Innomarydom Limited

Bigod Care

Inspection report

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22 November 2017

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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 15 and 22 November 2017. This service is a domiciliary care agency. It provides support with personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection the service was providing support to 70 people.

The service had a registered manager. 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.

Staff were trained in how to keep people safe and report any concerns of abuse. The likelihood of people experiencing avoidable harm was reduced because the registered manager assessed people's risks and developed plans to alleviate them.

People were involved in the assessment of any risk associated with their care and support. Where risks were identified steps were taken to reduce these. These risk assessments were regularly reviewed and updated to ensure they met people's changing needs.

Where required the service supported people with their medicines. Staff were trained to support people with their medicines and recorded their actions appropriately.

The service followed appropriate infection control procedures and staff had access to personal protective equipment such as gloves and aprons.

Each person had an individual care plan which was written after an assessment of their needs had been carried out by a senior member of staff. This was reviewed and updated as necessary to ensure it reflected any changes in people's care needs.

Staff were appropriately trained and supported. They received an induction into the service and ongoing update training.

The service supported some people with their nutrition. Those that were supported were satisfied with how this was done telling us that staff always ensured they left them with a drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were also supported to be as independent as they were able.

People and their relatives told us that care was delivered in a compassionate manner by staff who knew

them well.

There was a formal complaints procedure and people knew how to access this.

The service was well-led with open and transparent leadership. People and staff felt able to approach the management team with any suggestions or concerns.

Quality assurance processes ensured that care was consistently delivered to a good standard

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.

Staff were trained in safeguarding procedures and knew how to identify signs of abuse and the procedure for reporting their concerns.

Risks were assessed and actions put in place to mitigate any identified risks.

Staff were trained in medicines administration and supported people to receive their medicines safely.

Staff had access to and used personal protective equipment.

Is the service effective?

Good

The service was effective.

An assessment of people's needs and choices was carried out before they began receiving care and support.

Staff received training and support they required to meet people's needs effectively.

Where required, people were supported to maintain a healthy diet.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

The service worked with other healthcare professionals to provide effective care and support.

Is the service caring?

Good

The service was caring.

People and care staff had developed positive, supportive relationships.

People were involved in planning their care and support.

Care staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Each person had an individual care plan.

Regular reviews of the care plan ensured if reflected people's changing needs.

The service had a complaints procedure.

Is the service well-led?

Good

The service was well-led.

People had confidence in the management of the service.

The registered manager was aware of the attitudes and behaviour of staff.

Quality assurance audits were carried out to check the quality of the service.

Bigod Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was the first inspection of this service under this provider.

This inspection took place on 15 and 22 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 15 November 2017 and ended on 22 November 2017. It included visits and phone calls to people and phone calls to staff. We visited the office location on 15 November 2017 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had experience of this type of service.

Before the inspection, the provider completed 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 also reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

During the inspection we spoke on the telephone with four people who used the service and four relatives of people being supported by the service. We visited three people in their own home. During the home visits we also spoke with one relative. We looked at records in relation to four people's care. We spoke with three members of care staff and the registered manager. We looked at records relating to the management of the

service and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe while receiving care and support from the service. One person said, "Yes, I'm safe. I don't need an awful lot of help. I'm very satisfied with them." A relative said, "Oh definitely [feels safe]."

Care staff were recruited safely with appropriate checks carried out before employment commenced to ensure they were suitable to work in the care industry. These included checking employment history and a disclosure and barring service check. Before providing care and support to people the service ensured that care staff had the appropriate training to support people safely

Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. Staff said they had completed safeguarding training; they knew how to identify possible abuse and how to report it. For example, they told us this could include physical abuse, financial abuse, and changes in people's behaviour. They said any concerns would be reported to the management team. The manager understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us. Staff we spoke with were aware of the service whistleblowing policy and who to contact if they had any concerns. The service told us in their PIR that they had a system in place to monitor and review any safeguarding concerns. On our inspection we reviewed this system. Although no safeguarding concerns had been raised under the present provider we saw that there was a system in place to monitor any concerns raised.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home.

The registered manager told us that people were involved in the assessment of any risks associated with their care and support. They told us that this supported them to manage any risks effectively. People we spoke with confirmed that they had been involved with assessing and managing risks associated with their or their relatives care and support. One relative told us that the occupational therapist had recently changed the equipment that their family member used. They told us that the registered manager had visited and assessed the use of the equipment. We saw that the care plan had been reviewed and gave clear instructions on the use of the new equipment.

We did note that although the care plans in people's homes contained up to date risk assessments these were not readily available in the office. We discussed this with the registered manager and they displayed a comprehensive knowledge of people's care and support needs. However, we were concerned that should the registered manager not be available the service may not have access to current risk assessments. The registered manager has now put arrangements in place to ensure that the latest risk assessment is available in the service and in people's homes.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines, or their relatives helped them with this. Where people were supported by staff, they told us their medicines were administered as prescribed. One relative said, "They give the tablets. They do it very well."

The service had a medicines policy. Staff told us they were felt confident to give medicines and knew what to do as they had received training to administer medicines safely. They told us how they checked medicines before administering and recorded what they had given on a medicines administration record (MAR). Completed MARs we looked at had been accurately signed and dated by staff when medicines were administered. The registered manager told us that they regularly audited MAR charts when they were returned to the office to confirm medicines had been administered as prescribed.

People told us that staff followed infection control procedures and used personal protective equipment (PPE) when providing care and support. One person said, "Gloves and aprons, they use them all the time, always wash their hands." Staff told us that they had free access to PPE which they collected from the office when taking in their time sheets.

Staff we spoke with understood their responsibility to raise any safety concerns. One member of staff told us, "If I had any safety concerns I would contact the office." They went on to say that they felt confident that any concerns they raised would be listened to and addressed. The registered manager told us they would be supported by the providers operations manager to review any safety incidents. However, under the current provider no safety incidents had been reported.

Good

Is the service effective?

Our findings

Before the service began supporting a person the registered manager or senior member of staff visited them to carry out an assessment of their care and support needs. The registered manager told us that this meant that they could speak with the person as an individual, assess their needs and preferences as to how they wanted to receive their care and support and also ensure that they could meet these needs. People we spoke with confirmed that they had had an assessment before the service began providing care and support.

During visits to people's homes we saw that equipment such as hoists and stand aids were used to support people. A relative told us that the service had recently worked with the occupational therapist to provide the most effective equipment to support their relative.

Care staff told us and records confirmed they received training to meet people's needs. Training completed included medicine management, safeguarding, health and safety, manual handling, infection control and first aid. One member of care staff said, "We do some training online with a video. It is really good, it asks you questions at the end to check you have understood." Care staff had also received training in specialist areas such as dementia and catheter care. Care staff told us they were supported to learn and improve their skills and experience. One member of care staff told us they had recently been supported to obtain a nationally recognised care qualification.

Care staff told us they completed an induction programme and training when they first started working for the agency to ensure they had the skills needed to support people effectively. They told us their induction included working alongside an experienced member of staff. The registered manager told us that induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff in the care sector.

All the staff we spoke with confirmed they were supported in their roles. One staff member said, "I feel well supported." The registered manager showed us their process for ensuring staff received regular supervisions and spot checks. They also told us that as this was a small service they regularly provided care and support to people, particularly when two members of staff were required. They told us this was, "A very good way of ensuring staff were doing what they should."

People received the support they required to maintain a balanced diet. One person told us that they were on a, "Certain diet," that the service supported them with. Care plans indicated what support people needed to meet their nutritional needs and how staff should support them with this.
One person told us, "They prepare my food for me. I say what I would like and they do it." They went on to tell us care staff also did their food shopping and made a list with them. Staff told us and notes from care visits showed staff supported people to shop, prepare meals in line with their requirements and preferences and maintain a healthy balanced diet. People told us that staff always left them with a drink to hand. Records also showed where required, people were supported to meet their hydration needs.

During our home visits we saw that the service worked with other organisations to provide care and support. For example occupational therapist and district nurses. Records also demonstrated close liaison with the district nurses in relation to one person's support needs.

People's care plans recorded their health needs. People told us that care staff supported them in monitoring their health. One person said, "If I did not feel well I would ask the carers to help." One relative, who was also a person's primary carer said, "The carers sometimes say if [person] has got an infection to phone the doctor. The last time they did they had got one." People told us and records demonstrated that where care staff identified that a referral to another professional such as a dietician, speech and language therapist or occupational therapist was required this was carried out promptly.

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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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

One person told us, "They explain things to me and ask me what I would like." Staff we spoke with demonstrated an understanding of the requirements of the MCA. One member of care staff said, "We always give people options." Care records contained an assessment of people's mental capacity. This was reviewed three monthly when the care plan was reviewed.

Records demonstrated that the service liaised with people's relatives, social worker and GP where a person lacked capacity and required support with decisions regarding their care and support arrangements.

Good

Is the service caring?

Our findings

People told us that they were happy with their care staff and got on well with them. One person said, "I can honestly say they are a lovely bunch and very helpful." A relative said, "Yes the care is the way [person] likes it. He likes to talk to them [care staff] and tell them all sorts of things while they do the care and that makes [person] happy. It's social."

Care staff understood the importance of developing positive relationships with people to support their sense of well-being. Care staff told us having a regular round of calls with the same people enabled them to get to know people well and understand what was important to them. People told us they felt that care staff were genuinely interested in their lives, interests and opinions. Interactions we observed and conversations we had with people and their relatives during home visits demonstrated a mutual respect between people and the care staff that supported them. The size of the service meant that staff often supported people who lived locally to them and shared knowledge of, and interest in, the local community.

People's care plans included their likes, dislikes, religion and their preferred care staff. This supported staff with getting to provide care and support as the person required. Staff told us they respected people's preferences, particularly if they could support people to maintain their habits,
cultural and religious traditions. One member of staff told us, "Everything is in the care plan."

People and their relatives told us that they were actively involved with making decisions about their care and support needs. A relative said, "I am absolutely involved." Another relative said, "I was involved enough. They understand [person] anyway."

Records we saw demonstrated that staff recognised when people needed additional support. This included advising relatives when a person may need additional support or the service seeking that support from psychiatric social workers or the dementia support team.

People told us that they liked receiving their support from a small consistent team of care staff. A relative said, "Three months on they are getting to know each other, they get on, [relative] can have a laugh with them." People also told us that they received a weekly rota showing which care staff would be providing their care and support.

People and their relatives told us that care staff respected their privacy and dignity. A relative said, "They do [person's] shower fine and dignity is not a problem. [Person] would tell me if she wasn't happy. They shut the door and in the bedroom they draw the curtains." Another relative described how care staff protected their relative's privacy and dignity when providing care if they had visitors.

Care staff supported people to be as independent as they were able. One relative said, "[Person] wants to get their independence back. They let [person] undress themselves while they get [person's] clothes ready. They are there if they need a hand." Records we saw demonstrated that people had been supported to regain their independence and as a consequence the amount of support they received was to be reduced.

Good

Is the service responsive?

Our findings

Each person supported by the service had an individual care plan. An initial assessment was carried out by a member of senior staff before the person began receiving care and support. This then formed the basis of the care plan. When speaking about the care provided a relative said, "The care is personalised, yes."

Comments from people demonstrated that they had been involved in their care planning. For example a relative said, "They [Bigod] suggested things they could do for [person] and they said okay to this and that. [Person] gets a shower three times a week which they wanted."

The care plan contained details of people's physical and mental health. It also contained details of the person's history and background. This supported the service to give the person as much choice and control as possible. For example the gender of the person providing their care and support. A relative said, "[Person] always has female carers and they are happy with them." Another person told us how the time care staff visited had been amended to meet their preference for the time they got up in the morning.

Care plans were regularly reviewed every three months with the person to ensure they reflected a person's current needs. If the person's conditions changed or matters associated with their care changed, for example a different piece of equipment, care plans were reviewed sooner and amended if necessary.

Staff also received updates on any changes in a person's care and support needs via a weekly update which they collected from the office when taking in their timesheets. This ensured that care staff had up to date information about changes in people's needs. It was written in an open and inclusive way informing staff of any contact with the person's family. Staff told us how this made them feel motivated and included in the wider support for the person.

People told us they knew how to make a complaint and that they felt confident to do so. One person said, "I have no complaint. There might be a complaints page in the book but I'd go to the office if I had to." Another person said, "If I had a complaint I would ring up the office."

The service had a formal complaints procedure. Care files we looked at in people's homes contained a copy of this for people to access. Records we saw showed that any formal complaints were dealt with via this process and that appropriate action had been taken to resolve issues. This included giving advice to staff via the weekly update.

Good

Is the service well-led?

Our findings

People told us they had confidence in the management of the service. One person said, "The service is well managed. I have no problems. They are approachable." Staff also told us that they felt the service was well-led and managed. A member of care staff said, "The service is well-led and organised."

The registered manager regularly worked in the service providing care and support. They told us that working with care staff where people required two care staff to support them enabled them to actively monitor the attitudes and behaviour of care staff. They also told us that they provided care on an individual basis which encouraged people to provide feedback in a more relaxed environment than the regular reviews.

People and staff told us that the registered manager encouraged them to provide feedback both at supervision meetings and on an on-going basis. A relative said, "[Registered manager] always says if you have any concerns do not hold it back, speak to me." A member of care staff told us that they completed a form before their regular supervision session which asked if they had any concerns. They went on to say, "If I have any concerns I can voice them. I have no concerns approaching the office." Records showed that if they had concerns staff could request supervision around a specific issue and this was addressed with the appropriate training and support. This demonstrated transparency and an open culture.

The registered manager produced a weekly update for all staff. This provided information to staff on people using the service and any issues affecting the service. For example updates on the provision of personal protective equipment to staff, welcomed new staff to the organisation and training updates. Staff told us that they valued this communication which made them feel part of the organisation not left to work on their own. This was important as this was a small organisation providing care and support in a rural area and care staff could work alone for long periods of time.

The registered manager understood their responsibilities. Our records demonstrated that they made appropriate notifications to the CQC. The registered manager told us that they kept their knowledge and skills up to date by registering for CQC updates, and Skills for Care updates as well as attending local authority provider meetings.

Regular audits of records were carried out by the registered manager to ensure that care was being delivered to a good standard. This included the medication administration records and daily notes. Where issues were identified, such as insufficient information in daily notes, this was addressed.

The registered manager was supported by the provider's quality manager. The quality manager visited the service regularly and carried out audits to ensure the quality of the service. This included auditing the care records and staff files. We saw that where any problems were identified these were fed back to the manager with timescales for improvements to be made. The provider was also recruiting an assistant manager to support the registered manager. The registered manager told us that this would provide a more robust management structure.

Staff told us that they attended regular meetings where they could make suggestions about developing the service. One member of staff gave us an example of a subject recently discussed at a staff meeting. We asked the registered manager about this who told us that they were meeting with the senior management team to take the issue forward. The registered manager also told us that the provider was considering the use of more computer based systems for recording care plans and staff deployment. They told us that they were being consulted about any systems to ensure that they met the needs of the service. This demonstrated that the service valued staff involvement.

The service carried out regular quality assurance surveys of people using the service. We saw that these were analysed for ways of improving the quality of the service provided. The last survey had demonstrated peoples overall satisfaction with the service and had not led to any major changes