledge, values and behaviours expected across health and social care services. The registered manager said the agency also have an 'in house' induction where staff read policies and procedures, care plans and shadowing more experienced members of staff.

There was a programme of training available to staff and staff told us they received the necessary training to meet people's needs.

Everyone we spoke with felt respected by the staff. One person said, "They talk to me as I talk". Another person said,

"One or two sit down and have a conversation with me. I can have a joke with some of them". One relative told us, "They talk to [my relative] like they talk to me". People told us they were called by their preferred names.

Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs. Each person had hospital passport that identified their health needs and the support they required to maintain their emotional and physical well-being should they need to be admitted to hospital.

Staff explained how they had received regular 'supervision' by their line manager. This was a way of monitoring staff delivering care to people in their homes. However no records had been kept, this meant there was no way of tracking any identified areas where personal or professional development was required in order to maintain good practice. The registered manager explained they had been "concentrating on ensuring the checks were made, but not the recording". The registered manager said senior staff had been appointed recently to carry out this role. We discussed this with the registered manager, who said they would address this immediately.

Three out of four staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and its principles. They said it "can fluctuate from one day to another" and that "decisions have to be flexible when planning and delivering care." One member of staff said they had not received any training and "wasn't sure."

We found support plans had records of assessments of capacity and best interest decisions were in place where necessary.

# Is the service caring?

## Our findings

All of the people we spoke with told us they were treated with “kindness and compassion”. One person said “I do appreciate them. They all seem to have been especially chosen for me”. Another person told us, “It’s a job to find anything bad to say about them [the staff]”. This was supported by the comments of one relative who told us, “In the time they’ve got they do very well”. However one relative told us the care was not consistent and added, “Some care is better than no care”. This relative explained they had arranged to have a meeting with the registered manager. During our inspection the registered manager confirmed the meeting was arranged to take place in the near future.

Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. Staff told us there was sufficient time to spend providing the care and support necessary whilst engaging in conversation without rushing. This enabled staff to spend quality time with people.

The support plans we saw demonstrated that people were involved in making decisions about their care and support as much as possible. Family members said they had

opportunities to express their views about the care and support their relative received. One family member said they were involved in developing and reviewing their relatives care and support plan.

People were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Necessary services and equipment were provided as and when needed.

People said staff respected their privacy and dignity. We received comments such as “ they (staff) always put a towel around me” and two people described how staff asked them if they’d like to be left in the bathroom until they were ready to be helped. One relative told us staff always respected things like bed times and added, “They go above and beyond to respect my [relative’s] dignity”. Staff we spoke with described how they respected people’s dignity as “I close curtains, shut internal doors and put people at ease by talking to them when delivering personal care”.

People told us they were encouraged to be as independent as possible. One person told us, “I’m fiercely independent. If I can do things they always let me”. Another person told us, “They say things like, why don’t you give it a try”.

Information about advocacy services was available to people should they require support from an independent person to speak for them on their behalf.



# Is the service responsive?

## Our findings

Most people said the service responded to their needs. One person told us, “there are certain times when I’ve been ill and [the member of staff] always stays with me until the doctor comes”. Another person told us the staff were very good at liaising with other health professionals such as the district nurse. They told us staff at the service alerted the district nurse when a health condition worsened. In addition two people told us that staff had alerted their GPs for skin problems they had discovered. One person added “they’re very on the ball like that” and told us that the condition was recorded in the diary that was kept in their home. However one relative we spoke with told us they had been having problems with the timing of visits which had affected their relative’s mood. They explained that if staff came too early or late their relative got distressed and added that although they had reported this nothing had yet been resolved. We discussed this with the registered manager who said they had arranged a meeting with the family to investigate the issue.

People had their individual needs regularly assessed, recorded and reviewed. Some people we spoke with were involved in the planning of their care. One person told us, “I get choices about my care and they [the care staff] put it all in a book”. Another person said, “It’s somewhere. I did have one originally. They’d come if my needs were to change”. In

addition, another person told us, “I’ve not really been given a choice but I tell them what I want”. Where people’s needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support.

Staff worked closely with health and social care professionals for guidance and support around people’s care needs. Staff were knowledgeable about the rights of people to make their own choices, this was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support. People told us they were encouraged to be as independent as possible. One person told us, “I’m fiercely independent. If I can do things they always let me”. Another person told us, “They say things like, why don’t you give it a try”. One relative told us staff always respected things like bed times and added, “They go above and beyond to respect my [relative’s] dignity”.

Daily records showed important information was shared between the staff. Staff told us this was important to ensure all staff were aware of any changes to people’s care needs and to ensure a consistent approach.

We saw records to show that people’s concerns and complaints were encouraged, explored and responded to in good time.

# Is the service well-led?

## Our findings

People we spoke with described the registered manager as being “very hands on” and wouldn’t ask any member of staff to do anything they wouldn’t do for themselves”. Another person told us, “[the registered manager] is very approachable, [they] always listen” and another said, “There was one [member of staff] I didn’t like, so I mentioned it to the registered manager and I never saw them again”. We were told by staff that the manager was very approachable. One member of staff said they had a very good relationship with them. Another said they had worked with the manager in previous employments and added that they “couldn’t work for a better company”. One member of staff said, “[They] always make sure we don’t have too many [people] to care for. If there were any problems we could raise it with [the manager]”.

Each of the four staff we spoke with were positive about the aims of the service. One member of staff told us, “It’s a family run business which provides compassionate, person centred care.” Another member of staff told us they had “worked in a residential home prior to working for the service and found the care at the agency to be high quality.” They added that the staff worked as a team and “were very supportive of each other”.

Most of the people and relatives we spoke with told us they had not completed a questionnaire, although one person and one relative said they had. In addition one person said their views were sought “informally” and most of the people we spoke with said they would feel happy to approach the registered manager if there was a problem. One person told us, “[the registered manager] is also a good carer; I can be open with her”. The registered manager explained a survey was sent out to 20 relatives in November 2014. We saw the overall positive responses from the seven relatives who responded. One relative

stated in their feedback that they were not sure who to raise concerns with. The registered manager wrote to all relatives introducing themselves and to explain the process.

We spoke with four members of staff about the style and quality of management at the service. One member of staff explained that staff meetings were held every month and staff could raise any problems openly within meetings, or privately with the manager. Another member of staff told us they had attended two meetings since starting at the service four months previously. This meant that an open and fair culture between staff and management was encouraged.

As the service had been operating for less than a year we found that no appraisals had been carried out on staff. The registered manager said senior staff had been recruited recently to ensure appraisals are completed annually. We discussed this with the registered manager, who said they would address this immediately.

The registered manager described how the provider completed a range of audits on the quality of the service provided. However there were no records to show these checks had been made, or how frequently. This meant there was no way of monitoring any trends of highlighting any shortfalls and showing action had been taken as a result. The registered manager said they were aware of this and had been concentrating on “ensuring high level care and support for people” rather than developing systems, however they were “recruiting senior staff and this would be priority.” We discussed this with the registered manager, who said they would address this immediately.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.