Boyce Care Ltd

Boyce Care

Inspection report

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Tel: 07590111121

Date of inspection visit:
10 November 2016

Date of publication:
16 December 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Boyce Care is a domiciliary care service which provides personal care to people with a learning disability such as Asperger's or autism, or a physical disability. At the time of our inspection 17 people received personal care support from the agency. Most people receiving care lived in supported living accommodation.

The inspection took place on 10 November 2016 and was announced.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run. The registered manager (who was also the provider) was not present during our inspection. Instead we were assisted by the manager.

Risks to people were identified and action taken to reduce the risk of harm. Accidents and incidents were recorded to look for trends.

Recruitment processes carried out were not always in line with the agency's policy. Medicines systems did not always follow the agency's policy or best practice. The manager acted on these shortfalls following our inspection.

The manager was not always aware of their responsibility in relation to notifying CQC of safeguarding incidents. However staff were knowledgeable on safeguarding and the signs to look out for, together with how they should report any concerns.

The manager told us there was on-going recruitment to the agency. Although people told us that they never experienced a missed call, staff said at times arrangements to cover people's calls were disorganised as there were insufficient staff available. We noted from staff rotas that some staff regularly worked for several days without a break.

Staff were unaware of the principals of the Mental Capacity Act (2005). Mental capacity assessments had not always been carried out for people and where decisions had been made there was no evidence of best interest discussions. Staff did not have a good understanding of the Mental Capacity Act.

Staff received training to support them in their role however we found some essential training, such as first aid was overdue for some staff. Immediately following the inspection the manager was able to demonstrate to us that staff had been booked onto the relevant refresher courses.

People were supported to eat a healthy and varied diet. People attended a cooking club held at the agency's office which enabled them to learn basic cooking skills. Where people had specific health needs

these were recognised by staff and appropriate health care professionals were involved in their care.

People told us they were cared for by staff who were kind. Observations during our inspection told us that staff had developed good, close relationships with people. Staff displayed compassion when people needed reassurance and respected people's individual wishes and choices. People had access to a wide range of individualised activities which responded to their interests, such as attending college, a cinema club or a music session.

Support plans for people were written in a person-centred way and included detailed information about people and guidance for staff where needed.

Should people wish to complain information was available to them on how to do so. People and their relatives were provided with the opportunity to give their feedback on the service. Committees and forums had been established so people could make suggested improvements and suggestions made were listened to and acted upon.

Staff were involved in the running of the agency as meetings were held. Staff told us they felt supported by the management team and could approach and talk to them if they had any concerns.

Regular quality assurance audits were carried out to monitor the quality of the service provided and action taken where shortfalls were identified. In the event of an emergency there was a contingency plan in place to help ensure that people who required it, continued to receive care.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made some recommendations to the provider. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Staff had not always been recruited in line with the agency's recruitment policy.

Medicines systems were in place however where handwritten records of medicines were made these did not follow the agency's policy or best practice.

People told us they did not experience missed calls, however we found some staff were working excessive hours without a break.

Arrangements were in place to help safeguard people from abuse.

Risks to people's safety were assessed and managed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's rights were not protected as staff were not knowledgeable about the Mental Capacity Act 2005 and mental capacity assessments had not been undertaken.

Staff had completed training to give them the skills and knowledge to meet people's needs.

People were supported to eat and drink a range of suitable foods.

People had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and our observations showed that people had good relationships with staff.

Staff showed respect and compassion to people and took time

to reassure them.

People were supported to maintain relationships with people important to them.

Is the service responsive?

Good

The service was responsive to people's needs.

A range of activities were provided that took account of people's interests, preferences and needs.

Care records were person-centred and contained detailed information to guide staff on the care and support people required.

Procedures were in place for receiving, investigating and managing complaints about the service.

Is the service well-led?

Good

The service was well-led.

People and relatives had been asked for their opinion on the quality of the service they had received.

The provider had systems in place to monitor the quality of the service.

There was a clear management structure in place. Staff told us they felt supported by the management team.

Boyce Care

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.

This inspection took place on 10 November 2016 and was announced. We gave the provider 24 hours' notice to ensure there would be someone at the agency to help us during out inspection. This is the methodology we use for domiciliary care providers. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We reviewed the PIR the registered manager had completed. A 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 our inspection we spoke with four people, five staff and the manager. Following the inspection we spoke with and received feedback from four relatives and one social care professional.

We reviewed a range of documents about people's care and how the agency was managed. We looked at four care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The agency was last inspected on 28 April 2014 when we identified no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with staff. One person said, "Staff talk to me and I can speak to them all the time." Another person told us, "Staff help to make sure our food is fresh so we don't get ill."

People told us that staff never missed a call and they felt there were enough staff. One person said, "They always come to me on time and they have never not turned up." Staff told us that if they were running late they would call the office in order that those next on their rota could be contacted. People confirmed to us this was the case and told us that staff generally turned up when they expected them.

Staff said they felt there were enough staff employed by the agency to attend to everyone's needs, however they commented that on days when staff called in sick it could be disorganised with rearranging rotas. One staff member told us, "Personally I do feel there are enough (staff)."

Although there were enough staff on duty to meet people's needs, we noted from staff rotas that some staff worked excessive hours and several days without a break. This meant they may not be working efficiently and could be tired when providing care to people. We spoke with the manager about this who told us that some staff requested additional shifts despite already working long hours. Immediately following the inspection the manager demonstrated to us that they had started to monitor the number of hours staff worked and had put processes in place to prevent them from working excessive hours or days without a break.

We recommend that the registered provider helps to ensure that staff are fit to support people.

New employees were not always appropriately checked through robust recruitment processes to ensure their suitability for the role. This was despite the provider's PIR stating they ensured correct procedures were followed. We looked at records for five staff which evidenced that staff had been recruited safely. Application forms and interview records were completed and references were obtained from previous employers. Disclosure and Barring Service (DBS) checks were completed for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service. However, some new staff had gaps in their employment history and staff were unable to find evidence that one staff member was eligible to work in the UK. The manager took immediate action following our inspection and provided us with evidence that most areas we had highlighted had been addressed.

We recommend the registered provider ensures they always follow the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 together with their recruitment policy in relation to the employment of new staff.

People were protected against the risks of potential abuse however the registered manager had not always notified CQC of safeguarding incidents. We read of one safeguarding incident in which the registered manager had notified the local authority. However they had failed to notify CQC which is a requirement of

registration.

We recommend the registered provider ensures that safeguarding notifications are submitted appropriately in line with the requirements of registration.

Staff had been provided with training on how to recognise abuse and were able to demonstrate their knowledge of the signs to look for and reporting procedures. One staff member said, "I would always contact management and take further to social services or you guys if necessary." Another told us, "I would make sure the individual was safe - this is the priority - and secure the evidence." Safeguarding information was available in an easy-read format. One person told us, "I will speak to the office if I feel worried about anything and they will listen." Another person said, "If I am concerned or worried I would speak to staff. But I'm not worried about anything."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. One person was at risk of trips and falls and two staff were required to support them to reduce this risk. Another person was at risk of wearing inappropriate clothes when going out and there was guidance to remind staff to check their clothes before leaving the house.

Safe medicines management systems were in place and people received their medicines in line with their prescriptions. However, although the agency had internal processes to ensure MAR charts were accurate, it did not follow the Royal Pharmaceutical Society or their own in-house policy in relation to handwritten medicine entries on people's Medicine Administration Record (MAR). This was because there was only one signature beside the handwritten entry. Two signatures are important to help reduce the risk of medicine dosages being transcribed incorrectly and as a result people receiving incorrect medicines. Following our inspection the manager sent us evidence that they had introduced a new system to help ensure that MAR records were maintained in line with best practice.

We recommend the registered provider ensures that records in relation to people's medicines are completed in line with published guidance.

Each person had a MAR which contained a recent photograph, known allergies and details of how they preferred to take their medicines. MAR charts were monitored regularly by the care co-ordinators to help ensure that there were no gaps. We noted where the care co-ordinators had identified gaps in MARs they had taken appropriate action, such as one to one supervision with staff or refresher training. Most people required prompting with their medicines only. One person told us they knew what their medicines were for and said, "I always get the medicines I need." Another person said, "Staff tell me what my tablets are for."

Accidents and incidents were recorded and collated each week. However we found there was no monitoring of accidents and incidents to identify and respond to trends. The manager told us that people did not have mobility issues so very few accidents and incidents occurred. This was confirmed by the records we looked at. Following our inspection the manager demonstrated to us that they had introduced a monitoring process should the need arise.

In the event of an emergency there was a contingency plan in place. This provided guidance and information to staff on what to do in the event of severe weather, for example. The contingency plan stated they would 'prioritise those people who required support' and if necessary staff would stay overnight to ensure people continued to receive support during this period.

People, relatives and staff had access to a 24/7 on-call service. Each day a different member of staff was

allocated as on-call and all calls through the on-call line were diverted to this staff member. This meant everyone accessed one central telephone service and calls were logged and acted upon. We saw one person had telephoned to say they did not require staff over a period of three days. We saw evidence this had been forwarded to the staff member and their rota adjusted accordingly.

Requires Improvement

Is the service effective?

Our findings

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's rights were not always protected as staff did not all have a good understanding of the MCA and had not acted in line within its principles. Capacity assessments had not always been completed and although we read decisions had been made with family members, notes of discussions surrounding decisions were not recorded. One person's capacity assessment was only partially completed, however this person had signed their care agreement and consent for staff to take their photograph. Another person had conflicting information in their support plan. In one section it recorded they, 'have capacity to make decisions', however in another it recorded, 'lacks capacity'. There was no mental capacity assessment completed.

When we asked staff to explain the MCA to us one staff member said, "It's about how much the service user can understand about everyday tasks." Another told us, "We work with people whose impairment varies. If its depression we'll utilise skills to enable them to cope." Only when we prompted staff further they were able to tell us, "If people need to make choices and they can't we make it in their best interests" and, "As far as possible people make their own decisions. We have to involve social services and the family." One staff member told us, "(Name) had capacity to a certain extent. For example, she has a wheelchair, but she won't sit in it as she prefers to push it, but she will let me know when she needs support."

Failure to follow legal requirements in relation to the MCA (2005) was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff received an induction when starting work which involved shadowing more experienced staff. In addition they had a mentor who supported them until such time they felt comfortable and confident to work alone.

Training records were maintained which evidenced that most staff had completed mandatory training which included safeguarding, health and safety, infection control and moving and handling. We did note however that some training was overdue and discussed this with the manager. The manager was able to provide us with evidence following the inspection that staff had received the appropriate training or had been booked onto courses. A staff member told us, "I've had a lot of training this year. A lot of moving and handling training." They went on to say they had undertaken training in self-defence which they had found useful because some people they supported had behaviours that were challenging. Another said, "There is lots of different training. It's all prepared me for the role." A third member of staff told us they had training in physical interventions which gave them the skills they needed to support people who had certain behaviours.

Staff told us they felt supported by the management team and had regular supervision to support them in their role. Supervisions took place approximately six-weekly and staff told us this could be face to face, by telephone or as a spot-check in someone's home. One staff member told us, "It's nice to have someone to talk to."

People told us staff helped them to learn cooking skills which enabled them to cook and prepare meals of their choice. We observed a cooking club taking place at the agency's office. We saw that everyone had helped to prepare sausages and mash for their lunch and staff were going through a food chart with people discussing healthy options. We were told staff would sit with people and develop a menu plan for the week supporting the person to shop for the food items. A staff member told us, "I go through foods with them and try and link it up with the food shopping. I will always ask them what they think as it's about what they want." One person told us, "Staff are very good cooks."

People's likes and dislikes in relation to food were recognised by staff. We noted that one person's care plan recorded they did not like cabbage and we saw at the cooking club they were not given this with their lunch.

People were supported with their healthcare needs and had access to a range of healthcare professionals. Each person had a health action plan in place which detailed the support they required to ensure their health care needs were met. Contact details were available for professionals involved in people's care including GP's, dentist, opticians, and relevant specialists. Appointments were monitored and records were updated following appointments to ensure guidance from professionals was followed. Where people required the involvement of a healthcare professional, staff arranged this.

We read in people's support plans that they had a hospital passport. This contained important information about the person should they be admitted to hospital. One person told us, "Staff take me to the doctor. They are going to speak to him for me because I am not well at the moment." They added that staff checked their hearing aids were in properly and working. Two people were having difficulty getting in and out of their bath. As a result of a referral by staff to the occupational therapy team they had a walk-in shower fitted.

Good

Is the service caring?

Our findings

People and relatives told us they felt the staff were caring. One person told us the best thing they liked about staff was, "They take me out and they make good tea." Another person told us, "They help me to make decisions, like what college to go to." A third person said, "They are a lovely lot. Wonderful. They were kind when my mum died."

We also received good feedback from others. One relative told us, "They are brilliant. She has really blossomed. I would recommend them 150%." Another said, "Absolutely marvellous. The carers are all caring." A third told us, "I am very happy with it (the agency)." A social care professional said, "I have many clients who are happy with the service they receive."

Staff interacted with people in a kind, caring and compassionate manner. We observed staff interact with people during the cooking club and saw that people and staff had developed close relationships as people were seen to hug staff.

People were supported to maintain relationships with their families and other people who were important to them. One of the ways of enabling this was encouraging people to attend the clubs held at the agency's office. Staff told us this was an ideal way for people to make new friends and maintain existing friendships. Care plans identified those who people liked to stay in contact with. One relative told us, "He comes home for the weekend and is always keen to be there (in supported living). He's looked after."

People were encouraged to take an active role in developing independent living skills. We observed people being supported to cook their lunch and staff encouraged people to participate in the lunch experience. We saw some people set the tables and others give people drinks. When lunch was over everyone helped to clear the table. One person told us, "The staff help me to be independent." Another said, "Staff help me cook nice meals. I have guidelines in my home and I helped to write them." A third person told us, "Staff help me with cooking, washing and changing my bedding, and I help to prepare the meals." Other workshops for people included numeracy/literacy, infection control, keeping safe, and first aid skills. One person said they went shopping with staff each week and they were supported in, "Hoovering, clean bathroom, hoover room, dusting."

Staff showed respect and compassion to people. There was easy going conversation between people and staff and during the preparation of lunch a lot of laughter. Staff addressed people by their first names and took time to listen to people when they talked to them. One person became upset during the morning and we observed staff talking kindly to them and reassuring them. One person said, "The staff know me well."

People's privacy was respected by staff. A staff member told us, "I would always carry out personal care in a private room and I always sit with people first and have a chat to them. It's important they (people) don't think of you as just staff." Another staff member said, "I always knock and call out first before going in."

People's individual methods of communication were recognised and people could make their own choices

about their care and support. One person's care plan recorded 'if in a low mood she will spend time in her room alone'. Another person's records recorded how they expressed their mood. Each person's care plan detailed which gender of staff people preferred and we read that one person had asked for female staff for personal care, but male staff to take them out.

People received care from a consistent staff team, which helped ensure people felt supported and settled in the hands of staff. The manager told us they would always ensure they had sufficient staff to provide care to people before taking them on and where possible would try to 'match' staff with people. By organising their staff team into areas, people received continuity in relation to the staff who supported them. Each person had at least three staff who worked regularly with them, with one staff member allocated as their keyworker. A relative said, "He has three staff who know him well. Having those three core ones makes me feel good."

Good

Is the service responsive?

Our findings

People were supported to maintain their hobbies and interests and had access to a range of activities. Staff supported people to attend college and other outside interests. People who attended college told us how much they enjoyed it. Other people had been supported to get a job, for example, one person now working in a local cinema. In addition sessions were held at the agency's office ranging from a weekly cinema club to a numeracy club. One person was heard suggesting suitable DVDs for the cinema club for this week and people talked about the films and which ones they would like to watch. A relative told us, "They do Boyce's Choices. They put on shows. I have just had the invite to the Christmas Carols."

Boyce's Choices forum had been established which included separate sub-committees such as 'entertainments', 'interview' and 'making Boyce Care better'. These were run by people and used as a platform for thinking about new ideas and further activities. We read that as a result of people's suggestions over the last year new activities had been introduced such as a weekly film club, days out and summer and Christmas shows. In addition people were invited to join staff in training sessions relevant to them, such as food hygiene or health and safety. One person said, "I come to the forum and I can speak to everyone."

People's support plans were person-centred, detailed and regularly reviewed to ensure staff had access to the most up to date information relating to people's needs. Support plans clearly recorded people's likes, dislikes and preferences and information covered all aspects of people's lives including communication, eating and drinking, mobility, leisure and spiritual needs. Personal care routines were very descriptive and included information such as a person's preferred shampoo or how often they liked a shave. One person liked music and dancing and it was recorded in their care plan that staff should ensure the car radio was on when they were driving them around. A staff member told us, "They keyworkers are really good at updating information. When things aren't relevant any more we sit and go through the support plan with the person and update it."

Where people may have behaviours that could be challenging clear guidance was in their care plan for staff to follow. One person could sometimes become anxious when leaving places where they were enjoying themselves. Guidance included prompts to staff to remind them to give the person space, be vigilant of their moods and give lots of praise to help calm them down.

Staff responded to people's individual needs. One person was moving from the north and staff had gone to their home to support and get to know the person before they moved into the area and started to receive a care package.

There was a complaints policy in place. This was available in an easy-read format. We noted only one complaint was recorded. This was as a result of a phone call about staff being late. We read that appropriate actions were taken by management to address this complaint. We asked two people what they would do if they were unhappy or worried about anything. Both indicated they would speak to staff. A staff member told us, "If someone wanted to make a complaint I would help them write it and forward it on to management for them." A relative said, "If there is any issue they (staff) deal with it."

Good

Is the service well-led?

Our findings

Relatives and professionals told us they were happy with the agency. One relative said, "I am delighted with the service and my daughter is very, very happy." Another told us, "I did hold on to get Boyce Care. I'm so happy with it." A social care professional said, "Boyce Care is a good agency. They always go another mile to help."

We found management were responsive to the feedback we gave them at the end of our inspection. We discussed with the manager the shortfalls we had identified during the day and immediately following our inspection the manager provided us with evidence that they had taken action.

Staff told us they felt supported by the management structure within the service and were able to ask for guidance when required. One staff member told us, "I do feel supported now. At one time I didn't but things have settled down." We asked staff if they felt valued and what made them feel so. One staff member said, "Big time! They (management) have helped me get my qualifications They have really helped me." Another told us, "He (the registered manager) is a nice man. I've always been able to go to him. He is very understanding and flexible of personal circumstances." Other staff said, "They are very kind to us, we can speak to them when we want. They say if we have a problem call, text, come in" and, "This is my first job experience and I'm really happy."

Staff were supported by management to progress. Where English was not a staff member's first language the agency arranged English lessons for them and monitored their progress and understanding. If necessary the agency arranged driving lessons for staff.

Staff were involved in the running of the agency as they had the opportunity to attend staff meetings and regularly went into the office. During our inspection we saw several staff members come into the office to talk to the management team, collect records or to pick up one of the fleet cars. The manager told us they held staff meetings at different times of the day in order to try and involve as many staff as possible. In addition to general staff meetings we read that team meetings within areas were held. One staff member told us, "I feel listened to at staff meetings."

People had the opportunity to be involved in the development of the agency. In addition to Boyce's Choices, people were supported, through training, to be part of an interview committee. This allowed them to participate in interviewing new staff members. Each week there was an 'open door afternoon' at the office to which people could come and talk to management in confidence.

People and relatives had the opportunity to give feedback on the service provided. We read the outcome of the July 2016 survey to which there was good response. We noted comments received in relation to the quality of the service provided showed that people were happy. Comments included, "Impressed", "Well run organisation with caring, positive and friendly staff" and, "We are all very pleased."

Other feedback was obtained from the committees and we found that this was listened to and acted upon.

We read, 'some staff are late for shifts', 'more drivers' and 'more Boyce's choices'. As a result management had reminded staff to ring on-call if they were running late, endeavoured to only employ staff who drove or who would make an undertaking to learn to drive within six months and introduced additional sessions such as knitting and break-dancing.

Regular audits were completed to monitor and improve the quality of the service provided. The care co-ordinators audited medicines records and care plans together with daily notes written by staff. Staff had the option to produce notes electronically, rather than handwriting them which helped maintain a good level of legibility of notes. Staff timesheets were monitored to check staff stayed the correct amount of time in line with people's care plans. Medicines competency checks were seen together with health and safety checks in each of the supported living houses. These included the first aid kit, fire equipment, alarms and cleanliness of the home. Together with the regular more formal audits, spot-checks were carried out to the supported living homes. These checked on areas such as the petty cash, activities charts, incident forms and daily notes.

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 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured they had followed the legal requirements in relation to the Mental Capacity Act (2005).