

Bojo Care Services Ltd

BoJo Care Services Ltd

Inspection report

808 Hyde Road
Manchester
Lancashire
M18 7JD

Tel: 01619714861

Date of inspection visit:
02 November 2018
05 November 2018
06 November 2018

Date of publication:
13 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

The inspection took place on 2, 5 and 6 November 2018 and was announced. We gave the provider 24 hours' notice we were to inspect as the provider is a small organisation and we needed someone to be available at the registered office.

The last inspection of this service was on 6 and 7 March 2018 where we found breaches in six regulations of the Health and Social Care Act 2008, including concerns that placed people at serious risk of harm. These were in relation to unsuitable care planning and risk assessments to support people, lack of training and supervision for staff, unsafe recruitment practices, not reporting allegations of abuse to the Care Quality Commission (CQC) and not complying with the Mental Capacity Act 2005. Following the inspection, we asked the service to take some immediate action and asked the provider to complete an action plan to address the issues we had found. After our last inspection, the provider agreed to a voluntary embargo on providing services to any new people while they addressed the issues we had raised.

At the last inspection, we rated the service overall, inadequate and the service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this time frame.

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall, or in any key questions. Therefore, this service is now out of Special Measures.

The service is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides support to people with learning disabilities, physical disabilities, older people, dementia, sensory impairment, mental health and younger adults.

Not everyone using Bojo Care Services Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection, Bojo Care Services were supporting ten people with personal care.

A registered manager was in place. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff members were not always recruited safely and did not have the required checks in place to ensure they were suitable to work with vulnerable groups. This was a continued breach from the last inspection.

Risk assessments to support people safely had improved and identified the risks posed to people. Risk

assessments gave guidance to staff to ensure the level of risk were reduced and keep people safe from harm.

People felt safe while being supported by Bojo Care Services Limited and staff were aware of their responsibilities to report any safeguarding concerns they had. Staff were confident the management of the service would act on any concerns they had and the registered manager was aware of their responsibility to report any allegations to CQC.

The provider worked in line with the Mental Capacity Act 2005. Improvements had been made to ensure people had their capacity assessed and any concerns about people's understanding were reported to the local authority. People gave consent to be supported with care and support.

Staff received training suitable for their job role. Training was regular and was provided by an external provider or via eLearning. Staff told us the training was good and aided their knowledge.

Staff received an induction to their role. The induction formed part of the care certificate which is an agreed set of standards, care workers should work towards. Work books were completed by staff members but were not always marked to ensure the information recorded in them was correct. We recommended the work books are checked and marked at regular intervals to ensure staff have the correct knowledge.

People supported by the service received a pre-assessment of their needs to ensure the service could meet their needs. The pre-assessments were detailed and confirmed people's health and social care needs, including assistance needed with mobility, communication and personal care.

We observed caring and dignified interactions between people and the staff team supporting them. We heard friendly conversations and people told us they felt staff were respectful to them.

People and relatives told us they felt staff were caring towards them.

Care plans had improved and were reflective of people's needs. People and their relatives had been involved in their care planning and were involved in reviews to ensure the information remained up to date.

The service had received no complaints since the last inspection. People told us they knew who to contact if they felt they needed to make a complaint.

Audits to monitor and improve the service had somewhat improved but had not identified the gaps in the recruitment of staff.

Policies and procedures to assist in managing the service were in place but required reviewing to ensure they remain up to date.

Staff felt well supported by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is not always safe.

The recruitment of staff was not always safe and staff did not always have the required checks in place to ensure they were suitable to work with vulnerable groups.

Risk assessments to support people safely had improved.

People felt safe while being supported by the staff team.

Requires Improvement ●

Is the service effective?

The service is effective.

The service worked in line with the Mental Capacity Act. People had their capacity assessed and any concerns were raised with the local authority.

Staff received training appropriate to their job role.

People received a pre-assessment of their needs to ensure the service could provide the correct care and support.

Good ●

Is the service caring?

The service is caring.

We observed caring and kind interactions between staff and people being supported.

People told us they found the staff team to be caring and respectful.

People's personal information was kept securely at the registered office.

Good ●

Is the service responsive?

The service is responsive.

Good ●

Care plans reflected peoples care needs. Care plans were regularly reviewed to ensure they remain up to date.

The service had received no complaints since the last inspection. People knew who to contact in the event of wishing to raise a complaint.

End of life care could be provided at the service, but care plans need to be developed to ensure wishes are clearly recorded.

Is the service well-led?

The service is not always well-led.

Audits to monitor the service had improved but did not highlight the gaps in the recruitment of staff.

Notifications to the Care Quality Commission were being submitted as required.

Staff felt well supported by the management team.

Requires Improvement ●

BoJo Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 2, 5 and 6 November 2018 and was announced. Two inspectors attended the first day of inspection and one inspector attended on day two and made phone calls to staff and people supported by the service on day three. The nominated individual and senior care worker facilitated the inspection on the first day and the registered manager joined the second day of the inspection.

We reviewed information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We also obtained feedback from the local authority regarding the progress of the home since the last inspection. There was no information of significance available.

We asked the provider to complete a PIR. The PIR is a form that asks the provider 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 three people who used the service, two relatives, the registered manager, the nominated individual, one senior care and two staff members. We looked at three people's care plans. We reviewed four staff personnel files and records relating to recruitment, induction, training and supervision. We checked the service quality assurance records. We asked for people's feedback on the service including the timeliness of calls and if people were involved in their care planning. We visited the properties of three people receiving personal care with their prior consent.

Is the service safe?

Our findings

At our last inspection of Bojo Care Services Limited in March 2018, we identified found there were breaches to regulations 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured satisfactory references were sought for new employees; risks had not been identified or anticipated and people were at risk of receiving care and support that was unsafe and did not meet their needs; there were no safe or effective systems in place for the management of people's medicines and safeguarding allegations had not been reported to the Care Quality Commission (CQC).

At this inspection, we found the recruitment of staff remained unsafe and this was a continued breach. Medicines were now not being administered or prompted by the service and the service was only providing support to people who did not require support with medication administration. There had been no further allegations of abuse however, the provider was aware of their responsibilities in reporting such allegations and there had been improvement in managing the risks people presented.

Recruitment of staff members was not always safe. We viewed the personnel files for three of the newly recruited staff members and found gaps in employment history for each file. One staff member had no references in place. The nominated individual told us they had had trouble obtaining the references but were continuing to pursue them. Two references had been received for the other two staff members, but the references were not always from peoples last employment and there was not always evidence of in what capacity the employee knew the referee. One of the references was from the nominated individual and we advised them that this was not acceptable. There was a recruitment policy in place, but the policy did not confirm a full employment history was required.

Staff members did not always have a valid disclosure and barring (DBS) in place. A DBS helps to ensure unsuitable people do not work with vulnerable adults and children. We saw one staff member had worked before the issue of the DBS. Another staff member did not have a valid DBS in place and had worked at the organisation for over four months. We discussed this with the nominated individual who told us the staff member had provided a DBS from a previous employer dated a month before they commenced employment with Bojo Care Services Limited and that the employee had informed the organisation they had registered to be able to take the DBS to a new employment. We found this was not the case and the nominated individual completed a new DBS application on the first day of our inspection.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. The provider did not take steps to ensure staff members were recruited safely.

There was a medication policy in place and staff received training from an external provider to enable them to safely manage people's medicines. However, at the time of inspection, the service was not providing support to anyone with the safe administration of medication. The nominated individual told us they may decide not to support people with medication going forward and will review it as referrals come to the service. Staff we spoke with confirmed they did not currently support people with medicines. The nominated individual told us staff would undergo a series of competency assessments should they offer

support to people with their medicines in the future. We will review this at our next inspection.

Risk assessments to ensure people's safety had improved and risks were highlighted and gave guidance to staff to enable them to support people safely. People who required assistance with moving and handling had moving and handling assessments. Staff we spoke with said they had received moving and handling training by an external provider and told us they found the training good and they could describe who needed equipment and how to move and handle people safely. Further assessments for people who used bed rails or were at risk of pressure sores were also in place. Where people were at risk of pressure areas occurring, we saw the service liaised with the local district nursing team to ensure appropriate treatment was provided. This was also recorded in the risk assessment. Risk assessments were reviewed to ensure they remained up to date.

General risk assessments were completed to ensure people and the staff team were safe in people's properties. This included assessing any fire risk and environmental risks such as slips, trips and falls.

Accidents and incidents to people supported and staff were documented but there was no record of any analysis to support learning and prevent similar accidents and incidents from occurring again.

The nominated individual confirmed they understood the requirements to report safeguarding allegations to CQC. There had been no allegations raised since the last inspection, but we saw other notifications had been sent as required.

People told us they felt safe being supported by the service. One person said, "Oh yes, they are a good set of girls; I have no problems with them. A relative told us, "This is one of the better agencies. [name] is safe with them; we have increased our calls for [name]."

Staff received training in safeguarding vulnerable adults from abuse. Staff we spoke with could describe signs of abuse and were aware what actions to take to report the concern. Staff told us they had full confidence in the management of the service, who would act up on any concerns they had. One staff member said, "Absolutely, they would listen; they are really helpful."

Where properties were accessed via a key safe, we saw codes were only given to regular staff on a need to know basis.

People told us calls were generally on time and they mostly knew who to expect to support them with the call. One person said, "I get a phone call if the staff will be late but it's usually down to traffic." A relative told us. "The staff are generally on time." Rotas showed that staff received travel time in between calls.

The provider had implemented a traffic light procedure for occasions when scheduled calls might not happen, such as during extreme weather conditions. Each person was colour coded either red, amber or green. Red meant the person needed a visit; amber indicated that the person had family support and green meant that the person could manage independently, with a phone call for a welfare check. The registered manager told us that if the procedure was used, it was communicated to all involved and staff were deployed based on being local to where the calls were needed.

We saw the service had an infection control policy in place and we saw and staff we spoke with confirmed that they could access personal protective equipment (PPE) such as gloves and aprons at any time.

Is the service effective?

Our findings

At our last inspection of Bojo Care Services Limited in March 2018, we found there were breaches to regulations 11 and 18 of the Health and Social Care Act 2008 Regulated Activities (Regulations 2014) as the provider did not ensure staff received an appropriate induction and relevant training to their job role. Also, staff did not receive competency checks to ensure they were carrying out their role effectively and the provider was not working within the principles of the Mental Capacity Act 2005.

At this inspection, we found the provider had ensured staff had received the training required to enable them to carry out their role. Staff now received an induction into the role and the provider was working in line with the Mental Capacity Act.

Training for staff was provided by an external provider or via eLearning, and staff had received regular training to support them in their role. Staff told us training was good and they felt empowered by their learning. People we spoke with told us they considered staff were appropriately trained and one person told us the staff were aware of how to support them with their hoist.

A training matrix showed that staff had high levels of completion and observation checks were completed on their competency to carry out specific tasks, such as moving and handling. The checks were completed by a senior staff member.

New staff members received an induction in line with the care certificate. The care certificate is an agreed set of standards that sets the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. We saw five new staff members had commenced on the care certificate, but their work had not been marked. We recommend the work books are checked and marked at regular intervals to ensure staff have the correct knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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. We checked whether the service was working within the principles of the (MCA) 2005.

People had their capacity assessed and were referred to the local authority if any concerns were raised. If people were unable to consent to care and support, the nominated individual told us only those with the legal right to do so could consent in people's best interests. Staff could describe how they obtained consent from people and were able to describe their understanding of the MCA. One staff member told us, "All people we currently support have capacity but if we have any concerns, we will raise it with the office."

A mental capacity policy was now in place and staff told us they were aware of the policy and it was incorporated into their induction.

Staff members received regular supervision and appraisal and felt they could raise any concerns they had at supervision. Supervisions were undertaken at three monthly intervals with a competency spot check undertaken annually, observing the staff members at work. Supervisions were completed by senior staff members.

Where there were concerns with people's health needs, they were reported to professionals promptly. Where concerns had been identified for someone with poor skin integrity, this had been reported to the district nurses for their attention. Staff members we spoke with told us they found the office staff pro-active when they had concerns about a person they supported, for example, the family or GP was contacted immediately if someone wasn't well.

The people being supported by BoJo Care Services Limited received a pre-assessment of their needs to ensure the service could meet their needs. The assessment confirmed the support needed for each person and included any health concerns, mobility issues, support with communication and nutrition and support with personal care. People's likes, and dislikes were recorded in the document and people's preferred call time and any gender preferences in relation to staff, for example, whether they preferred to be supported by a male or female staff member.

Is the service caring?

Our findings

A relative told us they were happy with the care provided by Bojo Care Services Limited. They told us, "This is one of the better services we have had; staff seem to know what they are doing, and the managers are responsive, [name] looks forward to the staff visiting them."

A person being supported by the service told us they found staff to be polite and friendly. They told us the registered manager and nominated individual provided hands on care and they knew which staff member would be supporting them.

We observed interactions between staff members and people being supported. Staff were kind and continually communicated with people, particularly when providing personal care. Laughing and joking could be heard and all people we spoke with told us the staff team were caring and provided them with good care.

Staff knew the people they supported. Staff could describe the care needs of people without having to refer to the care file records. Staff communication with people was friendly and staff showed caring attitudes during their conversations. Staff spoke to people in a manner and pace which was appropriate to the person's level of understanding and communication needs.

Staff members had a good understanding of how to ensure that people were respected, and their dignity maintained. Staff said they were mindful to ensure that when supporting people with personal care, bathroom doors and curtains were kept closed. Staff also used towels and blankets to protect a person's dignity.

People were encouraged to carry out tasks for themselves where they were independent and safe enough to do so. Staff told us they encouraged people to maintain their independence and we saw this on our home visits.

Communication logs between people, their relatives and the service were kept logged on an internal computer system for reference. This included changes to care visit times or if staff wanted to report a concern. This meant information could be passed between the staff team effectively.

Care records and other confidential information were stored securely at the registered office.

Is the service responsive?

Our findings

At our last inspection of Bojo Care Services Limited in March 2018, we found there was a breach to regulation 9 of the Health and Social Care Act 2008 Regulated Activities (Regulations 2014) as the provider did not fully assess, plan and review care and support.

At this inspection, we found there had been improvements made to ensure people's care needs were fully assessed, planned and reviewed.

Care plans were more informative and clearly described the support needs of people, this included the support required with personal care, moving and handling and nutrition. People told us they had been involved in their care planning and a relative told us they were reviewed with the manager.

Where people were supported with personal care and required management of a particular condition, such as arthritis or stroke, there was information to enable staff to support the person safely. For example, if a person had a weakness due to a stroke, this was taken into consideration and recorded in the care plan to ensure staff supported the person in the most appropriate way. We also saw where people were supported with the management of a catheter, clear directions were in place for staff to follow and included the management of infection control and what to do in the event of the catheter expelling.

Care plans were person centred and had improved to ensure the supported needed was clearly documented. Regularly reviews were in place and people and their relatives were encouraged to be involved in the reviews. As part of the reviews, people and their representatives were able to discuss any compliments or complaints about the service and ask any additional questions.

We reviewed the daily notes for people and saw they were reflective of the care provided and detailed and appropriately signed. Where people were supported with baths or showers, daily notes confirmed they had occurred and where people were supported with nutrition, the notes confirmed what support had been given.

The service had not received any complaints since our last inspection and people told us they were aware of the process to follow if they needed to make a complaint. One person told us, "Oh yes, I ring the office, they will listen to me, but I have no complaints." A relative told us, "We have no complaints, this is a better service than we had before, but we know to contact [registered manager] or [senior staff member]." The nominated person told us as they were providing hands on care, they were able to de-escalate any concerns before they became an official complaint. The service had a complaints policy in place, but it was not dated so we could not be sure this reflected current best practice or had been reviewed. We raised this at the inspection and the nominated individual told us the policies were due for review.

The nominated person told us people can be supported when they require care at the end of their life. There was no one being supported at the end of their life at this inspection and this information was not routinely recorded in the care plan. We saw there were end of life care plans available to support people if they chose

to continue to receive support from the service at this time. The care plan was being developed to ensure people at the end of life had the correct involvement from health professionals, had their choices and wishes respected and to ensure the end of life care was dignified. We will review progress with this at our next inspection.

Staff told us they had supported people at the end of life and they would ensure the support was dignified and in line with the person's wishes.

We recommend people's wishes are recorded for at their end of life care or in the event of a sudden death occurring.

Is the service well-led?

Our findings

At our last inspection of BoJo Care Services Limited in March 2018, we found there were breaches to regulations 17, 18 and 19 of the Health and Social Care Act 2008 Regulated Activities (Regulations 2014) as the provider as the provider did not have audits and systems in place to monitor and improve the service and the provider did not have robust procedures in place to ensure staff remained competent to provide safe care and treatment to people. The provider also failed to notify the Care Quality Commission (CQC) or certain events which had taken place at the service.

At this inspection, we found the provider had ensured staff received regular supervision and competency checks to enable them to carry out their role. Notifiable events had been reported to CQC. However, audits to monitor and improve the service had not highlighted concerns we found with the safe recruitment of staff. This meant there was a continued breach of regulation 17 of the Health and Social Care Act.

There were some audits in place to monitor accidents and incidents, care files, times of calls and lengths of visits and of staff files. Accidents and incidents were recorded but there were no outcomes recorded which meant the provider could not look for themes or trends or try to prevent future occurrences.

Care files had an improved system of audit which included if the care plan was signed, if the assessments and care plans had been reviewed and that they remained reflective of the person's care needs. Calls times and lengths of visits were reviewed to ensure staff were visiting the person on time and stayed for the duration of the call; we saw staff were generally on time and did stay for the duration of the visit.

Audits of staff recruitment files were in place, but they had not identified where there were gaps in employment history, missing references or where a valid DBS was not in place. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the provider's audits had failed to highlight our findings in relation to staff recruitment.

We discussed our findings with the nominated individual who advised they believed they were compliant with their recruitment processes, which is why the audit had not identified the concerns. We recommended the provider familiarised themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014 which gives the legal guidance for the recruitment of staff.

Statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC. The provider is legally required to notify us without delay of certain events that take place whilst a regulated activity is being provided. We found during the last inspection there had been some events that had occurred which should have been reported to CQC that had not been, for example in relation to potential safeguarding incidents at the service. Although there had been no safeguarding referrals made, we spoke with the nominated individual and registered manager who understood their responsibilities to report such concerns.

The provider had sought views on the service they provided. All of the feedback received was positive and included comments such as staff members were respectful of people's privacy and dignity, the continuity of staff was good, staff ensured people were comfortable and safe and people could speak to the management team when required.

Staff felt well supported by the registered manager and the nominated individual. Comments included, "I can go to them with anything, they are so helpful." And "Yes, they are always at the end of the phone."

Staff meetings were held regularly, and staff told us they were able to attend the meetings when required.

Policies and procedures were in place in relation to safeguarding vulnerable adults, whistle blowing, recruitment of staff, infection control, medication, supporting people at the end of life and transfer of service, however, the policies were not dated and had not been reviewed so we could not be assured they remained up to date. The nominated individual told us the policies were due to be updated as part of a new online system they had commissioned. We will review this at our next inspection.

The nominated individual told us they had taken on board the feedback from the last inspection and had been working to improve the outcomes for the people they supported. We noted there had been some improvements at the service, but we highlighted that some concerns still remained, and action needed to be taken to ensure the service was fully compliant.

There was a registered manager in post who had been registered with the (CQC) since November 2016. At our last inspection, our findings were that the registered manager had little oversight of the service. At this inspection we were more reassured the registered manager had increased oversight and the nominated individual told us they planned to promote a senior care worker to the role of registered manager. It was intended that the current registered manager would still have oversight and responsibility of the service as a director. We will review these revised management arrangements at our next inspection.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the registered office.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Audits had failed to highlight unsafe staff recruitment.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not take steps to ensure staff members were recruited safely.