

Bolff Healthcare Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bolff Healthcare Services Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 4 people receiving support with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Where staff were required to administer medicines, there were clear guidelines in place for staff to follow to ensure these were given safely. However, we identified gaps in medication administration records (MAR) charts. Staff were recruited following safe recruitment processes. These included the employer obtaining character and background checks. However, employment checks were not always carried out by the provider. We raised this with the registered manager who acted immediately and provided us with evidence of updated employment checks for their staff. People told us they felt safe using the service. Systems were in place to protect people from the risk of harm or abuse. Risks to people's safety and wellbeing were assessed and risk reducing measures were documented in their care plans for staff to follow.

People received support from a regular group of staff who knew them and understood their support needs. Staff received training that enabled them to provide the care and support that people needed. Staff received regular supervision and support from the registered manager. People's health needs were met, they were supported to have access to healthcare services when they needed them. People told us staff were attentive to their health needs and would seek guidance when necessary.

People were supported to have maximum choice and control of their lives and staff provided them with care them in the least restrictive way possible; the policies and systems in the service promoted this practice.

People were treated with dignity, respect and kindness. Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence.

Although no one using the service required end of life care at the time of this inspection, systems were in place to ensure people received the right support to have a comfortable, dignified and pain-free death.

People, their representatives and staff spoke positively about the management of the service. The registered manager conducted thorough investigations of any safeguarding concerns which were brought to their attention.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most

people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 September 2021 and this is its first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bolff Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and we reviewed a range of records. These included care records for three people. We looked at three staff files in relation to recruitment, spot checks and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training provided by the registered manager. We spoke with three people and we contacted three people's relatives and four members of staff to obtain their opinion on the quality of care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of signs of neglect or abuse and knew how to report them. Staff felt comfortable to report any concerns. A member of staff told us, "If I suspected or witness any form of abuse to one of my clients, my duty is to assure him or her of the confidentiality and make sure action will be taken without any delay. The client must be given a listening ear without making any form of judgements. Having done that, it must be reported immediately to my line manager with no delay."
- People told us they felt safe with the staff supporting them. One person said, "They are always very pleasant, very friendly."
- The provider worked closely with the safeguarding authority and was clear about their responsibility to report any evidence of abuse promptly.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place to assess the risk that was present in people's lives. The assessments referred to risk relating to people's mobility, the environment, nutrition and hydration, and equipment used by staff in people's homes.
- Staff were knowledgeable about people's individual risks and knew how and when to report these to the registered manager or a health professional.
- There were grab sheets available for other professionals to take and use in case of an emergency. These included basic information about people's needs such as a list of their medicines, information on how their medicines were administered and if people were to be resuscitated.

Staffing and recruitment

- The registered manager ensured staff numbers were safe through good rota management and staff worked together to ensure people's care needs were met. One person told us, "They [staff] are very good, they are always on time." Another person told us, "They [staff] have been my carers for a long time, they are always on time."
- There were systems for staff to undergo a thorough recruitment and selection process before they started working for the service. These included up-to-date criminal records checks, two references from previous employers, a photographic proof of identity, a job application form, a health declaration, interview questions and answers, and proof of eligibility to work in the UK (where applicable). However, this was not always followed and some members of staff had gaps in their employment history which had not been explored in the course of the process of their recruitment. We brought it to the attention of the registered manager who addressed the issue immediately by updating staff files in the course of our inspection.
- An electronic call monitoring system was in place to track and monitor staff support calls. This meant that the management knew where staff were, and would be alerted if staff were late to a call or missed a call, and

could act promptly on this.

Using medicines safely

- People had medicines care plans which identified their needs and preferences relating to their medicines. People received their medicines as prescribed, however, staff did not always sign medication administration record charts (MARs). Although this had no impact on people's health and well-being yet, it still posed a risk to people. We brought it to the attention of the registered manager who told us they were going to identify staff responsible for the negligence and address this through a responsive supervision.
- People had medicines care plans and risk assessments in place. These provided information which helped staff administer medicines safely.
- Staff were suitably skilled and qualified to assist with people's medicines. Staff were required to pass a medication administration assessment before being allowed to administer people's medicines.

Preventing and controlling infection

- Routine infection prevention and control practices were reviewed and updated. Staff clearly understood when and where to wear personal protective equipment (PPE). People confirmed staff routinely used disposable gloves, aprons and face masks.
- Staff had received training in infection prevention and control, and they told us they had good access to PPE.

Learning lessons when things go wrong

- There was a good system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and there was a good out of hours system in place to support them.
- The management team were open and honest when things went wrong and promoted a learning culture within the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service completed an assessment of needs with people and their family before they started using the service, as well as an environmental assessment.
- People and their relatives told us care was being provided in line with people's needs. There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes requested by people.
- People's needs assessments covered their physical and social needs including their personal care, nutrition, communication, mobility and the home environment. Assessments also included people's culture, religion, disability and other protected characteristics.

Staff support: induction, training, skills and experience

- People and their relatives told us staff appeared to be skilled and well trained. One person told us, "They are really well trained."
- All care staff were expected to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed, and staff confirmed they had received appropriate training to meet people's needs and to enhance their skills in the job. Staff were also supported through regular supervisions where they discussed any concerns they may be experiencing.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people needed support with nutrition, care plans detailed what support people required to eat and drink enough and described what their dietary preferences were.
- Staff supported people with meals as per their preferences and needs, in line with the information documented in their care plans.
- Staff had received training in food hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had good working relationships with a range of external organisations such as people's GPs, district nurses and other health professionals.
- Care plans included information about other healthcare professionals involved in people's care. The registered manager described how they could request support, such as an occupational therapy review, if

people needed it and how the information and assessments would be included in people's care plans.

- We saw that relevant healthcare professionals had been contacted for advice and support when required. Staff worked with people and their families to support people to access other services if they needed to, such as district nurses, a physiotherapist and a GP.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support.
- Staff were knowledgeable about the MCA. They had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. A member of staff told us, "The law assumes people have full capacity to make their own decision unless proven otherwise."
- People gave consent to the care and support provided. One person told us their permission was sought before care was provided and they were in control of their care. The person told us, "My choices are always respected."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the staff who supported them and felt they were kind and caring. One person told us, "They are really good, we always have a little joke, a little laugh in the morning."
- Staff understood how people wished to be cared for and followed support plans by respecting each person's individual preferences and routines. People's records contained their life histories, likes and preferences which enabled staff to provide suitable care.
- People's care delivery respected their equality and diversity and staff delivered care without discriminating against each person's diverse needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- The provider ensured people using the service and, where appropriate, their relatives contributed to planning and developing their care and support plans. People told us and records confirmed staff provided care in line with people's wishes and preferences.
- There was regular communication between the management team, staff and people where all were encouraged to express their views. Any information gathered was used to amend individual care plans and improve care delivery.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a dignified manner and their privacy was respected. One person told us, "They are respecting me and my choices."
- Staff knew what tasks each person could undertake for themselves in their daily living and the support they required. This information was clearly detailed in each person's records.
- The provider ensured staff maintained and respected people's right to privacy and confidentiality. Staff shared information with other health and social care professionals when appropriate.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which met their individual needs and preferences. One person told us, "Initially I had plenty of comments about my care package and how staff were supposed to deliver person-centred care. They listened to me and I feel better now when my health has improved."
- People's choices and preferences were identified which ensured they had control in planning for their care and support. Staff supported people according to their wishes of how they preferred to have their care delivered.
- Care and support plan reviews and regular updates ensured staff were kept informed of people's needs and the support they required. This enabled staff to provide care appropriate to people's individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service recognised each person was an individual and had different communication needs which directly impacted on how they experienced their care.
- Staff understood the AIS. They were provided with guidance on how to promote effective communication. People's communication needs were identified, recorded and highlighted in care plans.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process which the registered manager monitored to identify any learning.
- There were no official complaints raised with the provider as they acted immediately upon any issues reported by people. One person told us, "No complaints, they are very nice carers [staff] to me. Only once I asked when they switched carers to have the old ones back and they listened."
- People and their relatives received a copy of the complaints policy and the complaints procedure was explained to them. As a result, they understood the process in which their issues would be addressed.

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The registered manager said they would work alongside other health professionals if such care was needed.
- Staff told us people's advanced wishes would be respected.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff spoke positively about the running of the service. One person told us, "This is a very good management, [registered manager] is a very nice lady." Another person told us, "The direct manager is a very nice lady, she's helped me lot of a times with complex things around my care."
- People received person-centred care because staff were provided with up to date information about people's needs, preferences and routines.
- The registered manager led by example and demonstrated an open and transparent approach; the registered manager was passionate about promoting a person centred, inclusive and empowering staff culture.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The registered manager told us and records confirmed they were open in informing people's relatives where appropriate when any incidents or accidents had occurred.
- Systems were in place for accidents and incidents to be reviewed for consideration of what lessons could be learnt to prevent incidents from reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff performance was routinely monitored, and regular audits were conducted to improve service delivery. However, audits were not always effective in identifying gaps in MAR charts and staff's employment histories. The registered manager told us that as the business was growing bigger, they were planning to employ a person who would help them with auditing documents relating to recruitment and to people's care.
- Staff had the information they needed to provide safe and effective care. We saw staff had access to detailed person-centred care plans to facilitate them providing care to people in the way they preferred.
- There was a clear staff structure in place and staff were aware of how to report concerns and understood the service's management structure.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had systems in place to regularly engage with people and their relatives. These included meeting with them to discuss their care needs and getting feedback in person and through questionnaires.
- The registered manager said they had an 'open door' policy and said staff knew they would be available to listen to any concerns of staff and to provide solutions to address these.
- Staff had regular meetings to discuss the running of the service, people's care and to share any relevant updates.

Continuous learning and improving care; Working in partnership with others

- People received input to their care delivery from a range of health and social care professionals and other agencies who worked closely with the service. Staff followed guidance provided by healthcare professionals such as GPs, district nurses and physiotherapists to support people with complex health needs.
- The registered manager and staff worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- The number of missed calls were kept to a minimum by regular audits and an electronic call monitoring system, every person we spoke to told us they had not had any missed calls.