

BMF Social Care Limited

New Charlton Community Centre

Inspection report

217 Maryon Road
Charlton
London
SE7 8DB

Tel: 02088540624

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 October 2016 and was announced. This was the provider's first inspection since their registration. BMF Social Care provides personal care to people in their own homes. At the time of this inspection eleven people were using the service.

The service had a registered manager in post. 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.

During our inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's did not have effective processes in place to monitor and reduce risks to the health, safety and welfare of people. Risk assessments had not always been conducted or reviewed in line with the provider's policy to ensure they reflected people's current needs. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Medicines were not always safely managed in that appropriate records were not always kept where people were supported with medicines. You can see the action we have asked the provider to take at the back of the full version of the report.

We found that improvement was required because the registered manager and staff were not always aware of the requirements of the Mental Capacity Act 2005 (MCA) when obtaining consent from people. Mental capacity assessments relating to specific decision making areas were not always in place where required, and staff had not received MCA training. This meant there was a risk that people's freedoms may be infringed because consent had not been always been appropriately obtained.

Staff understood how to safeguard the people they supported and keep them safe. The provider had taken appropriate steps to ensure safe recruitment processes were in place. There was a whistle-blowing procedure in place and staff were aware to follow it if required. There were enough staff to meet people's care and support needs.

Staff completed an induction when they started work and undertook training in line with the provider's mandatory requirements. People were supported to maintain a balanced diet and to access healthcare professionals as and when required.

People were treated with dignity and respect, and their privacy was taken into account. People and their relatives, where appropriate were involved in decisions about their care. People's care plans provided guidance for staff on how to support people to meet their needs. The provider had a complaints policy in place and people were confident that complaints would be dealt with appropriately.

Staff said they enjoyed working at the service and that they received good support from management. The provider had processes in place to seek appropriate feedback from people and other professionals.

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 not always safe.

Medicines were not safely managed and records relating to the support people received with their medicines was not always recorded.

Risks to people had not always been adequately reviewed in line with the provider's policy.

Safeguarding adults procedures were in place, and staff were aware of the action to take if they had concerns.

The provider had appropriate procedures in place for recruiting staff.

There were sufficient staff deployed to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not trained in the Mental Capacity Act 2005, and did not always understand how to act according to this legislation.

Improvements were required to ensure staff were clear on how to seek consent from people when they did not have capacity.

Staff were supported in their roles through mandatory training, supervision and appraisal.

Where people required support with meals this was recorded in their care plans.

People had access to health care professionals when they needed them.

Requires Improvement ●

Is the service caring?

The service was caring.

People said staff were caring and helpful and treated with dignity

Good ●

and respect.

Staff were familiar with the needs of the people they supported, and people were involved in decisions around their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support to meet their individual needs.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated, and action taken if necessary.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance systems were not effective in monitoring and mitigating risks to people.

The provider had a registered manager in place.

Staff spoke positively about the management of the service and said that management were always available to help.

The provider took into account the views of people using the service through telephone monitoring and checks.

New Charlton Community Centre

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. We undertook an announced inspection of BMF Social Care on 18 October 2016. 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.

The inspection was carried out by one inspector and an interpreter. We used an interpreter to seek the views of people using the service as most of them were Somali speakers. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available.

Before the inspection we reviewed the information we held about the service. This included notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law. We used this information to inform our inspection planning.

During our inspection we spoke with the registered manager, the nominated individual, two members of staff, three people using the service and two relatives. We looked at records, including six people's care records, three staff files and other records relating to the management of the service including audits and policies and procedures.

Is the service safe?

Our findings

Improvement was required to ensure medicines were managed safely. At the time of our inspection there was one person receiving support with their medicines. We requested to see a medicines administration record (MAR) for them. The registered manager told us they had not put a MAR in place. The registered manager was not clear on the need to implement records to reflect that people had been supported with their medicines, and could not be assured that people were receiving their medicines as prescribed. This meant we were unable to ensure that the person had been supported safely to take their medicines as prescribed since this support had started in August 2016. There was a risk that when new people accessed the service they would not be appropriately supported with their medicines, nor records kept to ensure that they were or prompted or administered as prescribed.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. We will check on the provider's progress with this at our next inspection.

We spoke to the staff member responsible for supporting the person with their medicines and they told us they were aware of when the person needed their medicines. The registered manager confirmed they would implement a MAR for the person on the day of our inspection.

Following the inspection the provider sent us copies of a MAR that the staff member had implemented of their accord for the person for October 2016. However, we could not be assured that the person had been supported correctly with their medicines since their medication support commenced in August 2016.

People told us they felt safe using the service. One person told us, "Yes [staff] treat me very well, I feel safe." A relative said, "Yes, staff treat [my relative] well." Staff we spoke with were clear on the needs of the people they were supporting, and we were assured that staff were delivering care in a safe way.

However, the provider did not have suitable systems in place to ensure that risk to people had been assessed and monitored, or to ensure people's risk assessments had always been reviewed when their needs had changed. For example, one person's care file contained a copy of a support plan from a commissioning local authority dated 11 November 2015 but did not contain a risk assessment or support plan developed by the service. The registered manager told us that they followed the care needs as set out by the local authority plan for this person. This meant we could not be assured that risks to the person had been identified and considered in the planning of the person's care to ensure they were safely managed or were up to date. In another example we saw that one person's support needs had changed in August 2016, annotations had been made to their care plan and an email update on their care was included in their file. However, this had not triggered a review of their support to ensure their risk assessment was up to date and reflective of their current needs. Processes had not been established or operated effectively to ensure that the provider was mitigating risk to the health, safety and welfare of people.

These issues were a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a safeguarding policy in place which covered the way to report any allegations of abuse. Staff were aware of the different types of abuse that could occur and knew their responsibilities in protecting people from abuse. They were clear on who they should report any signs of abuse to. One staff member said, "I would report any abuse to the agency, maybe the police or possibly social services." Records showed that staff had completed safeguarding training. This helped ensure people were protected from the risk of abuse.

There were sufficient staff deployed to safely meet people's needs. People and their relatives told us they staff arrived on time for their calls. Staff told us they had enough time to get to all their calls without rushing when providing support to people. Records confirmed that staff rosters were planned to allow for enough time to travel between calls, and that there were sufficient staff employed to cover people's visits each week.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. Recruitment records included details of each staff member's full employment history, employment references, confirmation of identification and criminal records checks. Records we looked at showed that appropriate checks had been conducted to ensure that staff were safe to work with people using the service.

Procedures were in place to deal with any accidents or incidents that had occurred. The provider had process in place for the recording and monitoring of any accidents at that occurred at the service although none had occurred at the time of our inspection. The provider had an on call system to ensure that staff were able to seek advice and support out of hours.

Is the service effective?

Our findings

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. Applications must be made to the Court of Protection where necessary. We checked whether the service was working within the principles of the MCA.

At the time of our inspection the registered manager told us that people using the service had capacity to make decisions about their care and treatment. However, records we looked at showed that the provider did not have decision specific assessments in place to assess people's capacity and this required improvement. For example, one person's records stated that they suffered with dementia, and that they were 'unable to hold a rational conversation'. A capacity assessment had not been completed for this person in relation to their consent to personal care and there was not enough detail to confirm whether the person had capacity or not. There was a risk that new people accessing the service would not receive an appropriate capacity assessment if required. Staff we spoke with were not clear on the principles of the MCA. For example, they were not aware that mental capacity assessments should be conducted in relation to specific decision making areas, and therefore this area required improvement to ensure people's rights were protected. The provider had an appropriate policy in place and showed us a capacity assessment that they would implement following the inspection and, we will check on their progress with this at our next inspection.

People's care files contained consent forms to confirm their agreement with the care and support that they were receiving. People told us that their consent was obtained, one person said "They only do what I consent them to do, they ask me first." Staff understood the importance of consent when supporting people telling us how they would explain to people what they were doing, and ask if they were happy with the support they were receiving throughout. However, where it was unclear whether one person had capacity and they had signed their consent form it was not clear whether they had understood all elements of the care they were consenting to.

People that we spoke with felt that staff were well trained to meet their needs. One person said, "I feel that staff are well trained, yes." A relative told us, "Yes, they are trained." Staff told us that they completed an induction when they started work which included getting to know the needs of people using the service and training in areas considered mandatory by the provider. Records showed that staff were trained in areas including person centred care and wellbeing, safeguarding and whistleblowing, food hygiene, nutrition and hydration, health and safety, communicating effectively, and moving and handling. We noted that refresher training had been booked for staff where required to ensure they remained up to date with best practice in order to effectively meet the needs of the people they supported.

Staff were supported through regular supervision and appraisal. Records showed that staff received supervision on a quarterly basis, in line with the provider's supervision policy. Supervision sessions included discussions relating to each staff member's role and needs, training and development and performance review and team work. We also noted that performance criteria were discussed to assess staff competencies in order to drive improvements within the service.

People were supported to maintain a balanced diet where nutritional support was included in their care plan. One person told us, "Yes, they help me with food and drinks." Another person commented, "They prepared food for me this morning." People's care plans included nutritional assessments and stated the level of support people needed with their food and drink as well as information about their dietary preferences to help ensure staff supported them to eat the things they enjoyed.

People were supported to access healthcare professionals at the time that needed them. For example, one person told us that their carer had taken them to their GP that morning and a staff member told us they had supported another person to an optician's appointment recently. The registered manager told us that they worked with district nurses, community psychiatric nurses and occupational therapists to meet people's needs. Records showed that occupational therapists had been involved in supporting staff when implementing moving and handling plans for people in order to ensure the support given met people's needs safely. We also saw information confirming that the provider had liaised with other healthcare professionals when required, and took a proactive response to supporting people with their healthcare needs.

Is the service caring?

Our findings

People felt that staff were caring and attentive to their needs. One person said, "I'm very happy with the care I am getting." One relative told us, "They help to give [my relative] her bath, massage and whatever I need they do it for her." Another relative commented "They treat her like their own mother. They are good, they are really very good."

Staff demonstrated a good knowledge of the people they worked with and their preferences in the way they received support. One staff member told of us a person that would sometimes refuse personal care, and how they would encourage them to complete these tasks with support where necessary. People and their relatives told us that they had been consulted about their care and support needs. Records we looked at showed that people received regular carers to provide continuity in their care.

People were supported to be as independent as possible, and we saw goals in people's care plans to reflect this. One person said "I try to do things for myself, when not I get [the carers] helping." Another person told us, "When feeling better I try to do things for myself, when not I get them [carers] helping. They ask 'shall we bathe you or can you do it yourself?'" One staff member told us, "I help people to make choices and remain individuals. For example, I let [person using the service] help with light cleaning if he chooses and keep active." Another staff member explained how they encouraged people to be independent wherever possible with their personal care, and that they would offer guidance to people on the things they wished to do for themselves.

People's care plans included information in relation to their cultural and spiritual needs. One person said "I speak to them in my own language." Another person's records included details of the specific place of worship they wished to attend, and the social activities they wished to partake in to meet their spiritual needs. People that we spoke with told us of how their carers supported them to attend activities in the community. Staff told us that where another person had requested to attend the mosque, they had arranged for another member of staff to support them with this. Records also showed that people were supported with food preferences that met their cultural needs.

People felt that their privacy and dignity were respected. One person said, "Yes, they respect me really well; I have full confidence in them." Staff told us that when delivering personal care they would always explain the support they were giving to people and ensure the person was part covered in order to protect their dignity.

People were provided with a service user guide when they commenced using the service which informed them of the standards of care they could expect. The guide also included people's rights and responsibilities, the complaints procedure and regular carer details as well as contact details for the service.

Is the service responsive?

Our findings

People and relatives we spoke with said they were involved in their care planning. One person said, "Yes, I know [of my care plan]." One relative told us they were confident that they could express their views around the care their loved one received. They said, "If [my loved one's] needs change we can go back to them [the provider] and tell them, it gets changed."

Care plans contained details of people's care needs including their social interests, life story, religious and cultural beliefs, mobilising needs and nutritional assessment. The provider had made efforts to ensure that people were matched with care staff who spoke their language and people spoke positively of how this contributed to their care. Both staff that we spoke with and the registered manager were clear on the care needs of people in order to meet their individual needs. People and their relatives told us that the provider regularly reviewed the care needs of people, however we were not able to review records in relation to this on the day of our inspection.

People told us that they received person centred care. One person told us when asked about their needs and preferences, "Sometimes I cannot leave bed; for example, this morning they came early to prepare food for me." A member of staff told us they supported people with a range of activities which included shopping, attending healthcare appointments and trips in the community which helped meet their need for social stimulation. Records also showed that where required people had been supported with other aspects of their lives including debt management and housing support. People were supported in all areas of their wellbeing, and relatives we spoke with confirmed this.

The provider had a complaints policy in place; however at the time of inspection the provider had not received any complaints or concerns. Staff that we spoke with told us that if they received a complaint they would ensure that management were informed at the soonest opportunity. One person told us, "I have no complaints." Another person said, "I know I can go back and report if I am not happy." A relative told us, "Yes, I know the complaints process." Another relative told us they had confidence that any issues they raised would be dealt with appropriately.

Is the service well-led?

Our findings

We found that processes had not been operated effectively to ensure that the provider was monitoring and mitigating risk to the health, safety and welfare of people.

The provider told us that they had completed reviews of people's care records; however they were not able to locate these at the time of inspection. The registered manager told us that they checked the details in people's care files regularly to ensure that people's care plans and risk assessments were up to date and reflective of their current needs. However, these checks had not been effective in identifying issues that we found at this inspection. For example we noted that some people's care plans and risk assessments had not been reviewed on a regular basis in line with the provider's policy, and one person's care file did not contain a care plan or risk assessment developed by the service. The provider did not ensure that appropriate records were in place to review and reflect changes to people's needs. The provider had not understood how they needed to monitor and record people's medicines to ensure these were administered in line with prescriber guidelines. This meant people were at risk because the systems used to monitor and identify risks to people were not effective and did not drive improvements. The provider did not utilise the effective monitoring systems that were in place to assess, monitor and improve the quality of the service.

This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that the provider regularly completed audits on the daily logs completed by staff at each visit they made, to ensure they had been completed accurately. We noted that where staff had been identified as not always signing in and out correctly, the registered manager action had been taken to remedy this through unannounced spot checks, and setting up reminders on staff phones.

People, their relatives and staff told us that they felt the service was well managed. One person said, "I want to say thank you, and that I'm really happy with the care I'm receiving." A relative told us, "Yes, it's well managed. The agency is good if mum needs anything." Staff told us that they felt they received enough support to carry out their role. One staff member said, "If there's a problem I feel I would get enough support to sort it out." Another staff member explained, "I get enough support; they [management] give me all the equipment I need."

There was a registered manager in post at the time of our inspection and they demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008.

People's views were sought through telephone monitoring questionnaires to check that they were satisfied with the quality of the care that they were receiving. One person told us, "They do call to check that I am happy." Records showed that people felt positive about the care that they received. The provider also carried out regular spot checks of staff and people told us their views were included in these. One relative said, "They come randomly sometimes, ask about the carers and the condition of my mother." These checks

helped ensure people were receiving good quality care from the staff supporting them.

The registered manager held staff meetings to keep staff up to date with developments across the service. Topics discussed included information about people using the service, updates on work developments and reminders for staff where necessary. This helped ensure staff were aware of their responsibilities and were kept informed about how best to support people to meet their individual needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely or records kept of the support people required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Processes had not been established or operated effectively to ensure that the provider was mitigating risk to the health, safety and welfare of people.

The enforcement action we took:

Warning notice issued