

B.A.C. Care Limited

Sittingbourne

Inspection report

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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?	Requires improvement	
Is the service well-led?	Good	

Overall summary

We inspected the service on the 07 September 2015. This inspection was announced.

Sittingbourne is a domiciliary care agency which provides personal care to people who live in their own home, including people with dementia and physical disabilities. The service provides care for people in the Faversham, Sittingbourne and Isle of Sheppey areas of Kent. There were 84 people receiving support to meet their personal care needs on the day we inspected.

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.

People's views about the service they received were positive. Relatives felt their family members received safe, effective, compassionate, responsive and well led care.

Summary of findings

Recruitment practices were not always safe, gaps in employment history had not always been explored.

Risk assessments lacked detail and did not give staff guidance about any action staff needed to take to make sure people were protected from harm.

Staff had been given training in essential areas. Staff had not always been given training relating to people's individual health needs. We made a recommendation about this.

People's care plans detailed what staff needed to do for a person. The care plans did not include information about their life history and were not person centred. We made a recommendation about this.

People were given information about how to complain. This did not include information about who to contact if they were unhappy with the response to their complaint. We made a recommendation about this.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Staff received regular support and supervision from the manager. There were suitable numbers of staff on shift to meet people's needs.

Medicines were appropriately managed and recorded.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People and relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People's view and experiences were sought through review meetings and through surveys.

People were supported to be as independent as possible.

People told us that the service was well run. Staff were positive about the support they received from the manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Risk assessments were not always clear and up to date to ensure that staff had clear guidance in order to meet people's needs.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

There were sufficient staff on duty to ensure that people received care and support. Effective recruitment procedures were not always in place.

Medicines were appropriately managed and recorded.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff had received essential training they needed to enable them to carry out their roles. However, staff had not received training relating to people's individual health conditions. Staff had received supervision and good support from the management team.

Staff supported people to buy, prepare and make food which met their assessed needs.

Staff had a good understanding of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Requires improvement



Is the service caring?

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their own care.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was not consistently responsive.

People's care plans were not person centred. Care plans did not detail people's important information such as their life history and personal history.

A complaints policy and procedure was in place, this did not detail all of the information people needed to appeal about a response.

People had been asked their views and opinions about the service they received.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led.

There were systems in place to assess the quality of the service.

Records relating to people's care were stored securely.

The registered manager was aware of their responsibilities.

The service had a clear set of values and these were being put into practice by the staff and management team.

Good



Sittingbourne

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.

We inspected the service on the 07 September 2015. This inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for people who use this type of care service.

We telephoned 12 people to ask them about their views and experiences of receiving care. We spoke with four relatives on the telephone. We spoke with seven staff during the inspection, which included the registered manager and the providers and telephoned three staff to interview them.

We looked at records held by the provider. These included 10 people's care records, risk assessments, staff rotas, eight staff recruitment records, meeting minutes, policies and procedures.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We last inspected the service on the 9 January 2014 and there were no concerns.

Is the service safe?

Our findings

Peoples told us they felt safe with the support they received from the service. People said, “I feel perfectly safe with the carers. They are nice people and very professional”; “They know me and my needs”. People told us they had regular staff that visited them in their home.

Relatives told us that their family members were safe and staff let their family members know if they were running late. One relative said, “Mother is very much safe and well treated, the staff are very good. I can’t fault them”.

Risk assessments had not always been completed for activities that could pose a risk to people and staff. For example, risks had been identified relating to people using oxygen. Risk assessments had not been completed to give staff guidance about safe working practice in relation to storage and monitoring of oxygen, such as ventilation, use of oxygen near fires and naked flames and dangers of tubing becoming trapped. Environment risk assessments had also only been partially completed. For example, risks had been identified however the risk level had not been confirmed and action required to mitigate the risks had not always been identified. This meant that staff and people were not always protected from harm because safe systems had not always been identified.

The examples above were a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Moving and handling risk assessments were detailed and clear to staff what equipment they should use to safely support people. Staff told us that risk assessments were always in place at a person’s home before they commenced care and support. If people’s needs changed, staff made contact with the management team to advise them of changes. The management team then arranged for the person’s needs to be reassessed.

Recruitment practices were not always safe. The provider and registered manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff employment files showed that references had been checked. Six out of eight application forms did not show a full employment history and some employment and further education listed on application forms did not have end dates, therefore it was not possible to identify if there had been gaps in employment. Interview records did not evidence that this had been investigated by the provider. The provider was not following their own recruitment policy. The policy stated that before an interview they would ‘check work history note and investigate all periods of no work’. This meant that the provider had not carried out robust checks to evidence that staff were suitable to work with people.

The failure to carry out safe recruitment practices was a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were suitable numbers of staff on shift to meet people’s needs. The staffing rota showed that when staff were off sick or on training people still received their care and support. People received a copy of the rota of care so that they were aware of who would be attending to provide their support and when.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. We noted that the policy and procedure was three years old, so it was not the most up to date. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The provider understood their responsibilities and knew to report safeguarding concerns to the local authority. The training records evidenced that 34 out of 40 staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff had access to the whistleblowing policy.

Accident and incident records showed that the registered manager and provider completed forms following telephone calls from staff working in the community. The forms detailed what action had been taken as a result of the incidents. For example, calls had been made and emails had been sent to healthcare professionals in response to a person’s mental health deteriorating.

Is the service safe?

Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place which had been updated in January 2015. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. For example, repackaging of medicines in medicines compliance aids. Staff were clear about their responsibilities regarding medicines.

Staff told us that they were not able to administer medicines that were in a family filled compliance aid and that medication could only be given if it was in a pharmacy filled compliance aid or original packaging. Staff made accurate records of medicines taken on medicines administration charts (MAR) and medicines records. Completed medicine records were checked by care coordinators when these were returned to the office at the end of each month. This meant that there were good systems in place to ensure people received their medicines safely.

Is the service effective?

Our findings

People told us that the staff provided effective care and support and that staff took action when they are not well. One person told us, “I have a boiled egg and cup of tea every morning. My carers know exactly how I like it and it is always right”. Another person said, “They only come twice a week to give me a shower. They do this in a professional way and I don’t mind the girls giving me a shower, they are very competent, kind and caring. I wouldn’t want to change from this company”. Another person told us that staff asked them, “How are you today, are you well? Very occasionally they have suggested that I call the doctor if I am slightly unwell”. Another person said, “They always ask my permission before they do anything in my home and they are always respectful and kind”.

Relatives told us that they were involved with care planning and making important decisions. One relative said, “I’m involved in decisions, important things such as forms and going to the dentist”. They went on to say, “Staff know what to do, they are very efficient and friendly. They do mums food, they do a lovely breakfast”.

Staff had good knowledge and understanding of their role and how to support people effectively. Staff had not received all of the training and guidance relevant to their roles. The staff training records showed that essential training such as safeguarding adults, health and safety, food hygiene, Mental Capacity Act 2005 and Dementia had been undertaken. Some areas of the training records were blank. There were 34 out of 40 members of staff had undertaken in these areas. Some staff we spoke with told us that they had received training specific to people’s needs such as catheter care and stoma care. However, one staff member told us that they provided care and support for a person who was diagnosed with Parkinson disease and they had not had Parkinson’s disease training. The training records confirmed that no staff had attended this training. This meant that staff members had not always received all of the training they needed to meet people’s needs.

We recommend that the provider seeks guidance on providing relevant training to staff to meet people’s needs.

Individual staff files included evidence of successful completion of probationary periods and records of

mandatory training received and these corresponded to the training records. Staff told us that they did not always receive regular supervision, however staff said that they could talk to the registered manager and provider at any time and that the management team have an open door policy. Records evidenced that staff annual appraisals had taken place. Attendance at staff meetings was also recorded for staff. Staff were updated about key events and information by memo and newsletter. Newsletters included information about new staff that had joined the service and also messages of thanks to staff for their hard work and dedication.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people’s mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had been attended by 37 out of 40 staff. Staff evidenced that they had a good understanding of the MCA. Staff told us that they talked with people about their care to ensure that they knew what they were doing and to seek consent. One staff member explained, that they communicated with a person who was unable to talk by using technology. The person used an iPad to communicate with staff. Another staff member told us that they enabled people to make choices and respected people’s choices. This meant that consent was sought in line with legislation and guidance.

Staff told us they supported people to maintain independence. One staff member explained how they supported a person to mobilise to their dining room each day to eat their meal with their relative. Care plans detailed the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer plenty of drinks and to ensure that staff left drinks in reach of people before leaving. One staff member told us that they enabled people to choose and eat food that they liked and ensured that food was fresh. Diabetes risk assessments were in place for people that had a diagnosis of diabetes. The risk assessments advised staff to avoid sugary foods. One staff member told us that when they shopped for a person, they followed advice given by the dietician to ensure that they purchased foods which were lower in sugar.

People’s care records evidence that people received medical assistance from healthcare professionals when

Is the service effective?

they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. We saw and heard the office staff making contact with the GP surgery during our inspection to report a change in someone's skin condition. Records evidenced that the service had responded to people's changing needs as they had contacted the GP, district nurses, Occupational

Therapists (OT's), dietician and continuing healthcare teams when necessary. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs that the person had experienced a stroke. This meant that people's health needs were met by staff.

Is the service caring?

Our findings

People told us they felt well cared for. They explained that the care is consistently good throughout the whole week including evenings and weekends. One person told us, “This is altogether a very caring company”. Another person said, “This is the best Care Company in this area. They really do care”. One person told us that Social Services had changed their care provider to another company. They explained that they were, “Not at all happy with their service and insisted on changing back to BAC. I think they are all absolutely brilliant and certainly the best in this area”. People also said “They are all very nice people and I am happy with the care I receive” and “The girls are excellent, caring, considerate and cheerful”.

Relatives provided positive feedback about the care and support their family members received. One relative said, “The attitude of the staff of this company is exemplary. Their care goes beyond the call of duty. My husband is quite disabled but they do encourage him to do as much as possible and they never rush him”. Another relative told us, “Staff are kind and compassionate”.

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people’s privacy and dignity. Staff explained that they would close and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. All of the staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. One staff member explained they worked with a second member of staff to support people with their personal care and when using moving and handling equipment. When they worked with other staff they ensured that they didn’t chat to the other staff member, they spoke with the person.

Staff knew the people they supported well. The rota’s evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support.

The service had a guide which had been put together to provide information for people who used the service. The management team told us that this was given to each person when their care package started. The information guide included contact details for the service, details of the types of care and support offered, the complaints procedure and forms for staff to use whilst providing care such as daily record sheets. The ‘service user guide’ set out the aims and objectives of the service. One staff member who was an assessor told us that they carried out assessments with the person and their relatives whenever possible. They involved health care professionals when people had specific medical and healthcare needs.

People’s care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. For example, one person’s care plan showed they needed four care visits a day to have support with their personal care, taking medicines, eating and drinking. The daily records evidenced that the person received four care visits each day as detailed in the care plan. The records noted what the person had eaten that staff had time to chat.

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us, they chatted to people to find out what they wanted. Two other staff members told us how they encouraged people to independently wash areas of their body and they only stepped in to provide care when the person needed help. For example, to wash the person’s back.

People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the manager’s office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and IT support to ensure that files could be accessed and recovered in the event of IT failure.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and their views were sought. One person said, “We are contacted by the managers and they call to see if we are happy with everything”. Another person told us, “I have never had to complain about anything but would if I needed to”.

Relatives told us that they were involved with planning and reviewing their family member’s care. One relative said they were, “Involved in discussions and reviews of care plans”. One relative said, “Last week the manager came to do my husband’s care as our regular carers was not able to come”. Another relative told us they got “Surveys occasionally”.

Staff told us that when they started to provide support to people there was always a care plan and risk assessments in place and they had all the information they needed to provide care and support. They explained that the assessor staff had conducted an assessment visit. The assessor explained that they met with people and their relatives where appropriate to ask them questions about their care needs, their wishes and choices. Where people were at the end of their life, the assessor liaised with Continuing Care team to ensure that the person was receiving all of the support they needed to manage their health needs. The assessments contained within people’s care records did not show who had been involved in the assessment.

People’s care plans that we viewed did not detail their life history and important information about them. Such as previous occupations, places they had lived and important people in their lives. The care plans provided clear detail to staff about what they had to do for a person. We spoke with the provider about this and they explained that staff had attended person centred care training. The provider detailed how they had put this training in to effective use when one person was not happy with new staff supporting them with their care needs. A detailed person centred plan had been put in place to help new staff understand the individual’s history. This helped staff engage the person in discussion that was important to them and enabled staff to develop a good rapport with the person as well as a good understanding of their life. The training provided had not been embedded into the care planning process to ensure that person centred care could be delivered to every person who used the service.

This was a breach of Regulation 9 (1) (a) (b) (c) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the ‘service user guide’. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). The complaints procedure within the service user guide did not give the information about how long it would take for the provider to respond to complaints and did not give information about how to contact the LGO. This meant people would not know this information without asking to see the full policy held in the office.

We recommend that the complaints procedure is reviewed and updated to give people all the information they need in order to complain should they need to.

Complaints records showed that issues had been fully investigated and responded to by the registered manager and provider within appropriate timescales, people had received an apology when one was required. Compliments records were maintained. These records contained letters and cards from people and their relatives. One read ‘I would like to take this opportunity to thank you all for your help and kindness during the years that you have looked after my father. It was very much appreciated’. Another detailed that the person, ‘Looked forward to their [staff] visits looking on them as friends. They were compassionate but at all times very professional.

People were encouraged to provide feedback about the service. The staff members who are assessors visited people in their home twice a year to review their care package and discuss their feedback. The assessors asked people questions about their experiences. For example, people were asked, ‘Do your carers arrive on time?’; ‘Does the carer stay the full time in your care call?’ and ‘If you have any questions or need to complain, would you know who to contact?’ A short summary report is then produced for the registered manager and provider to evidence the results. We viewed a number of these summary reports for the service. These showed that regular reviews had taken place between January and August 2015. The results were

Is the service responsive?

generally positive. For example, 49 people were asked for their feedback. 100% told the assessor that staff stayed the full length of their care call. One person said that staff did not always turn up on time. We spoke with staff about this. They told us that sometimes they could become delayed at

their previous care visit. They contacted the office to alert them and this was followed up with a phone call from the office staff to the next person. One relative recognised that the staff could not do this with their family member as they did not have a telephone.

Is the service well-led?

Our findings

People were complimentary about the service and how it was run. One person told us, “I have every confidence in this company and its staff. If all companies were as good as BAC we wouldn’t have all the bad publicity that is around”. Other people told us, “This is definitely a good company. I have no complaints whatsoever”; “The manager of this company is excellent and will always listen to my views”; “The carers employed by this company have become my friends. There is nothing they wouldn’t do for me”; “I feel this is a good company. I couldn’t have better care” and “I would definitely recommend this company to any of my friends”.

Relatives told us that the service was well led. One relative said, “I think the service is well managed, (the provider) and the others are excellent and very efficient”.

Feedback from a local authority purchasing officer was positive. They told us that the office staff, (which included the management team) had been friendly and professional, whenever they had been in contact with them.

The registered manager and providers worked closely with the staff to ensure the service ran smoothly. We observed the providers making calls to GP’s and district nursing teams when staff had rang in to log concerns about people’s health. One of the directors took the lead on providing training to staff. They explained that they were refreshing all staff members training. This was reflected on the training records. The registered manager and provider met with the office based staff on a daily basis to discuss any changes in care and any concerns. The registered manager reviewed ‘Client contact sheets’ to ensure that required action had been taken to respond to concerns or changes in people’s health or welfare.

Staff felt that they had good support from the management team and providers. They were given opportunities to grow within the organisation and develop themselves. A leadership course had been developed which some staff were working their way through.

Staff handbooks detailed that the purpose of the service was ‘To provide personal and domestic assistance to enable people to remain in their own homes for as long as they wish for. To provide such support as the service user requests in accordance with the care plan’ and

‘Empowering individuals to live with dignity and security within their own homes. Enabling independence and individuality’. Feedback given by staff and by people who received care and support from the service demonstrated that these values were embedded into everything they do.

The service had a clear management structure in place led by an effective registered manager who understood the aims of the service. The management team encouraged a culture of openness and transparency. Their values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask], management being supportive of staff and people, respecting each other and open communication. Staff demonstrated these values by being complimentary about the management team. Staff told us that an honest culture existed and they were free to make suggestions.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support as they should be. Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. This was achieved by checking off timesheets completed by staff and the daily records sheets against care plans.

The providers had identified areas of improvement within their provider information return (PIR) and detailed how they planned to achieve these. For example, they identified that some of the training had not been effective so were scheduling staff to undertake refresher training within the next six months.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The providers kept the registered manager up to date with new developments in social care. The aims and objectives of the service were clearly set out; they fostered accountability, respect and honesty. The registered manager of the service was able to promote these values with the staff.

Procedures were in place to ensure that people received care and support during bad weather. The registered manager explained that staff had walked across fields in the snow previously to reach people who were difficult to reach by road. The service operated in three local areas

Is the service well-led?

and each area had a team of staff assigned to it. Most of these staff lived locally to people in their area which meant that care and support would suffer minor disruption during bad weather.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns and if they were going to be absent from their role for longer than 28 days.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People's care was not person centred.

Regulation 9 (1) (a) (b) (c) (3) (b)

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Risks to people had not always been appropriately managed.

Regulation 12 (1) (2) (a) (b)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not operated recruitment procedures effectively.

Regulation 19 (1)(a)(b)(2)(a)(3)(a)