

Bit Healthcare Services Ltd

# Bit Healthcare Services Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bit Healthcare is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to older people or younger adults living with dementia, mental health support needs, a learning disability or autistic spectrum disorder and a physical disability. At the time of our inspection the service was supporting 3 people. 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support an autistic person or anyone with a learning disability. 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.

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

#### Right Support:

People and their relatives were satisfied with the care and support provided and told us they had no complaints. There were sufficient numbers of staff employed to undertake care calls and support people's care needs. People received their medicines as prescribed. People were supported by staff who understood and were trained in recognising the signs of abuse. The provider had a policy and procedure in place should any concerns be raised. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

People's privacy and dignity was respected and people received personalised care and support from staff they knew and understood their needs. Staff were subject to recruitment checks and completed an induction as well as ongoing training to ensure they were safe, suitable, and had the necessary skills to provide safe care.

#### Right Culture:

Systems and processes to monitor the service were not always effective in ensuring records were kept up to date and were completed in sufficient detail to support staff to work safely consistently. The provider was in the process of developing and implementing quality check systems.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 11 May 2019 and this is the first inspection.

#### Why we inspected

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Bit Healthcare Services Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

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

Inspection activity started on 5 May 2023 and ended on 11 May 2023. We visited the location's office on 10 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since they had registered with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We made telephone contact with 1 person, 3 relatives and 3 care staff to gain their views of the service. We used electronic file sharing to enable us to review some documentation. We engaged with the registered manager through emails due to them being on a period of agreed absence. We spoke with a member of the management team based in the office. We reviewed a range of records. This included 2 care plans including the daily notes and medication administering records. We reviewed 2 staff's employment records and staff training records. We reviewed policies and procedures related to the service and discussed quality monitoring used for the provider to assure themselves people received a safe service.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- Staff were subject to a number of recruitment checks such as references and Disclosure and Barring (DBS) to help ensure they were safe and suitable to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff were supervised until they felt confident, they were able to safely support people independently.
- There were enough staff to complete the required care calls and staff told us they did not feel rushed when providing care and support to people.
- Relatives told us staff stayed the full amount of time to provide the care and support people needed. One relative said, "They really are good, they come when they are supposed to come, and they do a proper job."

### Assessing risk, safety monitoring and management

- Risks had been assessed and staff had access to basic risk management guidance to refer to when supporting people's care needs.
- Staff told us they felt they had sufficient information to keep people safe from risks of harm and people told us staff knew how to support them safely.
- One person was known to be at risk of falls and needed staff to walk alongside them to minimise the risk of them falling. Staff confirmed this happened to keep the person safe.

### Using medicines safely

- People were supported by trained staff to take their medicines, where this was an agreed part of their care and support.
- Sometimes it was not clear if staff or families took responsibility for people's medicine administration. The management team agreed to address this to ensure medicines were managed safely.
- Medicine Administration Records did not mirror the prescribing instructions on the medicines themselves to help ensure staff managed them safely.
- Staff recognised when people were in discomfort or pain and had taken the action needed to ensure the person received pain relief. Staff monitored people's skin to ensure any risk of developing sore areas were identified and addressed with prescribed creams.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to support staff should they recognise any concerns or potential abuse.
- Staff had completed training on how to recognise abuse and staff knew about the different types of abuse

when spoken with.

- Staff knew to report any concerns to the registered manager so they could be escalated as required to ensure the safety of people.

#### Preventing and controlling infection

- Staff completed training on the prevention and control of infection and were aware of how to put their training into practice.
- Staff had access to personal protective equipment (PPE) and people, and their relatives confirmed staff wore masks, gloves, and aprons when these were required.
- Staff told us they had access to supplies of PPE when needed.

#### Learning lessons when things go wrong

- Lessons had been learned when things had gone wrong. For example, staff recognised the time allocation for one person's support was not long enough to ensure the person's needs were met without rushing. This resulted in extra time being allocated.



# Is the service effective?

## Our findings

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

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

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

- The provider completed an assessment of people's needs before people received their care. These assessments reviewed how people wanted to receive their care and whether people needed additional support to meet their protected characteristic. For example, if they had a disability.
- Relatives confirmed staff were respectful of people's choices in regard to how they preferred their care to be provided. This included following people's preferred routines for personal care.

Staff support: induction, training, skills and experience

- People were supported by trained staff. Staff completed an induction, which included working alongside experienced staff. One staff member told us, "I shadow (work alongside) for some days, so I know how to take care of [Name]". Relatives confirmed this happened so their family members needs were met.
- Staff had completed relevant training linked to the needs of the people they supported. Staff felt the training gave them the necessary skills they needed.
- Staff told us they had regular opportunities to discuss their work and development with the management staff.

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

- People were supported with food and drink by their relatives. Sometimes staff were asked to encourage people with drinks, and staff confirmed this happened.

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

- People were supported to access other agencies such as GP's if this was required.
- Staff told us people's relatives usually arranged any health appointments and people's access to them.

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.

- Staff had completed MCA training and worked within the principles of MCA. They understood the importance of gaining people's consent before providing care.
- One staff member told us, "When we go to give personal care I will say [Name of person] 'It is time for a shower,' and they will say no. I leave them for 5 minutes and go back again and ask, 'Are you ready for a shower?' I ask them, 'Do you want me to wash your hair?' If they just want a wash and not a shower. I would just do a wash."
- Care plan records showed where consent had been sought to discuss care with others. Signatures had been obtained from people to confirm this although not all records were signed. Management staff told us this would be checked and addressed.

# 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

- Relatives told us their family members were treated well by staff. One relative told us, "Everything they do is over and above, they do exceptionally well."
- Staff knew people well and recognised the importance of supporting people to achieve their goals. For example, 1 staff member explained how one person became anxious at times which impacted on the person's ability to complete daily tasks. Staff explained how they were able to calm the person to enable them to complete tasks independently. They told us, "We calm them down and then start talking and laughing."
- One relative explained how they felt staff went over and above to ensure both they and their family member were happy and felt supported by the service which they said had made a positive difference to their daily lives.

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

- People were supported to express their views and make decisions about their care.
- People were involved in decisions when care plans were developed to ensure these were based on their needs and choices.
- People were involved in reviews of their care where any changes were discussed and reflected in their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people's privacy, dignity and independence. Staff recognised that people sometimes needed additional support with completing personal care tasks, if for example, they were feeling unwell.
- People and relatives told us how staff ensured their privacy was respected when delivering personal care such as when showering and bathing.
- People's care plans provided guidance to staff on what tasks people could safely manage themselves to maintain their independence.

# 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 met their needs and preferences.
- One relative explained how their family member's needs had increased and how the agency had responded. They said, "It has been brilliant. Care packages have increased."
- Staff followed personalised care plans which gave guidance to staff on the tasks they needed to complete at each care call.
- People were supported by consistent staff who knew them well and knew how to provide care and support in a way they wished. One relative told us how their family member had a reduced staff team because they would not be able to tolerate different staff. They told how the registered manager had ensured this need was accommodated.

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.

- Management staff were aware of the need for information to be made available in different formats if needed such as large print.
- People's plans of care contained basic information about how people communicated. For example, one care plan stated, "I also use my body language and symbols to communicate."
- A relative told us how staff effectively communicated with their family member. They said, "Carers have to talk slowly, listen and be patient and give [Name of person] time to explain themselves. This company have been very good and very patient."

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

- Staff knew people well and what they liked to do and talk about. They understood people's social care needs and explained how they talked with people as they provided personal care.

Improving care quality in response to complaints or concerns

- People and relatives spoken with knew how to raise a concern if needed and all were positive about the manager's response if they had needed to raise an issue. One relative told us, "I have no complaints, I am

overjoyed with what I have got. If I was not happy, I would speak to [Registered manager].

#### End of life care and support

- Nobody was receiving end of life care at the time of our visit. Staff told us they would work with relatives to ensure any extra support needed was made available to support peoples wishes 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 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

- The registered manager and members of the management team were clear about their roles and the actions needed to further improve people's experience of the service. Some records were not fully clear to demonstrate risks were effectively managed.
- Systems to manage risk had not been fully effective in identifying unclear records. For example, some care records did not contain sufficient information about the risks of using oxygen and show medicine dosages. Audit checks of recruitment records had not identified areas needing further action.
- Due to the short time the service had been fully operational, quality monitoring systems were in the process of being fully developed and embedded to monitor the quality of the service and gain people's views.
- The management team listened to our feedback in relation to risk management and took the necessary steps to ensure these were addressed. This included applying for a new Disclosure and Barring check for one staff member.

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

- Relatives told us they had not been provided with opportunities to share feedback on the service provided such as in a satisfaction survey although those spoken with were satisfied with the support their family member received.
- The provider's policies considered the protected equality characteristics and were available to support staff when needed.
- Staff were positive about working for the service. One staff member told us, "It is really amazing. It has given me the opportunity to do caring in a way I am happy about. If I have any concerns, they take them seriously. Carers support the clients well."

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

- People received person centred care which met their needs and achieved positive outcomes. A relative said, "They adjust everything to what I need and what [Name of person] needs."
- Relatives and staff said the registered manager and management staff were approachable and responsive if any changes to people's care and support were needed.
- Staff were positive about the support and guidance they received which helped them to work effectively

and provide good outcomes for people.

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 was aware of their legal responsibilities under the duty of candour.
- Statutory notifications legally required had been submitted. These notifications can include the reporting of accidents resulting in injuries to people and registered manager absence.

Continuous learning and improving care; Working in partnership with others

- Staff attended meetings and ongoing training to support their continual learning and improved care.
- The management team worked in partnership with other healthcare professionals to help ensure people's care needs were maintained or improved.
- The provider had a business improvement plan which identified plans to implement reviews and monitor people's experience of the service so that any improvements could be assessed and addressed.