

BIG Healthcare Limited

# BIG House

## 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?	Good ●

# Summary of findings

## Overall summary

About the service: BIG House is a domiciliary care service, which provides personal care and support to children and adults. The service was supporting eight adults at the time of the inspection. No children were being supported. The registered manager told us the service had started providing people with support from 20 January 2019.

People's experience of using this service:

People who used the service and their relatives told us they were very happy with the support provided by BIG House.

People felt safe when staff supported them and told us staff visited them when they should. The provider followed safe processes when recruiting staff and staff understood the action to take if they witnessed or suspected abuse. The service managed people's risks appropriately and people received their medicines in a safe way. Some minor improvements were needed to medicines documentation and the provider actioned these shortly after the inspection. People were protected from the risks associated with poor infection control.

The service provided people with care and support which met their needs. People felt staff had the knowledge and skills to support them effectively. Staff received a thorough induction when they joined the service and completed the provider's required training, which helped to ensure they were able to meet people's needs. Mental capacity assessments had been completed in line with the Mental Capacity Act 2005 and people's relatives were consulted when they were unable to make decisions about their care. Staff supported people appropriately with their nutrition, hydration and healthcare needs and the service referred people to community professionals when they needed additional support.

People liked the staff who supported them and told us staff treated them with kindness and respect. People's diversity was respected and they received any support they needed with their communication needs. Staff respected people's right to privacy and dignity and people's personal information was kept confidential. People told us their care needs had been discussed with them and they were involved in decisions about their care. There was no information available about local advocacy services. The registered manager told us he would find out about local services and ensure this information was passed on to people supported by the service.

People receive personalised care which reflected their needs and preferences. Care plans and risk assessments were individualised and updated when people's needs or risks changed. People were supported by a small number of staff who knew them and how they liked to be supported. Staff gave people choices and encouraged them to make every day decisions about their support. No complaints had been received by the service. However, we saw evidence that minor concerns were dealt with quickly and effectively.

People supported by the service and their relatives were happy with how the service was being managed. We found evidence that the service was providing people with person-centred, high quality care. Staff liked working at the service and told us they felt well supported by the registered manager. The service sought regular feedback from people about the care provided. People expressed a high level of satisfaction with the support they received. The registered manager and senior staff completed regular checks of staff competence and care documentation. The checks completed were effective in ensuring the service maintained appropriate levels of quality and safety.

The service met the characteristics of Good in all areas.

Rating at last inspection: This was our first inspection of the service.

Why we inspected: This was a planned inspection.

Follow up: We will inspect the service again in line with its rating. We will continue to monitor the service to ensure that people receive safe, effective care and may inspect the service sooner if we receive concerning information.

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

## 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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# BIG House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out 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. It provides a service to children, younger adults, older people and people living with dementia.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service three days' notice of the inspection site visit. This was to enable the registered manager to gain people's consent for us to contact them for feedback about the service before we visited the office.

Inspection site visit activity started on 14 March 2019 and ended on 18 March 2019. We visited the office location on 18 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before the inspection we contacted the local authority quality assurance and safeguarding teams and Healthwatch Staffordshire for feedback about the service. Healthwatch is an independent national champion, making sure that those running health and social care services, and the government, put people at the heart of care. We used the feedback received to help create a plan for the inspection. The provider was unable to submit a Provider Information Return (PIR) before the inspection due to technical difficulties

but submitted it shortly after the inspection. A PIR is information we ask providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people being supported by the service and three people's relatives. We also spoke with three support workers, the field supervisor, the office manager and the registered manager. We reviewed the care records of two people receiving support. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

After the inspection, we contacted two people's social workers for feedback about the support provided by the service. In addition, the registered manager provided evidence of the improvements made to medicines documentation.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider has systems in place to protect people from the risk of abuse.
- People told us they felt safe when staff supported them.
- Staff understood how to protect adults at risk of abuse and how to report any concerns. They had completed safeguarding training and a safeguarding policy was available for them to refer to. No safeguarding concerns had been raised about the service. The service had a whistle blowing (reporting poor practice) policy which staff were aware of.

Assessing risk, safety monitoring and management

- The provider ensured risks to people's safety and wellbeing were managed appropriately.
- Staff completed and regularly reviewed risk assessments for each person supported by the service, including those relating to falls, moving and handling, medicines and the home environment. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk. One relative told us, "[Person supported] had a fall shortly after they took over. It was nothing to do with them but they were great the way they managed it and supported us."
- Only one accident involving a person supported by the service had taken place. Records showed that staff had taken appropriate action.

Staffing and recruitment

- Staff had been recruited safely and there were sufficient staff to meet people's needs.
- We reviewed two staff recruitment files and found that the provider had made appropriate checks of their suitability to support adults at risk.
- People told us staff visited them on time and stayed as long as they should. No-one we spoke with had experienced any missed visits. One person commented, "They're excellent. They come on time and stay the right time".

Using medicines safely

- Some minor improvements were needed to the provider's medicines management processes.
- People told us they received their medicines when they should and we found medicines were managed safely. One person commented, "They give me my medicines fine."

- We noted that people's allergies were not always included on each page of their medicines administration records and the information available to guide staff about people's 'when required' medicines needed to be improved. We discussed these issues with the registered manager, who made the necessary improvements.
- Staff had completed medicines management training and the registered manager had assessed their competence to administer medicines safely.

#### Preventing and controlling infection

- People were protected from the risks of poor infection control.
- Staff completed infection control training as part of their induction and the provider's required training. An infection control policy was available for them to refer to, which included information about effective hand washing and the use of personal protective equipment (PPE), such as aprons and gloves. Staff told us they used PPE when preparing people's meals and supporting them with personal care.

#### Learning lessons when things go wrong

- The provider had systems to analyse incidents and make improvements when things went wrong.
- We reviewed the documentation for the accident that had taken place. Staff had taken appropriate action and a referral had been made to community healthcare professionals to assess whether the person needed additional support. There were no lessons to be learned from the incident. The registered manager told us if any incidents occurred where the service was found to be at fault in the future, any lessons learned would be shared with staff to avoid similar errors happening again.



# 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

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 received care that reflected their assessed needs and helped them achieve positive outcomes.
- People told us, "I'm very happy with them. I have one carer who comes three times a day, she makes meals, helps me with personal care and does my washing" and "I'm well looked after, I've no complaints".
- The registered manager or field supervisor visited people at home to complete an initial assessment of their needs before the service began supporting them. They used initial assessments to create support plans, which were personalised and contained information about what people were able to do for themselves, the support they needed and how they wanted staff to provide their support. Support plans included reminders for staff to offer people choices during visits.

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 Act 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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA and staff gained people's consent before support was provided.
- People told us staff asked for their consent before supporting them. Comments included, "They always ask if it's okay to help me" and "They always ask for my consent before doing anything". People has signed consent forms, giving staff permission to provide them with care, administer their medicines and share their personal information when necessary.
- Where there were concerns about people's capacity to consent to, and make decisions about, their care, senior staff had completed capacity assessments. Where people were unable to make decisions about their care, staff had consulted people's relatives in line with the MCA.

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

- The service supported people appropriately with their nutrition and hydration needs.

- Staff recorded information in people's care plans and risk assessments about people's needs and made referrals to community professionals where concerns were identified. Staff were aware of people's special dietary requirements, including people who needed their drinks to be thickened due to swallowing difficulties and people who required a soft diet.

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

- The service supported people appropriately with their healthcare needs and worked in partnership with other agencies to ensure people received the support they needed.

- Records showed that staff had contacted a variety of community health and social care professionals, including community nurses, occupational therapists and social workers. The contact details for any professionals involved in supporting people were included in people's care files. This helped to ensure that people received any additional support they needed.
- We saw evidence that staff had contacted people's relatives when appropriate, to discuss any concerns about people's health or wellbeing.
- People's support plans included information about their medical history, medicines and any allergies.
- The registered manager told us that if a person was taken to hospital, staff would make sure that any important information about their risks or needs was shared with paramedics or hospital staff
- The community professionals we contacted provided positive feedback about the support provided by the service.

Staff support: induction, training, skills and experience

- Staff were given the induction and training required to ensure they were able to meet people's needs.
- People felt staff had the knowledge and skills to meet their needs. One person told us, "The staff are well trained, they're very good. They know what they're doing and they do it well." Another said, "They're very nice and they're well trained."
- Staff told us they had received a thorough induction when they joined the service and had completed the provider's required training. This was confirmed in the records we reviewed.
- The registered manager or field supervisor had observed staff and assessed their competence before they were allowed to support people independently. In addition, they carried out regular spot checks (observations) of staff to ensure they continued to provide people with safe, effective care.

# 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

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

- Staff supported people well, treated them with dignity and respected their diversity.
- People liked the staff who supported them. They told us staff were kind and caring and treated them with respect. Comments included, "They're all respectful and polite. I can't praise them enough", "I'm happy with them so far. I like [staff member] who is my main carer but they're all perfect" and "The girls and everybody have been absolutely brilliant. They're exceptionally caring and the girls are wonderful to my [relative]. They're courteous and kind."
- Staff considered and respected people's diversity. Care documentation included information about people's gender, religion, ethnic origin, marital status and first language. This meant staff had an awareness of people's diversity and what was important to them.
- As part of their induction, staff looked at the importance of individuality and human rights and recognising people's cultural and spiritual needs. The provider's required training also included diversity, equality and inclusion.
- Staff assessed people's communication needs as part of their initial assessment and reviewed them regularly. Any support they needed with their communication was provided. The service user guide provided to each person when the service agreed to support them was available in large print, easy read and audio versions. The registered manager told us it could also be provided on coloured paper of the person's choice, which can be helpful to people with dyslexia, a learning disability or a visual impairment. .

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

- Staff involved people in decisions about their care and encouraged them to express their views.
- People told us their care needs had been discussed with them and they had signed their initial support plan to demonstrate this. They told us staff gave them choices and encouraged them to make every day decisions about their care.
- The provider did not have any information about local advocacy services, which can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. He told us he would research local advocacy services and include the information in people's care files. No-one was being supported by an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity and encouraged them to be independent.

- One person commented, "They're discreet when they're washing me. They make sure the curtains are shut and they always cover me up."
- Staff respected people's wish to remain as independent as possible. One person commented, "They always let me do what I can myself." People's care plans included prompts for staff to encourage people to be independent.
- People told us staff took their time when supporting them. Comments included, "They never rush me. I couldn't have anybody better" and "They don't rush and they stay over the time if they need to. They're patient with me".
- Staff respected people's right to confidentiality. The service had a confidentiality policy for staff to refer to and confidentiality was addressed during the staff induction process.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff provided people with care that was individualised and reflected their needs and preferences.
- One relative commented, "They are fantastic. There are care plans and risk assessments in place but they do more than that, they go above and beyond".
- People's support plans were detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed. This helped to ensure that staff stayed up to date with people's needs and how to meet them.
- People were supported by staff they knew. One relative told us, "[Staff member] is the main carer and there is another who comes when she is off. We find the continuity of staff is very good". This meant that staff got to know people and were aware of their preferences, as well as their needs and risks.
- Staff gave people choices and encouraged them to make every day decisions about their care. One relative told us, "[Person] is given choice about everything from food and drinks to her clothes. They always ask if there is anything else she wants them to do before they leave. Nothing is too much trouble for them". We noted that as part of the initial assessment, people were asked how they liked to be addressed and if they had a preference about the gender of the staff who supported them.

Improving care quality in response to complaints or concerns

- The provider had processes in place to respond to people's concerns and complaints.
- People told us they had not made any complaints or raised any concerns about the service. They told us they would feel able to do so if they were unhappy about anything. The registered manager confirmed that no complaints had been received about the service. A complaints policy was available and information about how to make a complaint was included in the service user guide. The registered manager told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future.
- The registered manager kept a 'client concern sheet' for each person to record any minor issues. We noted one person had raised a concern about the time of their visit and this had been addressed immediately.

End of life care and support

- The registered manager told us that the service had not yet provided end of life care to anyone. The provider had an end of life care policy and the registered manager advised that if a person required this type of support, staff would complete the relevant training to ensure they could meet the person's needs effectively.

# 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

The service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider ensured the service provided people with high quality, individualised care and was aware of their duty of candour responsibilities.
- People felt that the service was well managed. Comments included, "The management seems fine. I'd feel able to raise any concerns with them", "Management is good. Staff write in a book every day and the manager checks it's been completed" and "They seem very professional and provide a good standard of care."
- During the inspection we found the service was organised and the registered manager and senior staff were knowledgeable about people's needs and risks.
- We found evidence the service provided people with person centred, high quality care. The registered manager told us providing person-centred care was a priority. He felt consistency of care staff was essential to achieve this, as it helped to ensure that people knew the staff who were supporting them and staff knew people well enough to provide care that reflected their individual needs and preferences.
- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations Act 2014 sets out some specific requirements that providers must follow when things go wrong with care and treatment. No incidents had occurred requiring duty of candour action. The provider told us he was aware of his duty of candour responsibilities.

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

- The service sought people's views about the care provided by staff and staff had the opportunity to give the provider feedback about the service.
- People told us the service had contacted them for feedback about the support they received. Comments included, "The manager telephoned to check that I'm happy with the carer", and "[Registered manager] has visited me to check everything's okay." Where people were unable to give feedback about their care, their relatives had been contacted. One relative told us, "[Registered manager] came and did the assessment and spoke with [person]. We've since had a visit to check we're satisfied."
- The registered manager told us the service had only started supporting people on 20 January 2019, so he had not yet asked people to complete satisfaction questionnaires. He told us this was something he planned to do in the future and the results would be used to improve the service.
- We noted the spot checks of staff performance did not include feedback from the person being supported.

The registered manager told us that people were asked during spot checks if they were happy with the staff supporting them but this was not documented. He told us he would amend the paperwork to capture this information.

- Staff told us they liked working for the provider. Comments included, "I'm very happy with them. They're supportive and there's always someone available. A person had a fall and I rang the office. The registered manager came straight away" and "I'm very happy here and I feel well supported. They genuinely care about the quality of care people receive and people are very happy with the care." Staff told us they attended regular staff meetings, where they felt able to raise concerns and make suggestions.

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

- Staff and management were clear about their roles and responsibilities and knew how to provide people with a good quality service.

- The registered manager was responsible for the day to day running of the service. He was also the service provider.

- Staff understood their roles and responsibilities, which they told us were made clear during their induction, training, competence assessments and spot checks.

- In addition to checking staff competence, the registered manager and senior staff completed regular quality checks of care documentation. This included people's medicines administration records and daily notes, which were checked monthly when they were returned to the office.

- The registered manager had not submitted any statutory notifications to CQC. A statutory notification is information about important events which the service is required to send us by law. The registered manager told us he was clear about his responsibility to submit notifications and we did not find any evidence of events that should have been notified to us but had not been.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of agencies. These included people's social workers and community health care professionals, such as community nurses and occupational therapists. This helped to ensure people received any additional support they needed and their needs were met.

- The registered manager told us the service was part of Staffordshire Connects, an information resource about services, organisations and activities across the county. He explained the resource provided free training and held provider forum meetings which he planned to attend in the future, to help the service remain up to date with and share good practice.

Continuous learning and improving care

- The provider had processes in place to remain up to date with good practice and was keen to develop and improve the service.

- The provider was registered with a healthcare policies, procedures and human resources company. This meant their policies were updated automatically if there were any changes and they received weekly policy and procedure updates, including information about best practice in care.

- The registered manager planned to introduce frequent short satisfaction surveys to ensure any concerns were reported as soon as they were noticed and actions taken to rectify them. He also planned to introduce satisfaction questionnaires for community professionals involved in people's care, such as community nurses and GPs. He told us the feedback received would be used to develop and improve the service.

