BSA Care Limited

BSA Care

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 21 January 2016. The inspection was announced. This is the first inspection carried out since the service registered with the Care Quality Commission in June 2014.

BSA Care is a domiciliary care service which is registered to provide care and support to people in their own homes. At the time of our inspection the service had recently started providing support to a single person, although their support finished during the course of the inspection. This meant that although we were able to carry out an inspection we could not rate the quality of the service as we had insufficient evidence on which to do so.

The registered manager had recently resigned and the service had started the process of recruiting a new 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. The company director was the Nominated Individual and was responsible for the day-to-day running of the service.

The service had suitable safeguarding procedures in place, and followed a safe recruitment process including carrying out DBS checks on staff and following up references. Risk assessments were detailed in their scope, and identified areas such as the environment the person lived in and their mobility. Staff had received training in administering medicines and procedures were in place to record and monitor medicines, however people were not currently being supported in this area.

Staff had received training around the Mental Capacity Act (2005) and there was evidence people had consented to their care. However, assessments did not fully consider the capacity of people who may not be able to consent to their care. Staff received extensive training prior to starting with the service and underwent a comprehensive induction.

Care plans were designed to consider people's needs and wishes, including around healthcare needs and nutrition. We saw evidence that people's views were sought on their care and people were supported to set goals. We saw that activities and tasks were agreed with people in line with their needs and wishes on a regular basis. Care plans considered people's views on promoting and protecting their privacy and dignity.

The service had tools in place to monitor the quality of care and gauge customer satisfaction including addressing complaints. However, as the service had not been providing care and support for any substantial period of time, these policies had not yet been enacted.

We saw evidence that staff received regular supervision which sought to deliver good quality care in line with the company's values. As the service had only recently started providing support to people it was too early in the process to judge whether these were effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

We did not have sufficient information to rate the service's safety.

The service had adequate measures in place to ensure that people were protected from abuse and avoidable harm. Procedures were in place to assess the risk of avoidable harm and a safe recruitment process was being followed.

There was a suitable medicines policy in place and staff had completed training in administering medicines, however people were not currently being supported in this area.

Is the service effective?

Inspected but not rated

We did not have sufficient information to rate the service's effectiveness.

Staff had a completed a comprehensive induction and we saw evidence that staff had received adequate training to carry out their roles.

Staff had training in the Mental Capacity Act. We did not see sufficient evidence that people's capacity to make their own decisions was covered as part of the assessment process.

Care plans covered people's healthcare and nutritional needs, however people were not being supported in this area.

Is the service caring?

Inspected but not rated

We did not have adequate information to rate whether the service was caring.

We saw that assessments and care plans encouraged people to express their views on their care and support and supported people to set goals for themselves. We saw that issues of privacy and dignity were considered as part of this process.

Is the service responsive?

Inspected but not rated

We did not have adequate information to rate the responsiveness of the service.

We saw that care and support was delivered in line with the person's stated goals and at the agreed times. Support logs were signed by the person using the service which showed this was being carried out. We saw that the service was flexible with times and agreed tasks as needed with the person.

There was a review policy and a satisfaction policy, however these had not yet been implemented as the person was new to the service. There was an adequate complaints procedure in place, but the service had not yet received any complaints.

Is the service well-led?

Inspected but not rated

We did not have adequate information to rate the leadership of the service.

The Registered Manager had recently resigned and the service was in the process of recruiting a new manager.

The sole active staff member was regularly supervised, although it was too early to judge the effectiveness of this.

Procedures were in place to audit standards of care and the satisfaction of people who used the service, however these had not yet been implemented.

BSA 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 inspection took place on 21 January 2016. The provider was given notice of our inspection. This was to ensure that staff would be available in the office at the time of our inspection. The inspection was carried out by a single inspector.

Prior to our inspection, we looked at the information the Care Quality Commission (CQC) held about the service. This included any notifications of significant incidents reported to CQC since the service registered in June 2014.

At the time of this inspection, we spoke with the director of the company who was currently responsible for its day-to-day running. We reviewed the care records of the single person using the service and the staff files of the active staff member and another staff member who had been recruited but was not currently active. Additionally, we looked at policies and procedures for the service, along with audit tools, records of staff training and checks, and information relating to the monitoring of service delivery.

Inspected but not rated

Is the service safe?

Our findings

We did not have sufficient evidence to rate the safety of the service. The service had measures in place to help ensure people's safety, however due to the limited number of people who had used the service, we could not see enough evidence to demonstrate that these were being implemented to protect people from avoidable harm.

The service had an appropriate safeguarding policy in place, with the nominated individual named as the safeguarding lead. All staff had received safeguarding training as part of their inductions. There had been no safeguarding incidents since the service had registered.

There was adequate staff cover in place to protect people from neglect should the staff be unable to attend work. As part of the initial assessment, a detailed assessment of risks had been carried out, including those as a result of health conditions and including those related to the condition of the person's house. The service had adequate forms in place to assess and manage these risks, and a thorough assessment was in place to look at people's mobility and any risks of falls.

The service had a safe recruitment policy in place to help ensure that staff were suitable to carry out their roles. We saw evidence that staff had provided evidence of their identity, and that two references were taken and confirmed in writing and by telephone. Staff gave a detailed work history as part of their application, we saw in one instance where a gap in a person's employment history had not been adequately explained this had been followed up at the interview and evidence was in place that sufficient information had been obtained.

The assessment for people starting to use the service required staff to obtain information about medicines people take and what support they required with this. Records showed that both staff members had undergone medicines training. There was also a suitable medicines policy in place that required that medicines were adequately monitored and recorded. However, at this point the service was not providing support with medicines, so this policy could not be implemented.

Inspected but not rated

Is the service effective?

Our findings

We did not have adequate information to rate the effectiveness of the service.

The service shared a building and links with a training organisation, from which staff were recruited. We saw evidence that staff had diplomas in level 2 and 3 Health and Social Care, and staff also had training in safer moving and handling, first aid, fire safety, food hygiene and health and safety as part of their inductions.

Staff had completed training in the Mental Capacity Act. 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. We saw that the service had a policy in place in order to obtain consent from people regarding their care and support, and the care plan we saw had been consented to by the person. However, the assessment form did not require the assessor to consider areas of mental capacity should a person lack capacity, which the Nominated Individual recognised as an area for development.

Assessments contained thorough detail on people's history with regards to their health and their current health needs. Nobody using the service at the time of the inspection required support with accessing healthcare services, but we saw evidence that people were supported to exercise in order to improve their overall health. We also saw evidence that the service assessed people's needs regarding food and nutrition, and provided some support to people to cook their own food to improve their nutrition.

Inspected but not rated

Is the service caring?

Our findings

We did not have sufficient information to assess whether the service was caring.

Care plans were written in a way which considered people's needs and wishes. We saw that care plans covered areas such as hobbies, interests and favourite TV shows. We saw evidence that staff supported people to engage in activities of their choice.

Assessments covered people's needs relating to their religion and culture. We saw evidence that people were supported to access religious services of their choice and to prepare food that was culturally appropriate.

The assessment and care planning process supported people to express their views. Plans were completed in a person-centred manner with quotes from the person so that staff could understand their current life situation. People were encouraged to express their goals and provided with support to achieve these.

Care plans indicated how people wished to have their privacy and dignity respected and what the service could do in order to promote this.

Inspected but not rated

Is the service responsive?

Our findings

We did not have adequate evidence to fully assess the responsiveness of the service.

Support logs we saw showed that care was being delivered in a way which met people's stated goals. We saw evidence that sessions with staff were agreed between the care worker and the person in a way which responded to the person's lifestyle and changing needs. They showed that activities were planned and agreed in advance with staff.

The service provided a summary care plan which clearly showed which tasks and activities were agreed with the person and when these needed to be carried out.

Care plans were detailed, and specified exactly how and when people's needs may change. Care plans showed what the person would like to achieve and were written in a person -centred manner. The service had a review procedure in place after the person had been using the service for three months, and care plans clearly showed when this review was due. However, as the person had been using the service for less than three months, this review process had not yet been implemented.

The service had a complaints procedure in place, however had not yet received a formal complaint. The service also had a satisfaction monitoring survey to use after the person had been using the service for three months.

Inspected but not rated

Is the service well-led?

Our findings

We did not have adequate information to rate the leadership of this service.

At the time of our inspection the Registered Manager had recently resigned, and the service was in the process of cancelling this person's registration and recruiting a new manager. The Nominated Individual was overseeing the service on a day-to-day basis.

We saw that the staff member who was currently working had regular supervision and a supervision agreement was in place. In supervision we saw evidence that the staff member's training was reviewed and that the values of the organisation were discussed and promoted. Staff were praised for promoting people's independence and asked to complete timesheets in a manner which clarified outcomes for the person using the service. However, it was too early in the person's employment to determine the effectiveness of this process.

The service had procedures in place for carrying out spot checks and receiving feedback from people who used the service. However, it was too early in the person's support for these procedures to be implemented.