

Givecare

Bosworth Homecare

Inspection report

Unit 7a Woodhouse Business Centre
Woodhouse Street, Woodville
Swadlincote
Derbyshire
DE11 8ED

Tel: 01283807867

Website: www.givecare.co.uk

Date of inspection visit:

24 February 2016

25 February 2016

Date of publication:

29 March 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 24 and 25 February 2016. This was an announced inspection and we telephoned the provider two days' prior to our inspection, in order to arrange home visits with people. This was the first inspection of this service.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Swadlincote.

There was a registered manager in the service. 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.

People's consent was sought before staff provided care and support. However, some people did not have capacity to make certain decisions. It was not clear how some decisions had been made and whether other people had the necessary authorisations to make decisions on behalf of others.

The provider had systems in place to assess and monitor the quality of care although they had not identified where medicines may not have been given and action to make improvements had not been taken. People were encouraged to give their feedback about the service but information about how the service could make improvements and was operating was not fed back to people.

Staff listened to people's views and they knew how to make a complaint or raise concerns. Not all complaints had been fully investigated and details of the investigation and outcome had not been given to all people.

Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. People's risks were assessed and support plans included measures to reduce or prevent potential harm.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and were treated with dignity and respect by staff who understood the importance of this.

People were treated with care and kindness and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs. People were positive about the way staff treated them.

People received an agreed level of staff support at a time they wanted it and were happy with how the staff supported them. People had a regular team of staff who had the skills to meet their needs. People knew who was providing their support in advance and the provider was flexible and responsive to changes.

People received their medicine and were supported to apply any creams or ointments they needed to keep well. People received the assistance they required to have enough to eat and drink.

People benefitted from receiving a service from staff who worked in an open and friendly culture and were happy in their work. Checks were carried out prior to staff starting work to ensure their suitability to work with people.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely. There were sufficient numbers of staff to ensure visits were made when they should be and to meet people's care needs.

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?

The service was safe.

People felt safe when they received care and there was an on call system for people to ring in the event of an emergency out of office hours. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Good ●

Is the service effective?

The service was not always effective.

Staff sought people's consent when providing support and people were able to make decisions about their care. Where people may be unable to make decisions, actions had not been taken to ensure decisions were being made in their best interests. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives were positive about the way staff provided care and support. The staff were kind and compassionate and provided support in a respectful and dignified way.

Good ●

Is the service responsive?

The service was not always responsive.

People felt able to raise any concerns although some complaints had not been fully investigated and responded to. Staff were informed of changes in people's care although this was done in a manner which may not maintain confidentiality. People were involved in the review of their care and decided how they wanted

Requires Improvement ●

to be supported.

Is the service well-led?

The service was not always well-led.

Systems were in place to assess and monitor the quality of care to bring about improvements but medication and care records were not reviewed to ensure improvements were made. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns although the provider had not informed people of how improvements could be made.

Requires Improvement ●

Bosworth Homecare

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 checked 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 visit took place on 24 and 25 February 2016 and was announced. One inspector carried out this inspection. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We visited five people with their relative, made telephone calls to ten people and relatives in their homes and spoke with seven staff and the registered manager. We sent out questionnaires to fourteen people to ask them about the quality of the service they received. We used this information to make a judgement about the service.

The provider completed a Provider Information Return (PIR). This 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. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Support was planned and delivered in a way that promoted people's safety and welfare. People told us they were confident that the staff supported them in a way which helped to keep them safe. Staff received training to support people to mobilise using different equipment. One person told us, "The staff are lovely. They always check I am ok and if I have any pain when they are using the hoist." A relative told us, "The staff work well as a team and when using the hoist, they are always talking to [person who used the service] to make sure they are okay. They know what they are doing." A member of staff told us, "If we see any new equipment, we don't use it until the occupational therapist has been out and assessed it and we know how to use it properly and its right for that person." Care records included risk assessments and staff understood these and how to minimise risks to protect people from potential harm.

People's homes were assessed to ensure staff had guidance to follow to protect people from identified risks. The assessment included whether there was adequate parking, street lighting and access to people's homes. The staff told us this meant they had a better understanding of reducing potential harm and keeping the person and themselves safe. One member of staff told us, "Sometimes people are living and sleeping in the same room and we need to know what to do to keep people safe. The last thing they want is that we hurt them or ourselves; the more information we have the better." Another member of staff told us, "Some people have a code so we get into their home. We never write this information down with their address, it's always separate. If somebody got hold of that information it could make people unsafe so we know we must take extra care."

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. One member of staff told us, "Sometimes we are the only people that see them that day. If we notice anything, we record it and tell the manager. They would then make sure it was reported." Another member of staff told us, "People can be vulnerable and it's sometimes about financial abuse or neglect. If we had any concerns at all we would report it." The staff understood the procedure to follow to report concerns and were confident these would be dealt with appropriately by the manager. Staff told us they were aware of whistleblowing procedures and how to use them. One member of staff told us, "Honesty has to be the key to everything. It doesn't matter who you are working with, I'd say something if they did something wrong and had put people at risk."

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. The staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training. One member of staff told us, "I had all the checks done before I could start working here and they got the references from where I used to work."

People were supported or prompted to take their medicines. One person told us, "The chemist delivers all my medicines and I do it all myself. I need some help to put cream on my legs and the staff always do this." One relative told us, "The staff always remember to give [person who used the service] their tablets. They know when they need them and when to take them." Staff had received training to safely administer

medicines and one member of staff told us, "One of the problems we have is when tablets are already dispensed into a pot for us to give to people. We know we can't give people these tablets as we don't know what we are giving to people; we have to report it to the office." We saw staff completed a medication administration record after medicines had been given and they recorded any concerns in the daily notes.

People felt there were enough staff working in the service to meet their needs. They told us that staff were usually on time for their visits and if they were going to be late then they received a call to let them know. People told us they knew who was providing the support and one person told us, "It makes all the difference to us that we have staff that we know and can trust. They are generally here on time and never rush off if something's not done. I can't complain; they are fantastic." The staff told us they generally had enough time to complete the tasks they needed to when they visited people. They told us they had enough time between visits to ensure they arrived on time at the next call. The registered manager said, "We don't take any new care packages unless we know we can meet their needs. It isn't fair to the people we support if we start to support someone new and have to move them around, so we don't do this."

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us and we saw that some people who used the service did not have capacity to make decisions about their care. Where people no longer had capacity, assessments had not been completed and decisions were being made by other people. We saw one example where family and professionals had been involved in making decisions they told us were in people's best interest, but an assessment to demonstrate the person no longer had capacity to make this decision themselves had not been completed. The staff had received training for MCA although they had not identified that where people lacked capacity, assessments should be completed to ensure decisions were being made in their best interests. One member of staff told us, "There aren't any capacity assessments. Family members will let us know what people want." Another member of staff told us, "I think it's about mental illness." This meant decisions may have been made that were not in people's best interests.

This evidenced demonstrated there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff received an induction into the service over four days and they told us this gave them the necessary information and skills to start working with people. All new staff completed training based on the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. We spoke with two new members of staff who told us, "I was really happy with how I've been supported. I've never worked anywhere before that have given me so much training. When I started supporting people I felt ready and the staff and manager have been really supportive."

When new staff started working in the service they shadowed experienced members of staff and worked initially with people who needed the support of two staff. One member of staff told us, "This means we can see how well new staff support people and we give them feedback so they can improve or recognise what they do well." After four weeks the senior staff completed an observation of how they supported people and made a judgement about their competence. The review was completed in people's home although people who used the service were not asked for their opinion of the support. People received an annual appraisal of their work but did not have formal opportunities to discuss their work and their development in private

and were not supported through a formal supervision process. The registered manager informed us they would reintroduce a formal supervision at six monthly intervals to ensure staff were supported.

People retained responsibility for managing their own health care and where people needed support this was provided. One person told us, "The staff notice things I don't notice. For example, one staff noticed my toe nails were getting long and they helped me to call the doctors and now I have a chiropodist that comes out to me. I would never have known about that and I'm really grateful for their help." The care records included details of health care professionals for staff to call if they were concerned.

People had an individual support plan which included information about how they wanted to be supported. We looked at these care records with three people and they told us they received the care they had agreed to. The records included information about how people wanted to be supported. One person told us, "I look at my plan and it says everything I want the staff to do, including how many sugars I want in my tea." One relative told us, "I was really impressed the other day as we had a new carer come here and they came early so they could read the plan. I have to say they did everything spot on. It was lovely to see how interested they were and how committed they were." The staff were knowledgeable about people's care and knew what was required to support them in a safe and consistent way.

Some people needed support to prepare their meals. One person told us, "I have meals on wheels but there's always some other food around if want something different. The staff will heat it up for me and get everything ready. When they come next time they clear everything away. Everywhere is always nice and tidy afterwards." One member of staff told us, "We always make sure that people have access to food and drink, even when they say they don't want anything. We don't want people hungry and thirsty waiting for their next visit. Its important people can get what they want." Another staff member told us, "If we have any concerns at all we report it. So if we see meals haven't been eaten, we make a note of it so we can see if this is a recurring thing. Some people are weighed by nurses and if there is anything we need to do they let us know."

Is the service caring?

Our findings

People were happy with how staff supported them and had developed good relationships with them. People told us the staff were kind and cared about them. One person told us, "I'm over the moon with the staff. They do over and above what they should do. I trust them implicitly and I really can't tell you how fantastic they are." Another person said, "The staff are so thoughtful. If they see I've run out of something, they pick it up when they go shopping and bring it next time they visit. They don't have to do that but they care, and I like that."

People were supported by staff who knew their likes and dislikes and got to know them as a person. People felt it was important to be supported by staff who knew them well and they told us that they generally had the same staff who knew how they preferred to be supported. One person told us, "We always have the same carers. If they want to send someone new they always call me first and ask if it's ok." Another person told us, "This week is a good week. I have my two preferred carers. We like having these staff as we get consistency." People told us they could request to be supported by staff of the same gender. One person told us, "I sometimes have a male carer visit which is nice. They asked me what I wanted but I don't mind really." Staff spoke about people with compassion and one member of staff told us, "It's lovely now we support the same people. We have been able to get to know them so much better. This isn't like work, it's like helping family."

People told us that staff respected their privacy and dignity. One person told us, "They help me have a shower and they are always respectful. I still do as much as I can for myself and the staff cover me with towels. I only like getting this support from people I know and this helps because they know what I like." Another person told us, "I like the staff, they are mature and responsible and very respectful. I'd recommend anyone to use them. We've been really happy." People told us that staff were respectful of their property. One person said, "The staff know some areas are private and they only go where I want them to go; they show respect for my home". Another person told us, "When the staff first came they asked if I wanted them to cover their shoes. I didn't mind but it was lovely to be asked."

People were supported to be as independent as possible. Staff were aware of people's abilities and care records highlighted what people were able to do for themselves and where they needed help. One person told us, "I only have one visit a day as this is what I need. I like to do the rest myself. When the staff leave, they always ask if I need anything else and will get things ready for me. They don't take over; they just help me, which is nice."

Is the service responsive?

Our findings

People were able to raise concerns or make a complaint if something was not right. People told us they would speak to one of the senior staff or the registered manager. Where most of the concerns had been raised, we saw the provider had considered the information and responded to them, identifying any outcome or improvement to be made. However, we saw one complaint had not been fully investigated and a judgement had not been made about all the concerns which had been raised; the complainant had contacted us to notify us of their dissatisfaction. The manager acknowledged further investigation was required to reach a judgement and they would inform the complainant and us of the outcome.

People's care records were clear and informative and written in plain English. People and their relatives told us they had been involved in the development of the plan and when they had been referred to the service; the manager or a senior member of staff had completed an initial assessment prior to receiving support. People told us they were happy with the information in their care records which guided the staff in the right way. People told us that senior staff visited them and discussed how staff were supporting them and whether they wanted anything to change. One person told us, "I told them last time that I wanted to go to bed at a different time. They couldn't do it straight away but they did it as soon as they could. It was good that they did that for me." A relative told us, "The staff ask about the support plan and what needs to be done. As a family we get involved with the review and what would be best. Nothing really has changed because it doesn't need to and we are all very happy with the service." People told us that the length of their visit was reviewed with them and where they received funding from the local authority, the staff supported them to request any change so they could receive the support they wanted.

People told us they always knew who was providing the support and they were informed in advance of any changes. The registered manager told us they had arrangements to cover emergencies and where possible they only used staff who people knew. One member of staff told us, "It's better now because we tend to support the same people so have gotten to know people really well. If we go somewhere new, we try and get there earlier so we can read the support plan." We saw where changes were made; the care records were reviewed to reflect this.

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

The provider carried out quality checks on how the service was managed and checks within the office to make sure this was safe. Falls were recorded and reviewed to see whether there were any injuries or trends. Where concerns were identified, referrals were made to health professionals to review the care and keep people safe. Daily care records and medication records were brought into the office for review. We saw some medication records had medicines that had not been signed for. The medication audits had not identified these errors and there were no record of any action taken to make improvements. The registered manager agreed further work was required to ensure they could be confident that people received all their medicines at the right time.

People were consulted about the quality of their care when they were visited by senior staff to review their support plan. People reported positively on the quality of the service and comments from relatives included; 'Thank you for the care shown over the years and especially the kindness and respect they received in the final days of their life.' And, 'I would like to express my sincere thanks to all the carers. For the love and dignity that you gave during the last four weeks of their life. I am pleased to have met every one of you and I hope the company you all work for acknowledge the loving care you give to everyone.' The provider reviewed all the comments and responses from the questionnaire although an action plan had not been developed to address any shortfalls and the analysis of any review had not been given to people. The registered manager confirmed that this had been reviewed and new systems had been developed so feedback could be given to people.

The registered manager and senior staff were on call if staff needed any support. The staff told us they felt part of a supportive team and felt the registered manager was approachable and listened to them if they raised any concerns or suggestions for improvements. One member of staff told us, "If you have anything to say, we just say it. I can always talk to the manager and they always have time to listen to what we say." Staff meetings were held and staff told us this gave them an opportunity to reflect on their work, share experiences and discuss new ideas. One member of staff said, "There are two staff meetings at different times so it means more of us can come. It's good to meet with other people. The team meetings are sometimes like a support group and we get updates and new information too."

A system was in place to record whether people received their support on time and ensured that people received the agreed support time. The system identified if people did not receive their visit and alerted senior staff to ensure people were not left at risk of harm. A copy of the quality report was sent to the local authority that commissioned and monitored the quality of the service. The monitoring tool identified if people received their service on time and when this had been agreed.

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and would be supported by the management team. One person told us, "I'd speak out. We are in a privileged position and can't let people down." This meant suitable action would be taken to protect

staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.