

Bkind Care Ltd

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Inspection report

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Date of inspection visit:
31 May 2022

Date of publication:
23 June 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

Bkind Care Ltd is a domiciliary care service providing personal care and support to people living in their own homes.

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, there were six people receiving personal care.

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

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety.

Risks to people were assessed and their safety was monitored and well managed. Safe recruitment processes were followed to make sure the right staff were employed. Infection prevention and control practices were followed to minimise the spread of infection, including those related to COVID-19.

People's needs and choices were assessed to make sure the service was right for them. Staff were knowledgeable about people and provided them with the care and support they needed in a way they preferred.

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.

Staff received the training, supervision and support they needed. Staff worked closely with other health care professionals to ensure people's health needs were met.

Staff and the managers spoke with compassion and empathy about people who used the service. People were involved in decisions about their care and support. There was a clear focus on supporting people to develop their independence and choices.

People were treated well and with respect. People and family members described staff as caring, kind, thoughtful and patient. Staff respected people's privacy, dignity and independence and their right to confidentiality. People and family members were encouraged to express their views and opinions and make decisions about the care provided.

People and their relatives had access to a complaint's procedure, if they wished to raise a concern. The registered manager carried out audits to check the quality and safety of the service. Spot checks were

carried out to monitor staff performance. People were asked for their views and any suggestions were used to improve the service and make necessary changes.

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 4 September 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service including when the service registered with CQC.

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 is in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details is in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details is in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details is in our well-Led findings be

Bkind Care 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

One inspector undertook this inspection.

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 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure there would be people available to speak with us.

Inspection activity started on 31 May 2022 and ended on 7 June 2022. We visited the location's office on 31 May 2022.

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 it

registered with us. We used all of this information to plan our inspection.

During the inspection

During the site visit we spoke with the registered manager.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the service to validate evidence found. We looked at training data, quality assurance records, policies and procedures. We also contacted and received feedback from one person, one relative and one member of staff.

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 for 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

- People were protected from the risk of abuse. Staff completed safeguarding training and had access to guidance about the different types and indicators of abuse and how to report any concerns.
- People told us they felt safe with staff and staff treated them well. They told us they would let staff or the registered manager know if they had any concerns about their safety or the way they were treated.
- Relatives told us they had no concerns about their relatives' safety. Comments included, "I could go away for the weekend with confidence and in the knowledge [person] is completely safe."

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
- Regular reviews took place and plans were updated to reflect any changes in people's needs.
- Staff told us risk assessments provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety.
- The provider had a business contingency plan which provided information and guidance on actions staff should take in emergency situations.

Staffing and recruitment

- There were safe systems for staff recruitment in place. All required checks had been undertaken prior to people commencing employment.
- People received consistent care and support from suitably skilled and experienced staff. People confirmed they had not experienced any missed calls and any late calls were understandable and not too late.
- People told us their visits were carried out by regular staff. One person told us, "It's the same faces, which is nice."
- Staff confirmed they visited the same people. One staff member told us, "I have a regular rota and I visit the same people. This familiarity helps us all to have a good relationship." A relative told us, "The staff do not seem rushed, they have time to sit and have a chat with (person)."

Using medicines safely

- Medicines were safely managed. The staff did not support everyone with medicines but where they did, people told us the medicine was always correctly administered and on time.
- Records were clear and risks for medicine administration had been assessed.
- The registered manager checked staff's ability in practice to ensure they worked safely and correctly. Staff

understood what to do in the event of a medicines error.

Preventing and controlling infection

- The service had an infection prevention and control and COVID-19 policy in place. The service ensured an adequate supply of personal protective equipment (PPE) was available to staff.
- We were assured the provider was using PPE effectively and safely and accessing testing for staff was being undertaken.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- All staff had received infection control training.

Learning lessons when things go wrong.

- No accidents or incidents had occurred at the service, however there was a system in place for recording, monitoring, managing and learning from any accidents and incidents.

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

- People's needs had been fully assessed, including information about their health, their history, interests, hobbies, preferences, family and friends and the environment. This was used to develop the person's care plan.
- The registered manager worked with the person, their relatives and relevant health professionals to ensure care was in line with medical needs. Care was delivered safely using a personalised approach. This enabled staff to deliver consistent care and understand people's wants and needs.

Staff support: induction, training, skills and experience

- Staff had the necessary skills, knowledge and experience to perform their roles. A person told us, "The staff all seem to be very good at what they do."
- Staff received an induction, training and support they needed to carry out their roles effectively. One member of staff told us, "The training and induction was very good, and it helped me to begin work with confidence."
- All new staff spent time shadowing more experienced staff, so they got to know people before supporting them independently.

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

- People's dietary needs were recorded in their care plans and people were supported to ensure they received good nutrition and hydration where this was part of their care package. Staff understood people's dietary needs and ensured these were met. This helped to maintain and improve their health and wellbeing.

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

- The service worked collaboratively with healthcare professionals and specialists. Care plans included details of professionals involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people received the right healthcare.
- The service monitored people's on-going health conditions and sought assistance from other agencies and professionals as required.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of the key principles of the MCA and understood their responsibilities if they accepted a package of care for a person who lacked capacity.
- People told us the registered manager and staff always asked for their consent. One person said, "Staff know I am really quite independent so before they do anything, they always ask permission before doing any task."
- Care plans contained signed consent forms to confirm people agreed to the support the service was providing.

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 treated well and their individual rights were promoted.
- People told us they were well supported and treated with respect. One person told us, "They [staff] are all very nice." A relative said, "They do a very good job indeed and are always caring and professional."
- Systems such as staff training and checks on staff performance were in place to help ensure people were well supported. The registered manager told us they had a great staff team, who were full of energy. They said the team was multi-cultural, which gave a diverse set of skills and experience.
- Staff told us they enjoyed their role, particularly as they could make a difference to people's lives. They said they enjoyed getting to know people, and building trusting, positive relationships. One staff member told us, "I like to make people's day a little brighter if I can. The social interaction is as important as the care task."

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

- People were encouraged to express their views and make choices and decisions about their care. This was done through care reviews, surveys and telephone monitoring with the registered manager and staff. One person told us, "They [staff] always spend time chatting with me, they make an effort to find out what I like." And, "They [staff] are very kind and are always polite. They are respectful, they listen to me and respect my decisions."
- People's wishes and preferences were detailed in their care plans and people and their relatives confirmed this accurately reflected the information they had shared.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways that maintained their dignity and independence. Care plans had detailed guidance for staff about people's preferences for privacy and dignity when supporting with personal care. ● Staff explained how they would close doors and curtains and always ensure people were as covered as possible whilst receiving personal care.
- Staff told us the importance of listening to people and being sensitive to their wishes, encouraging them to do what they could for themselves. One person told us, "They [staff] are very good, they know I like to be as independent as possible so they will offer help. Sometimes I take it, sometimes not, but they never assume or take over."

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 personalised care that took account of their needs, wishes and preferences.
- Support plans and risk assessments were in place to guide staff. They were person centred and had details about what was important to the person. We saw reviews had taken place with people to ensure their needs, goals and wishes were being met.
- Records of daily care provided were regularly checked by the registered manager of the service.

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 identified people's information and communication needs. They were assessed and recorded in care plans for staff to be aware of how to support the person.
- The service provided guidance in communicating with people in a manner they could understand.
- Staff told us they were aware of people's individual needs and felt they had enough information to support each individual effectively.

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 avoid social isolation and encouraged to maintain links with family and friends.
- The registered manager told us staff encouraged and supported people to be part of the local and wider community by going for walks.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The registered manager advised that the service had not received any complaints since it was registered with the CQC.
- A handbook included information about how to make a complaint and what people could expect to happen if they raised a concern. This included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

End of life care and support

- At the time of inspection, the service was not providing end of life care to people. Records showed staff had received appropriate training and the service was able to provide such care and support if required.

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.

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

- The registered manager completed regular quality assurance audits which assured them of any areas of improvement they needed to focus on. We reviewed reports to confirm that they had taken appropriate action to address any queries raised.
- Staff understood their responsibilities to keep people safe while respecting and promoting personalised care.
- The registered manager was knowledgeable in the action they had to take in response to any risks if they arose. They confirmed the action they would need to take and the professionals they would need to contact. No significant incidents had occurred since registration.

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

- The provider had a clear passion and commitment to providing a person-centred responsive service. Staff we spoke with shared this commitment. We found there was an open culture within the service. The provider and staff were open and honest with us throughout the inspection.
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to. People and their relatives spoke positively about the service, the manager and staff. They told us, "We find them to be kind, caring, helpful and professional" and, "The manager and staff are very good indeed."
- Staff told us they felt supported and spoke very positively about the work they did and how the service was managed. One staff member said, "I like working here, I would recommend it to anyone."

Continuous learning and improving care

- There were clear systems and processes in place for learning from any suggestions made or concerns raised by people and their relatives.
- The registered manager and staff worked in partnership with external agencies to learn and share knowledge which promoted the development of the service.

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 their responsibility in relation to the duty of candour. They were aware of the need to report certain incidents, such as alleged abuse or serious injuries, to CQC, and had

systems in place to do so should they arise.

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

- The registered manager gave people the opportunity to contribute to their care plan and be in control of their care decisions and the practices of staff. This was done through formal reviews of care, surveys and informal phone calls, as well as face to face conversations.
- People told us they felt fully involved and supported by the staff. Comments included, "The staff listen to me and do things the way I like them done."
- Staff also told us they felt supported and were listened to when they made suggestions for improving practice. One staff member told us, "The manager is very supportive and approachable. They really do listen to and support staff"

Working in partnership with others

- The service worked in partnership with district nurses, GPs and local authority representatives to ensure the service people received was person centred.