

Bonney Care Agency Ltd

Bonney Care Agency

Inspection report

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Date of inspection visit:
24 June 2022

Date of publication:
14 July 2022

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

Bonney Care Agency provides care to people living in their own homes and in a supported living setting. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. 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. At the time of our inspection, ten people were receiving personal care.

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

People received safe care and support. Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Risks had been assessed and planned for and staff had guidance of actions required to mitigate risks. People told us they felt well supported to remain safe.

There were enough staff to provide care. People had not experienced any missed calls, and if staff were running late due to traffic or unforeseen circumstances, people were notified. Care call records confirmed staff stayed for the duration expected. People were supported by regular staff, this provided continuity and consistency in care. The management team covered any staff shortfalls, recruitment was ongoing and followed safe recruitment checks.

Where people received support with their prescribed medicines, staff had guidance and checks were completed to ensure support was completed safely. Infection prevention and control best practice guidance was followed.

People's individual care needs were assessed, and staff had guidance of how to provide care and support that was individual to the person. Staff received ongoing training and support and had their competency assessed.

People received support to access health services when required, and staff provided support with eating and drinking care needs.

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

People were supported by staff who were kind, caring and respectful. Positive feedback was received about the approach of staff. Independence was promoted and people were supported with interest, hobbies and social inclusion opportunities.

People's communication needs had been assessed and staff had detailed information of how best to

communicate with people effectively. Information had been made available in alternative formats such as easy read.

The provider had a complaints procedure and a quality assurance process that enabled people to share their experience about the service they received. People's support plans were regularly reviewed and their care package was discussed with them and changes were made when required. The provider had robust audits and checks that monitored quality and safety.

Staff were positive about working for the service and clearly understood the providers vision and values of supporting people to live independently and fulfilling lives.

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

Rating at last inspection

The last rating for the service was good (published 27 September 2018). Since then the provider has changed its legal entity.

Why we inspected

This inspection was completed due to the provider's registration history.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bonney Care Agency on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bonney Care Agency

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 Care Act 2014.

Inspection team

The inspection was completed 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. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post, they were also the provider.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we wanted to ensure the registered manager would be available. We also required consent from people to visit them in their supported living setting.

Inspection activity started on 21 June 2022 and ended on 24 June 2022. We visited the office location on 24 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with five people about their care and support, we also spoke with one relative, a family friend, and a personal assistant for their experience of the service. We reviewed a range of records including the relevant sections of four people's care records and medicines records and audits and checks. We looked at three staff files in relation to recruitment, supervision, spot checks and training. We spoke with the registered manager and five support workers.

What we did after the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same.

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

- People were protected from abuse and avoidable harm. People told us they received safe care and support. A relative said, "There's never been a missed call and they [staff] always stay for the whole call, they don't cut corners. I have no concerns about safety." A person said, "My regular carer is lovely, but I feel safe with all the staff, they wear a uniform and have an ID badge so I know who they are."
- Staff understood their role and responsibilities to protect people from abuse and avoidable harm. A staff member said, "Any unexplained bruising, a change in a person's behaviour may be a sign of abuse, I would report it to the manager. I would also report any concerns about poor staff attitude or behaviour."
- The provider had a safeguarding policy and procedure and staff completed annual safeguarding training. The registered manager told us of the actions they had taken to support a person when they suspected abuse. The provider also had a whistleblowing procedure and staff demonstrated an understanding of this.

Assessing risk, safety monitoring and management

- People's safety in relation to their care needs including emotional needs and the environment were assessed and monitored. Risk assessments were developed with people and or their representative, and regularly reviewed and amended when changes occurred.
- People were positive about how risks were managed. A person who used the service told us how their needs had become greater. They explained of the action by the registered manager to have their care needs reassessed and their care package increased.
- Staff told us they found guidance about how to manage and mitigate risks to be detailed and supportive. A staff member said, "Any risk has been assessed and we have detailed information and support to keep people safe."

Staffing and recruitment

- There were sufficient staff deployed to meet people's care needs. People were supported by a small core group of regular staff. People confirmed they had not experienced any missed calls and if staff were running late, they received a call advising them of this. A person said, "Due to traffic, my carer may be late but the office will let me know. If they are running late, they still always stay for the same amount of time allocated."
- Staff told us the organisation of the staff rota was good, it was completed in advance and people received consistent care from regular staff. A staff member said, "The management team make sure people have the same regular care staff, but they also consider our needs and make sure we don't work excessive hours."
- The provider had safe staff recruitment procedures. Records confirmed checks were completed included work history, reference checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

People were supported by regular staff that were competent and

Using medicines safely

- Whilst best practice guidance was followed, we noted handwritten entries recorded on medicine administration records did not have two staff signatures. This is important to ensure accurate transcribing and was discussed with the registered manager.
- Where required staff supported people with the safe administration of medicines. Staff had received annual training and their competency assessed.
- Staff had guidance of how to safely administer people's medicines and people had been supported to have their medicines reviewed. Where people had medicines prescribed to be given 'as required' protocols were in place to ensure these medicines were consistently given as prescribed.
- Regular audits and checks on the management and administration of medicines were completed. These records confirmed people had received their prescribed medicines safely.

Preventing and controlling infection

- The provider had an infection prevention and control (IPC) policy, and this included COVID-19 best practice guidance. Staff training information confirmed they had received both IPC and COVID-19 training.
- Staff wore Personal Protective Equipment such as aprons, gloves and masks when providing care to reduce the risks with cross infection.
- Staff were participating in the COVID-19 testing programme, to ensure the risk of COVID-19 transmission was reduced.

Learning lessons when things go wrong

- The provider had an incident management system and process should there be an incident. This included an analysis of incidents to consider, themes, patterns and learning opportunities to reduce reoccurrence.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same.

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

- People's individual care and support needs were assessed prior to using the service. Care records confirmed people and or their representative, had been involved in a pre-assessment of their care needs. A person said, "An assessment was completed by the manager before [relation] started with the service and lots of questions were asked about their support needs and about visits times."
- Recognised assessment tools were used to assess and monitor people's care needs. This included needs associated with falls, skin care and positive behaviour support in meeting emotional care needs. The provider's policies reflected best practice guidance.
- Assessments considered people's cultural, physical, mental and spiritual care needs. Staff showed knowledge and understanding of people's diverse needs and gave examples of how they respected these. For example, some people had specific dietary needs in relation to their religion, staff ensured people were supported to purchase and cook appropriate foods of their choice.

Staff support: induction, training, skills and experience

- Staff received a planned and structured induction. This included shadowing experienced staff and being introduced to people before providing care. This was confirmed by people who used the service and staff.
- Staff had received training identified by the provider as required to meet people's individual care needs effectively and safely. Staff were positive about the training they had received. A staff member said, "I feel confident enough, I've been doing my role a long time. Annual refresher training is good, you learn more and understand any changes."
- Staff received ongoing support to discuss their work, training and development. Staff received three monthly supervision meetings and an annual appraisal. Unannounced spot checks were completed by the management team to review staff's competency. Staff were positive about this support. A staff member said, "I feel well supported. My last supervision was a couple of weeks ago, in between meetings, someone from the management will call and check how you are doing."

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

- People were supported with food and hydration needs. This included assistance where required with menu planning, shopping and cooking. Where people had any dietary requirement, this was recorded, and guidance provided for staff. Staff told us how they supported people with food management such as checking use by dates
- Choice and healthy eating was promoted. A staff member said, "We encourage a balanced, healthy diet

whilst giving people a choice. We always encourage fluids to avoid dehydration."

- Where people received support with eating and drinking, they were positive how staff assisted them. A person said, "Support is provided with meals, the staff always offer a choice and make sure drinks are left nearby when they leave."

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

- Processes were in place for the exchange of information with healthcare professionals to support a person in their continued care. Important information was shared with healthcare professionals such as the ambulance and hospital staff.
- People's health conditions had been assessed and staff provided with guidance of how this impacted the person and their care needs.
- People told us and records confirmed, how people where required, were supported to access health service and attend appointments.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, no person had an authorisation to deprive them of their liberty. Some people received 24 hour care and support, whilst the registered manager told us people had consented to this, we asked the registered manager to consult with the local authority, to check if an application to the Court of Protection was required due to the level of constant supervision provided. The registered manager agreed to do this.
- The registered manager told us people had mental capacity to consent to all aspects of their care. The registered manager was aware should a person lack capacity to consent to a specific decision, of what their responsibilities were.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same.

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 received care and support that was individualised, kind and compassionate. Positive feedback was received about staff's approach. One family friend raised some negative concerns, and this was shared with the registered manager.
- A relative said, "[Relation] gets on well with all the staff, they are all caring and respectful." A person said, "I get good care, the carer always tries to do their best for me."
- The assessment process and support plans reflected people's protected characteristics and staff had received training in equality and diversity. People's diverse and cultural and religious needs were discussed with them and recorded in their support plan.
- Staff were knowledgeable about what was important to people, and spoke positively and respectfully, showing they had formed positive relationships. A staff member said, "It's a very diverse and inclusive service, we respect people's differences."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in discussions and decisions about how they received their care and support. Care records reviewed and people confirmed, how they were consulted in their care.
- A person said, "The manager always asks how I'm getting on and makes sure everything is okay. They will change things if I need them to, they always listen to what I have to say." A relative said, "The care plans have been discussed with us and are reviewed, they are detailed and up to date and include what's important to [relation]."
- Support plans provided staff with guidance about how to promote dignity and independence. Staff gave examples of how they provided dignity and respect and how independence was encouraged.
- A staff member said, "I try and make sure people are kept decent during personal care. People are given a preference to either a male or female member of care staff." Another staff member said, "It's important to support people to maintain and develop their independence. Some people it's about developing their confidence and supporting them to try new things."
- Advocacy service information was not available for people. However, we discussed this with the registered manager who agreed to source some information and make this available to people.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same.

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 person centred care and support based on their individual routines and preferences. Choice and control were promoted through ongoing reviews and consultation with people. Staff also offered daily choice and support when providing care.
- People spoke positively about the care and support they received. A person said, "I'm very happy with my care. They [staff] do their very best for me, I feel lucky, they've never let me down. They always ask before doing anything and check if I need anything else doing before they leave."
- Support plans provided staff with detailed guidance, including information about people's routines, preferences, and life history. This supported staff to fully understand people's individual care and support 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.

- People's communication needs had been assessed. A support plan provided staff with detailed guidance that enabled them to be responsive and effective in understanding a person's communication.
- Information such as the complaints and safeguarding procedures had also been made available in easy read. This showed how the provider had considered people's different communication needs.
- Staff gave good examples of how they met people's individual communication needs. A staff member said, "I support a person with limited communication, I take my time, use short sentences and repeat back their response, to make sure I've understood correctly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be active citizens of their community. Some people received 24 hour care in a supported living setting. Two people who received this support told us how staff enabled them to access community activities when they wished. They gave examples of activities important to them such as shopping, doing arts and crafts and how staff supported them.
- People who lived in the supported living setting had their own tenancy and lived in single occupied flats

and had their own individual care staff. People told us how they sometimes socialised together in the communal garden, to celebrate special occasions. This reduce the risk of isolation and enabled people to develop friendships.

- Staff gave examples of how they supported people to lead active and fulfilled lives. A staff member said, "I love my job its brilliant, I really enjoy supporting people to live the life they want and to try new activities and experiences."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, and this had been made available to people. Whilst people and their relatives told us they were happy with the service, they told us they felt confident they could raise a concern if needed. A relative said, "All the staff do a great job, [relation] and I have no complaints or concerns. If we did, we feel able to raise them and would contact the office."

End of life care and support

- At the time of our inspection, no person was receiving end of life care. However, people's end of life care wishes had been discussed with them.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same.

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; Working in partnership with others

- People received care and support based on their individual care and support needs. We received positive feedback about people's experience of the service. A person said, "I like my staff, yes, I feel happy, the staff support me in what I like to do."
- People and staff were positive about the management team. The registered manager was described as being a good leader, supportive and approachable. A relative said, "[Name] is the manager and they come out every so often to check how the care package is going, see if we want any changes. They also provide care sometimes so we've got to know them well. Nothing is too much trouble."
- Staff demonstrated a good understanding of the providers vision and values. Staff showed a commitment in striving to continually provide consistent high-quality care. A staff member said, "It's enriching working with people we support, it's taught me a lot. Our aim is to support people to live in the community." Another staff member said, "It's a good service, it's diverse and inclusive."
- External health care professionals gave positive feedback and examples of how people had been supported to achieve positive outcomes. This was also confirmed from reviewing care records, these showed how people's emotional and wellbeing care needs were being positively met and people were settled.
- Care records confirmed how staff worked with external professionals in supporting people's care needs. The registered manager attended and contributed to external meetings and implemented any external professional recommendations.

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 was clear about their responsibility to be open and transparent in line with their duty or candour responsibility.
- We received positive feedback from people who used the service and external professionals about the open and honest approach by the registered manager. A professional said, "I have always found Bonney care's management [the manager] to be extremely responsive and open to conversation as to how best meet someone's care needs."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had robust systems and processes to continually monitor quality and safety and these were up to date. For example, an electronic system was used to monitor care call times and this alerted the management team if calls were 15 minutes late.
- The provider had good staff communication and support systems. Lone working procedures always ensured staff had access to on call support and assistance. Staff were positive about the support they received. A staff member said, "There's always someone at the end of the phone."
- The registered manager understood their registration regulatory responsibilities. They also ensured people who lived in the supported living setting, were supported to manage their tenancy, they reported any housing related issues to the landlord.

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

- The provider had an appropriate equality and diversity policy in place and staff received training in how to ensure people's equality characteristics were considered when providing care to them.
- Details of people's individual equality and diversity characteristics were recorded in their care records and considered when care was being planned.
- People, relatives, staff and external professionals received opportunities to share their experience of the service. This feedback was reviewed by the management team and any required actions were addressed immediately.