

BoJo Care Services Ltd

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Inspection report

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Date of inspection visit:
18 April 2023

Date of publication:
05 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

BoJo Care Services Ltd is a domiciliary care agency providing personal care to 8 people at the time of the inspection.

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

Areas of improvement were found in relation to the oversight of the service, with improved oversight of systems and processes. Risks to people's health and safety were assessed and regularly reviewed.

There were enough staff to meet people's needs and the provider was operating a continuous recruitment process to increase staffing levels further. Safe recruitment processes were followed. Staff received good levels of support, training, and supervision in order to be able to carry out their roles effectively. The provider valued the well-being of the staff team.

People and relatives were happy with the service and the care people received. A new staff rota system had been implemented since the last inspection and most people and relatives reported they received care from consistent staff who mostly arrived on time and stayed for the correct duration.

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.

Medicines were administered safely. People were well protected by infection prevention and control measures. Incidents were reviewed, lessons learned and improvements identified and shared. People were treated with respect. Care plans recorded how people were involved in their care. Their views and wishes were at the centre of their support.

Systems and oversight had improved to monitor the quality of the service people received. The registered manager was committed to providing a high-quality service to people with a strive to continuous improvement

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 February 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BoJo Care Services Ltd on our website at www.cqc.org.uk.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

BoJo Care Services 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an 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 homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to request information about the service, people and relatives and to make sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 18 April 2023 and ended on 21 April 2023. We visited the office on 18 April 2023.

What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and reviewed the information they provided. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people and 1 relative about their experience of the care provided. We spoke with the nominated individual, the registered manager and 3 support workers.

We reviewed a range of records including 2 people's care records and medicines records. We looked at recruitment records for 2 members of staff. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 good. At this inspection this key question remains good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service continued to assess and manage risks well to people's health, safety and wellbeing.
- Individual and environmental risk assessments were put in place and reviewed regularly, to support people to remain safe.
- Accidents and incidents were recorded, and these had oversight from the registered manager and nominated individual who ensured all necessary actions had been completed when required. The provider had systems in place to ensure accidents, incidents and events were reviewed and discussed between staff at team meetings or individual supervisions.
- Learning continued to be shared with staff through meetings, supervisions, messaging and by updates to people's care and support plans.

Staffing and recruitment

- There was enough staff to cover the visits planned and the serviced ensured staff had travel time between calls, to ensure people's support was not rushed.
- People told us they were supported by staff who visited them regularly and were confident they would arrive on time. One person said, "At first it was a bit up and down, but now they know me they're generally on time. If they're going to be late the carers would let me know."
- The service provided support to a small number of people, therefore monitoring staff calls currently was manageable with spot checks from the management team. Assistive technology such as electronic call monitoring was being considered for the future, to ensure all calls could be instantly checked to ensure people were receiving their allocated support on time.
- Staff were recruited in a safe way and had up to date Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Where people were supported to take their medicines, this was recorded in their risk assessment and care plan.
- Staff had been trained to administer medicines and completed competency assessments to make sure they understood how to manage medicines safely.
- People told us they received their medicines on time and the staff signed to say they had been administered. One person said, "Yes they remember to [administer the medication] and they give it to me at the right time."
- Staff signed a medicine administration record to confirm that medicines had been given.

Systems and processes to safeguard people from the risk of abuse

- There were no current safeguarding concerns at the time of inspection.
- There were effective systems in place to report and respond to any concerns. Records showed the registered manager had worked closely with other professionals where required.
- Staff had been trained to recognise and report any signs of abuse and were confident action would be taken to protect people from harm. A member of staff told us, "I am confident if I was to share concerns, the managers would deal with this correctly."

Preventing and controlling infection

- The provider's COVID-19 protocol was reflective of current government guidelines.
- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) to help keep them and the people they supported safe. Relatives confirmed staff used their PPE appropriately when supporting people.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction to the service and were suitably trained for their role.
- Appropriate training was undertaken by staff to enable them to deliver care safely and effectively. The registered manager closely monitored staff training on a regular basis to remind staff when refresher courses were due.
- Staff told us they received a period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. A member of staff said, "I haven't been working for Bojo long, but the training so far has been great."
- Staff with no previous experience in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager informed us there was currently nobody using the service who lacked the capacity to consent to their care or treatment therefore applications to deprive a person of their liberty had not been required.
- We found the service was working within the principles of the MCA. Staff had completed mental capacity

assessments to determine whether people were able to make their own decisions. Capacity assessments were decision specific and clearly recorded how the outcome was reached.

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

- People's needs were assessed before they started using the service to ensure their needs could be met.
- Information from assessments was used to develop care plans which were shared with staff to help them understand people's needs.

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

- Staff made sure people who required support with their nutritional needs had sufficient amounts to drink to remain hydrated. Risks associated with people's eating and drinking were assessed. Guidance on how to manage identified risks was recorded in care plans for staff to follow.
- People told us staff made them drinks during their visits and left them with a drink before leaving.

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

- Staff monitored people's wellbeing, such as their general health, and informed families or referred people to health care professionals if they identified concerns.
- Staff worked closely with other health and social care professionals to achieve good outcomes for people. These included district nurses, GP's and social workers.

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. This key question has 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; 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

At the last inspection, there was a lack of proper oversight of the service, policies were not followed and auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation

- Overall performance at the service had significantly improved. Key improvements to areas such as risk assessments, training and audits had been introduced.
- Oversight of the service had improved due to the implementation of a new governance framework. Staff told us they felt the service was organised and felt people received a much better service than before.
- There were systems in place to monitor the quality of the support provided to people. This included clear auditing protocols to review and monitor medicines administration records, daily notes and monitoring charts these happened on a weekly basis in order to identify any concerns quickly. The management team gave us examples of where this audit system had enabled them to raise concerns with staff and address issues that arose as they happened to prevent their reoccurrence.
- The management team had set up local systems to monitor care calls to identify any discrepancies or issues with times staff arrived and left people's homes. However, we discussed how the introduction of an electronic call monitoring system (ECM) would improve consistency of times and management oversight. The management team confirmed they would consider ECM systems for the future.
- Staff told us they felt supported by the management team. One staff member told us, "I believe it's a great agency to work for. The office managers are responsive and always listen."
- The provider understood their responsibility around duty of candour and the importance of being open and honest.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service now offered a person-centred and open culture. Since our last inspection we found the provider and registered manager had been proactive at making several fundamental changes at the service,

such as providing additional training courses to staff and ensuring care visits were appropriately scheduled in order to ensure staff received at the correct time.

- People and their relatives told us staff were responsive to people's changing needs and tailored the support they provided to what the person needed. One person told us, "They're [care workers] are genuinely caring, you can have a joke with them as well." However, 1 person we spoke to was not always satisfied with the care they received, they told us, "Some of the staff are very good, the younger ones [care workers] are not, they don't know what they're doing and they often don't do the things that they should."
- The service used a small core team providing care directly to people. This helped ensure a good standard of care and people could openly discuss their needs without delay.
- Staff felt able to approach the management team at any time for support
- The management team had developed positive working relationships with people's families and health and social care professionals which assisted in promoting people's physical and mental health.

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

- People provided consistently good feedback about the service. This matched feedback the service had gained which showed people were very happy with care and support. Feedback consisted of surveys and care reviews. Once feedback had been received, this was then analysed, and measures put in place to support continuous improvement of the service.
- The management team held monthly meetings where they discussed any issues relating to people or staff and to identify if improvements were required.
- Previously the registered manager told us they sent people and their relative's newsletters about the service and updates on COVID-19, however these had not been sent out for several months, but this was something the registered manager was looking to re-introduce.