

BMM Care Ltd

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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

BMM Care Ltd is a domiciliary care agency providing the regulated activity of personal care to people living in their own home. At the time of the inspection there were 49 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives told us that they were mostly happy with the service that they received. However, we were told that timekeeping and attendance of regular care staff especially at the weekends could be further improved.

People and their relatives felt generally safe and re-assured with the support that they received from their allocated care staff. Staff knew how to recognise potential signs of abuse and explained the steps they would take to report their concerns.

Risk assessments in place described risks associated with people's health and care needs, and gave clear directions to care staff on how to support people with those risks to keep them safe and free from harm.

Safe medicines management and administration processes in place ensured people received their medicines as prescribed and on time.

The service ensured only those staff assessed as safe to work with vulnerable adults were recruited.

Staff received regularly training and support to enable them to carry out their role effectively.

People were supported to eat and drink where this was an assessed need. People's individual needs and preferences around the support they required were clearly documented.

The service worked with other health care professionals, where required, to ensure people's health and medical needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that they were treated with dignity and respect. People and their relatives knew who to speak if they had a complaint to raise.

We have made a recommendation in relation to planning for end of life care.

Management oversight systems in place assisted the registered manager in monitoring the service people received so that where issues were identified appropriate actions could be taken to improve people's experiences.

Rating at last inspection

The last rating for this service was requires improvement (13 June 2018). We found breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

BMM Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Inspection activity started on 18 July 2019 and ended on 19 July 2019. We visited the office location and spoke to some staff on 18 July 2019. On 19 July 2019 we spoke with people, relatives and some more staff.

What we did before the inspection

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to CQC. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). However, following the inspection, the provider was able to submit a completed PIR. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into

account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 11 people who used the service and 14 relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, recruitment manager and seven care workers.

We reviewed a range of records. This included nine people's care records and five people's medication records. We looked at five staff files in relation to recruitment and staff supervision. We also reviewed records relating to the management of the service, including quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff rotas.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's health and care needs had been identified and assessed. Care plans contained detailed information about the risk, how it affected the person and how care staff were to support the person to minimise the risk to keep them safe.
- Assessments detailed risks associated with moving and handling, falls, behaviours that challenged, dehydration, high risk medicines and specific medical conditions such as diabetes and epilepsy.
- Environmental risk assessments were also in place which covered security, the condition of the property and hygiene so that safety measures were in place to protect people and staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us that they generally felt safe and reassured with the care and support that they received. One person told us, "I feel safe as I can't walk and they stay with me, look after me." Another person said, "I have had a regular carer for the last three years and I feel perfectly safe with her."
- Staff had received safeguarding training to ensure they knew how to keep people safe from abuse or harm. The service had processes in place to report their concerns to the appropriate authorities where required.
- Care staff described the signs they would look for where they suspected potential abuse to be taking place. One staff member explained, "The person won't speak, you can see on their face that something is going on."
- Staff knew who to contact to report any concerns relating to possible abuse taking place and were confident that the registered manager would deal with their concerns.

Staffing and recruitment

- Rotas showed that care staff were allocated travel time between each care call. This was confirmed by care staff that we spoke with.

- However, we received mixed feedback from people and their relatives about timekeeping and not receiving continuity of care from regular care staff especially at the weekends. Feedback from people included, "Timings aren't too bad in the week days but weekends can be poor", "I have had strangers a couple of times but they introduce themselves, it's not brilliant when that happens" and "Regular one [care staff] is very good she knows what to do, comes on time and will phone if running late."
- Relatives told us, "We have a weekday regular person, that's usually a bit better but the weekends various carers are not keeping to times" and "They more or less stick to time but you have to have a sense of humour about these things."
- We informed the registered manager about the concerns that had been expressed, who gave assurance that they would look into and investigate the issues that had been raised so that the required improvements could be made.
- Recruitment processes in place enabled the service to check care staff suitability to ensure that only those assessed as suitable to work with vulnerable adults were recruited.
- Checks undertaken included proof of identity, right to work in the UK, disclosure and barring criminal record checks and references evidencing conduct in previous employment.

Using medicines safely

At the last inspection we recommended that the provider should consider implementing safe and robust systems to monitor the electronic care plan and recording system to ensure that people received their medicines safely and as prescribed. The provider had since made improvements.

- People received their medicines safely and as prescribed.
- Where support with medicines administration was an assessed need the service completed a comprehensive assessment, which recorded the level of support required, the names of the medicines to be administered along with the dosage and times of administration.
- Medicine Administration Records (MARs) were complete. Where the task of medicine administration had not been completed on the electronic care planning system by the allocated care staff, an immediate alert would be sent to the office notifying them that the person had not received their medicines. This was then investigated and resolved to confirm that the person had received their medicines.
- All care staff confirmed that they had received training in the management and administration of medicines. Staff also confirmed that they were regularly checked upon and observed to assess and confirm competency. This was done as part of the spot check process.
- The service carried out monthly medicines audits to check and ensure that people were receiving their medicines safely and as prescribed. Where issues were noted these were addressed with the care staff team.

Preventing and controlling infection

- People were protected from the risk and spread of infection.
- Staff had received training in infection control.
- The service ensured that all staff had access to personal protective equipment such as gloves and aprons so that people could be protected from the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were documented with details of what happened and the immediate actions taken to ensure people's safety.
- The registered manager used the information as a learning opportunity and shared this with the care team so that future occurrences could be prevented.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed by the service, prior to supporting anyone with care and support. This allowed the service to determine whether they would be able to meet the needs of the person safely and effectively.
- The assessment looked at moving and handling, health, care and support needs, relevant background information about the person and their preferences on how they wished to be supported.
- Care plans were compiled based on the information gained through the pre-service assessment.
- People and relatives that we spoke with had been involved in the planning of their care.

Staff support: induction, training, skills and experience

- People were supported and cared for by staff who had received appropriate training and assessed as competent to work in care.
- Staff told us and records confirmed that they had received an induction before they began working for the service.
- The induction included staff receiving relevant training associated with the care role and shadowing a more experienced member of staff before being assessed as competent to work on their own.
- Training was refreshed on a regular basis and included training on topics such as moving and handling, dementia care, health and safety and the Mental Capacity Act 2005. Staff spoke positively about the training provision by the service. One staff member told us, "They always send us notices of training if you want, they do offer a lot of training."
- Staff told us that in addition to regular training they were also supported through regular supervision and a yearly appraisal which gave them the opportunity to discuss issues, areas of concerns and their development.
- People and their relatives told us that they had confidence in staff abilities especially those who were regular and consistently attended to their needs. One person said, "One regular person is very good and seems to have had more training than others." A relative told us, "One person with lots of experience of dealing with people is always there, usually both are familiar with him."

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

- People were supported to eat and drink where this was identified as an assessed need.
- Care plans recorded the level of support people required alongside people's likes and dislikes and any cultural or religious requirements in relation to their diet.

- People and relatives we spoke with told us they were appropriately supported with their nutrition and hydration needs when required.

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

- The service worked in partnership with a variety of health care professionals which included GP's, district nurses, social workers and pharmacists.
- People's health and medical needs were clearly documented in their care plans. Where required, people were supported in accessing a range of health care professionals to ensure people received the support they needed to live healthier lives.
- Where the service had made referrals on behalf of people who required specialist input we saw records of these including recommendations that needed to be followed as an outcome of their referral.
- People and relatives confirmed that they were supported with their health and medical needs where required. One relative told us, "If they [staff] can see that [person] is unwell they contact the office who then ring one of us"

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. At the time of this inspection, there were no people using the service that were subject to a 'community' DoLS.

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

- Care plans documented people's capacity to make decisions. Where people lacked capacity to make decisions this was also clearly documented alongside details of decisions that had been made in their best interest.
- People and relatives where appropriate had signed confirming their involvement and consent to the care and support that they received.
- Staff had received training on the MCA and were able to demonstrate how the key principles of the MCA were to be applied when supporting people. A group of care staff explained, "If somebody can make decision then that's fine, if they can't you need to tell the office, you use your initiative and make decisions in their best interest, always get them involved, we get to know them."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave positive feedback about the way in which care staff supported and interacted with them. Feedback included, "The [carer] is amazing. Really good. She dresses and washes up for me", "[Carers] are friendly" and "I have an excellent carer who knows me well."
- Relatives also told us that they were happy with the care staff that supported their relative and told us, "Our regular person has a good attitude", "[Person] is happy with them and that's very important" and "Nice [carer]. Very good, very caring, checks how he is. She is very kind."
- People's religious and cultural needs were clearly documented within their care plan.
- Staff demonstrated that they knew people well and described people's likes, dislikes and preferences. One staff member explained, "You know their likes and dislikes, they [people] know what you are doing; it's all about trust."
- Staff understood people's needs in relation to equality and diversity and that each person was different and possibly had different needs and requirements due to their religion, culture or sexual orientation. One care staff told us, "We treat people equally. Not everyone is the same we have to give them very good care regardless."

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

- People were supported and encouraged to be involved in making decisions about their day to day care and routine. One relative told us, "Anything dad asks them to do, they do."
- Care plans were compiled involving the person and where people wanted, their relative or named representative.
- Care staff told us that they always involved people in their care and always asked people's permission and choice on how they wanted to be supported. One staff member explained, "We just ask them what they want, help them to choose and explain to them what we are doing."

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with told us that care staff always respected their privacy and dignity. People told us, "She treats me with utmost respect" and "Staff treat me with respect." Relatives commented, "Carers very good, very respectful and helpful" and "Very professional."
- Staff promoted people's independence and encouraged them to do the things they could for themselves, whilst monitoring them to ensure their safety always. One staff member told us, "Everything you do try and get them involved, let them do what they can, encourage them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and person centred. Information about people, their life history and their support needs and preferences had been clearly documented. This enabled staff to deliver care and support that was responsive to their needs.
- Care plans were reviewed yearly, or sooner where people's needs had changed.
- The service used an electronic care plan system which staff had access to through their mobile phone. This meant they had access to care plans and any relevant updated information about people so that care could be provided in response to people's most current needs.
- Staff were also required to use the electronic care plan to document details of each visit, tasks undertaken and significant observations or information that needed to be communicated to other visiting care staff and the office. This again ensured effective communication which meant that people received care and support that considered any changes or updates.
- Staff confirmed that people's care plans contained appropriate information about the person and the support they required. One staff member told us, "Yes, they are good, they have all the information about each client, what they want, what they don't want, family contacts and risks."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan.
- This included information about any support aids that the person may use to support them with their hearing or their eye sight.
- The registered manager explained that they would make information accessible to people in alternative formats where this was required, to support people's communication and understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people engaged in their own interests and hobbies with the support of their relatives or representatives.
- However, care staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation. One staff member told us, "I sometimes spend 15 to 20 minutes just

talking."

- People told us, "I rely on our regular carer and we communicate well. We have a system and a safe place to keep medicines and new clothes. I feel that we are a little team" and "We have good conversations about topical things, share daily events. I really miss her if she's not here."
- Relatives commented, "They always make sure that she's ready and clean to go to her day centre" and "[Person] is non-verbal but they [staff] chat and involve him in their conversations which is good."

Improving care quality in response to complaints or concerns

- The service recorded each complaint received, completed an investigation and responded with their findings to the complainant with details of actions they would take to resolve the issues raised. This was in line with the provider's complaints policy.
- People and relatives we spoke with knew who to speak with if they had any concerns or complaints and were most confident that their concerns would get addressed. One person stated, "I have phoned the office and they seem to take things seriously." One relative told us, "I spoke to the manager because a new carer wasn't doing what she was meant to, and they sorted that. I'm happy with the office."

End of life care and support

- At the time of this inspection the service was only supporting one person with end of life care. End of life wishes and preferences had not been recorded. The registered manager explained that the family were very involved with the care and support this person received, and that although information around end of life wishes had not been recorded care staff were aware of the person's specific needs.
- The registered manager also explained that this was an area where the service needed to make further improvements so that where people had expressed specific wishes and needs, these could be incorporated into the care planning and provision process.

We recommend that the service follows current guidance and best practice around end of life care and ensures that people's wishes and needs are considered when planning and delivering care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection poor management oversight processes in place meant that the provider had failed to identify issues that we identified as part of the inspection process. This was a breach of Regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had implemented sufficient improvements where required and the provider was no longer in breach of Regulation 17.

- Management oversight processes in place enabled the service to monitor and check the quality of care and support that people received.
- These included audits on medicines management and administration, care plans and daily recording notes. Audits checked that records were current and complete and that people were receiving the appropriate care and support as required.
- Where issues were found, actions were taken to address these and further learning and development was communicated to the staff team so that the service was continually improving the quality of care people received.
- In addition to audits, staff were also observed in their usual work practice during 'spot checks'. These were to check that staff were working to the required standards.
- There was a clear management structure in place and all staff clearly understood their roles and expectations placed upon them.
- There was an on-call system in place for any out-of-hours issues that may arise. Staff told us that they were always able access a member of the management team at any time.
- The registered manager and management team present were all positive about the inspection and welcomed the opportunity to receive feedback.

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

- People and relatives we spoke with knew the office staff and named specific staff members who they spoke with regularly about the support package that they received.
- Most people and relatives also confirmed that they knew the registered manager and had met them at the start of the package of care.

- We were told that managers were approachable and available, however, some people and relatives did comment that the overall management of the service needed to improve especially in relation to timings of calls, lateness and communication.
- Comments made included, "Top Managers need a good shake up", "I feel that they have got their act together this year", "It's not very professional" and "I met manager, very approachable."
- This feedback was given to the registered manager following the inspection who gave assurance that people's concerns would be looked at and improvements implemented so that people received a good quality service.
- Staff spoke highly of the registered manager and of the mechanisms in place which supported them in their role. Feedback from staff included, "We are close knit, like a family, no fear of not speaking, very approachable, you can call the management at any time" and "The manager herself is really sweet and lovely If staff are in any difficulty she is willing to help. Very supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service asked people and their relatives to give feedback on their experiences of the care and support through the completion of satisfaction surveys and six-monthly telephone monitoring.
- The last satisfaction survey had been completed in November 2018. Feedback was overall positive. One person had written, 'All carers are very committed to their job and always have my best interest at heart. I feel blessed to be under such good care.'
- Staff told us that monthly staff meetings were held where they could openly discuss any issues and make suggestions. One staff member told us, "They tell us we can discuss whatever we want to and I do learn a lot from them and yes, I can speak up and they always listen."
- The service worked well in partnership with a variety of health care professionals such as GP's, district nurses and social workers, to maintain the health and wellbeing of the people they supported.
- In addition to this, the service also told us that they worked in partnership with the local authority by attending provider meetings and training sessions where providers from the locality were invited to engage with the local authority and each other to learn and share experiences and practises.
- Where there had been referrals, appointments or on-going engagement with other health care professionals, this was clearly documented in people's care files with details of outcomes and actions to be taken.