

BWA Health & Care Services Ltd

Blay Domiciliary Services

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

At the time of the inspection, the location did not offer care or support for 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.

About the service

Blay Domiciliary Services is a domiciliary care service. It provides care for people living in their own homes. CQC regulates the personal care and support. There were 262 people who received personal care at the time of the inspection.

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

Health and safety concerns were not always included in people's care and treatment plans. The risks were not always mitigated effectively because the guidance for staff did not follow good practice guidance or adapted control measures to make sure the risk was as low as is possible.

Staff did not ensure that people's medicines were available in the necessary quantities at all times to prevent the risks associated with medicines that are not administered as prescribed. Administration of people medication was not always recorded accurately.

When people lacked mental capacity to make informed decisions, or give consent, staff did not always act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. As a result, people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider did not have fully effective systems and processes such as regular audits of the service to assess, monitor and improve the quality and safety of the service. Information about people were not always up to date, accurate and properly analysed or reviewed. Provider's processes to minimise the likelihood of risks and impact of risks on people who use service were not fully effective.

Staff received training on how to protect people from abuse and knew the procedure to follow to report concerns. People and their family members were mostly happy with the care, however some told us that staff would benefit from further training and coaching. The provider was already aware of this and was actively seeking way to improve staff skills and provide opportunities to develop.

People received support from staff that had undergone recruitment checks. Staff worked within the providers' policy and procedure for infection prevention and control.

Staff worked collaboratively with other partner agencies and health professionals to support people with achieving good outcomes.

Staff enjoyed their job and felt supported by the management. The management were aware of any concerns shared by people and worked on finding way to resolve issues and concerns.

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 this service was good (published 18 July 2022).

Why we inspected

The inspection was prompted in part due to concerns received about risk management and medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We inspected and found there was a concern with assessing people's mental capacity, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, mental capacity assessments and governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our safe findings below

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our safe findings below

Blay Domiciliary Services

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

The inspection was undertaken by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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

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 2 working days' notice of the inspection. This was because we needed to be sure that a member of the management team would be in the office to support the inspection. Inspection activity started on 11 December 2023 and ended on 15 December 2023. We visited the office location on 11 December 2023 and 13 December 2023.

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 asked for feedback from the local authority and reviewed notifications from the provider. A notification is information about important events, which the provider is required to

send us by law. We asked for feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We looked at 12 people's care records to check that the care they received matched the information in their records. We reviewed 4 staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We spoke with 5 people using the service and 5 relatives to get their views of the service. We also received feedback from 20 staff that worked at the service. We also spoke with the registered manager.

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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Information about people's risks and safety was not always comprehensive or up to date. Safety concerns were not consistently identified or addressed quickly enough.
- For example, 1 person lived with a complex condition which caused them to be at increased risk of seizures, choking and skin breakdown. The risk assessments and care plan for this person were contradictory and did not provide staff with a clear guidance on how to mitigate the risks. This placed the person at increased risk of choking, skin breakdown and complication if a seizure occurred.
- One person had history of self-neglecting behaviour, impacting on this person's skin condition, increased risk of falls and continence management. There was no clear guidance for staff about how to support this person with these risks. This placed the person at further risk of self-neglect, skin deterioration and falls.
- We looked at the care plan of a person who lived with diabetes, however there was no risk assessment or informative care plan in place to mitigate the risks associated with diabetes. This placed the person at increased risk of problems related to diabetes and staff not being able to respond appropriately if people's blood sugar were too high or too low.
- The provider told us that one person was diagnosed with epilepsy, however there was no guidance for staff how to support the person in case of a seizure. This placed the person at increased risk of harm if a seizure occurred.

Using medicines safely

- People did not always receive their medicines as prescribed because staff did not always order them reliably and timely. The provider told us they were aware of the issue and were working on improving their systems and process to order medicines in a timely manner.
- As a result, we saw several examples of medication administration sheets (MARs) where people's medicines were not available.
- Staff did not always record administration of medicines properly, in line with the provider's medication administration policy. For example, we saw gaps in people's medicine administration records (MARs). We could not be assured that people had their medicines administered correctly on those occasions. This increased the risk of people not receiving their medicines as prescribed.
- 'As and when' required (PRN) medicines were not accompanied by person-centred care plans. This increased the risk of medicines not being administered correctly.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Medicines were not always managed safely. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Staffing and recruitment

- Recruitment systems were robust and the provider ensured the right staff were recruited to support people to stay safe.
- People and their relatives confirmed that they mainly received care from a regular team of staff.
- Some people expressed concerns about staff time keeping. The provider told us they are currently working on improving staff's time keeping and making sure they attend to people on time and stay for the agreed duration of time.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding policy in place and the staff knew how to access it. Safeguarding concerns were managed by staff promptly, using local safeguarding procedures.
- Staff completed safeguarding training, had good understanding of abuse and knew what to do to make sure that people who lack voice are protected, including when experiencing harassment or abuse.
- People and their relatives told us they felt safe with staff. One person said, "I've been having care [from the provider] for several months. I've no problems. I'm safe and happy with the care".

Learning lessons when things go wrong

- The provider encouraged staff to be open and transparent about reporting safety incidents. Staff understood and fulfilled their responsibilities to raise concerns and reported incidents and accidents.
- When something went wrong, there was an appropriate thorough review or investigation that involved all relevant staff, partner organisations and people who used the service.
- Safety incidents were recorded, investigated and analysed for trends and patterns to ensure lessons were learnt.

Preventing and controlling infection

- The provider had an infection and prevention control policy in place and all staff were trained in infection prevention and control.
- People told us that staff followed guidelines to reduce the risk from infection transmission.
- Staff confirmed they had supplies of appropriate personal protective equipment. This meant the risks from infection transmission was reduced.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

- We could not be assured that the provider acted in accordance with the requirements of the Mental Capacity, Act 2005 and associated code of practice when people lacked mental capacity to make an informed decision, or give consent.
- The provider told us that some people they supported lacked mental capacity to make certain decisions about their care. However, we saw that the people had no mental capacity assessments or best interest decisions completed.
- Key requirements of the Mental Capacity Act 2005 were not fully understood by staff.
- Staff told us that 1 person lacked mental capacity to make decisions about their care, however they did not complete appropriate documentation to ensure they comply with the 2005 Act. This increased the risk of person's care and treatment being provided without the consent.
- Staff told us about a person who lacked mental capacity to make decisions about safe storage of their medication. We saw a record of an incident where a person showed signs of distress as a result of their medication not being stored in line with the person's own preferences. Staff did not record appropriate assessment or justified that decision was in the person's best interest. This placed the person at risk of their human and legal rights not being understood and respected.

The provider failed to comply with the principles and codes of conduct associated with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had care assessments completed prior to using the service, however they did not always fully

consider the full range of people's diverse needs, or these were not clearly recorded. For example, we reviewed care plans for people who lived with diabetes and epilepsy, but staff roles in supporting people who those needs were not clearly explained in people's care plans.

- People's care plan reviews were not always completed regularly enough to reflect their current needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health, care and support needs, but we could not be assured that they consistently acted on issues identified, because of shortfalls in recording.
- For example, we reviewed care records of 1 person who regularly self-neglected and we were concerned that staff missed opportunities to encourage care and support at each visit. This increased the risk that the person's health could deteriorate. The provider explained this was a recording issue and staff did not always record their interactions and support for the person correctly.
- Appropriate referrals to external services were made by staff to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- Training records showed that staff were provided with ongoing training and staff confirmed training was provided to them.
- Staff told us they received ongoing support through supervision and appraisal. This provided staff with an opportunity to discuss their training and development requirements.
- People told us that some of the staff required further training to ensure they support them in people's preferred way. One person said, "Training is not really sufficient. Not compared to the past. Some are more able than others. It's everyday things (...). They're nice [carers] who would make good carers [care workers] with more training."
- The provider was committed to implanting more training to address the gaps in care staff experience and evidenced examples of innovative training session to support staff with further learning.

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

- Where needed, people were supported with their meals and drinks and told us they were happy with the support they received from staff.
- People's nutritional requirements and preferences had been assessed when support was provided.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance and performance management was not always reliable and effective. Quality assurance arrangements was not always applied consistently or effectively. Areas for improvements were not always identified proactively by the provider.
- The provider completed a number of audits, but they were not always effective in identifying areas for improvement.
- For example, the audits of people's care plans did not identify that they were not always comprehensive of up to date. As a result, some information in people's care plans were not up to date or thorough.
- Provider's systems did not identify all shortfalls in recording of people's care.
- Audits of people's risk assessments did not identify that staff were not provided with clear guidance on how to mitigate risks. As a result, risks were not always identified or managed appropriately.
- Provider's systems to review and have an oversight of safe medicines management were not fully effective. Consequently, medicines were not always managed safely.
- Provider's systems failed to identify that people's legal and human rights were not being upheld at all the times, because people did not have their mental capacity assessed when this was required.

The provider failed to ensure the quality, safety and leadership of the service. This this was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager welcomed feedback, even when it was critical, and could demonstrate what action has been taken in response. For example, following our inspection visit and feedback, the registered manager commenced addressing the identified issues promptly.
- The registered manager and the management team were available, consistent, and lead by example. As a result, staff felt respected, valued and supported. One support worker, told us, "They [the management] are good and treat everyone equally and fairly".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider invited peoples', relatives' and staff's feedback. For example, people and relatives were sent

out surveys to collate their feedback. We saw some examples of how the provider acted on the responses.

- People and their relatives gave us mixed feedback about communication with the management team. Some found the management accessible and responsive, however others told us that it needed improvement.
- Staff confirmed that meetings took place on a regular basis which they found informative and gave them an opportunity to give their views.
- The provider was aware of, and there were systems in place, to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things.

Working in partnership with others

- The provider was transparent and worked collaboratively and openly with all relevant external stakeholders and agencies.
- For example, the provider worked in partnership with key organisations such as local authority to support care provision and joined-up care.
- The provider worked together with health professionals, for example, GPs, social workers and pharmacists, to support people with achieving positive outcomes.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>We found no evidence people had been harmed. However, systems were not in place to ensure that staff complied with the principles and codes of conduct associated with the Mental Capacity Act 2005 or were able to apply those when appropriate, for any of the people they were caring for. This placed people at risk of their human rights being compromised.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had been harmed. However, systems were not in place to assess risks effectively and put measures in place to keep people safe. This placed people at increased risk of harm.</p>