B S Care Limited

BS Care Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 26 and 27 January 2017. We gave notice of our intention to visit BS Care Limited to make sure people we needed to speak to were available.

BS Care Limited is a home care service providing personal care services to people in their own homes in Portsmouth, Chichester and Hampshire. At the time of this inspection there were approximately 280 people who received personal care services.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Processes and procedures to ensure medicines were handled and administered safely were not consistently followed in all cases. Records did not always show people received their medicines at the right time and in accordance with their preferences. There had been periods where there were insufficient suitable staff deployed to make visits according to the agreed call rotas.

Records of people's care were not always accurate and consistent. Reports used by the registered manager to monitor and assess the quality of the service were not always accurate and did not reflect concerns raised by people we spoke with.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting.

Staff received timely training and support to maintain and develop their skills and knowledge to support people according to their needs. Staff were aware of the principles of the Mental Capacity Act 2005 and of the need to obtain consent before supporting people. Where staff supported people by preparing their meals, this was done according to their preferences. People were supported to access healthcare services, such as GPs and paramedics.

Care workers had developed caring relationships with people they supported. People and their families were supported to take part in decisions about their care and support and their views were listened to. Staff respected people's confidentiality, modesty, privacy and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. Processes were in place to make sure people's care and support was in line with their plans. People were notified of the provider's complaints procedure, and complaints were managed and followed up.

There was a caring, responsive ethos. Systems were in place to make sure the service was managed efficiently. People told us the care they received was flexible and responsive to their needs, but some raised concerns about the organisation and management of the service.

We identified two breaches of regulations. You can see what action we told the provider to take at the end of the full version of this report. We also made a recommendation with respect to people's satisfaction with the timeliness of their calls.

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 always safe.

Processes in place to make sure people received their medicines safely and according to their needs were not always followed.

The provider had not always deployed sufficient staff to support people safely according to their needs.

People were supported by staff who had been checked to make sure they were suitable to work in a care setting.

People were protected against other risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were aware of the principles of the Mental Capacity Act 2005 and the need for consent.

People were supported to maintain a healthy diet by having their meals prepared and were supported to access other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers and described them as friendly and caring.

People were able to participate in decisions affecting their care and support.

People's modesty, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took account of their preferences.

There was a complaints procedure in place, and complaints were dealt with in a timely fashion.

Is the service well-led?

Requires Improvement

The service was not always well led.

Records relating to people's care and the monitoring of service quality were not always accurate.

A management system and processes to monitor and assess the quality of service provided were in place but did not always reflect what people told us about the service.

There was an empowering culture in which people were treated as individuals and could speak up about their care and support.

BS Care Limited

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 and 27 January 2017. We gave the provider two days' notice of our visit to make sure people we needed to speak with were available. We contacted care staff by telephone in the days following our visit to the provider's office. The inspection team consisted of two inspectors 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.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, 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.

We spoke by telephone with 17 people who received support with personal care from BS Care Limited and 10 family members who were closely involved in their relation's care. We visited six people in their homes with their consent to talk with them and observe their care and support where it was appropriate to do so. We spoke with the registered manager and seven care workers.

We looked at the care plans and associated records of 12 people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, quality assurance records, records of training, spot checks, supervisions, appraisals and field reports, medicine administration records, logs of incidents and complaints, and recruitment records for four staff members. We viewed online feedback from people who used the service and their families, the service's website and social media page.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when their care workers were in their homes. One person said, "I have never had any concerns about my safety." Another person said, "I feel safe with them. They are fine, perfect. The whole team are perfect." A third person told us, "I have not experienced anything relating to harm or feeling unsafe with the carer. If I did I would report it." A family member of a person who used the service said, "I have always felt safe with the carers looking after [Name]. If I didn't I wouldn't leave the house. My wife would be able to let me know if she felt unsafe or unhappy with any carer." Another family member told us they had "faith" in their relation's care workers to keep their relation safe.

However, some people raised concerns about how occasional missed calls affected their support with medicines. One person said, "When they do come they always make sure I have taken my tablets, but I need them to apply my creams to my feet and knees. When they miss my call it means they only get creamed once a day and not twice." Another person said, "When they miss my call I struggle to get my tablets out of the blister pack and to use my two inhalers. The carers usually do this for me." A third person told us, "The carers make sure I take my medication and they do leave my pills out at night for me to take. If the girls are late or miss a call then my medication is not taken at the right time."

We saw an example where a person did not receive their medicines in line with their care plans. We visited the person at lunchtime on 26 January 2017 and found the medicines for their morning call on 24 January 2016 were still in their blister pack. However, their domiciliary care record timed at 7:25 am on Tuesday 24 January 2017 stated, "Medicines prompt seen taken".

The person's medicines were all taken on Wednesday 25 January 2017. However, when we picked up their blister pack a tablet which had been popped previously fell out of the blister pack. There was no record in the person's domiciliary care record or a medicines administration record of when the medicine had been popped from the pack or what date it related to.

The blister pack was dated 31 January 2017 but the number of popped blisters indicated it had been started more recently. The care records available in the person's home did not explain this anomaly. Based on our observations and the care records we could not be certain the person had taken the right medicines at the right time.

Medicine records were not of a consistent standard. In some cases they were clear and contained all the information care workers needed to make sure people took their medicines safely and at the correct times. In some cases the medicine records listed all the medicines which should be in the blister pack. This meant care workers could check people were receiving medicines as prescribed.

However, other records did not contain this information and instructed care workers simply to administer the contents of the blister pack. There were hand-written changes to medicines records with no indication of who had authorised the change. Where people were prescribed medicines "as required" the care plans did not always contain sufficient information to guide care workers when they should be administered and

in what dosage. For instance, one person's care plan simply stated "... inhalers and paracetamol when needed." Another person told us their care workers assisted them with eye drops, but this was not mentioned in their assessment and care records. Records did not always show that people had received their medicines. There were examples where medicines were listed in people's care plans, but there were no records to show whether they had been administered. We discussed medicines records with the registered manager who agreed that they were not of a consistent standard across the service, although they had recently introduced changes to improve the recording of medicines.

Failure to make sure medicines were managed in a proper and safe manner was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People we spoke with gave varying reports about whether there were always enough staff to support people according to the agreed rotas and to cover sickness and other absence. Some people raised concerns. One person told us, "They have got staffing problems to be quite honest with you. They are not always on time. My time is supposed to be before half past four. I have known them to come at seven o'clock … I have had a couple of times where they have not turned up. It has not happened recently." Another person said, "Seven months ago I threatened to go elsewhere as they kept changing the times. They should be here at 10.30am until 2.30pm but they kept messing us around. One day they said they couldn't get to us before 4pm." Another person's family member described the timing of visits as "ridiculous". They said visits were supposed to be 8am, 12 noon, 5pm and 9pm. These times were never maintained and the person could be eating their tea at 6pm and then care workers would come back to put them to bed at 7.45pm. Other people were satisfied their care workers arrived at the right times.

There had been four complaints in the previous year about missed calls and late calls, and one complaint about only one care worker being available when two were required. Domiciliary care records also showed examples where a person had to stay in bed until their lunchtime call because there was only one care worker available in the morning. We discussed this with the registered manager who told us it had not always been possible to recruit sufficient staff and they had adjusted their contracted packages accordingly. They also pointed out that one local authority commissioned visits during a time band and not at a specific time.

We recommend the provider take steps to manage the expectations of people about the timings of their visits and improve their practice accordingly. We will follow this up at our next inspection.

The provider carried out all the required checks before staff started work. Staff files contained evidence of proof of identity, criminal record checks, employment history, and satisfactory conduct in previous employment. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

The provider took steps to protect people from the risk of avoidable harm and abuse. Care workers we spoke with could describe the types of abuse, signs and indications of abuse, and how to report them if they had any concerns. Care workers were confident any concerns would be handled promptly and effectively by the manager or senior staff. Safeguarding training was refreshed every year, and staff were issued with a staff handbook which contained relevant information about abuse and safeguarding.

Records were in place to show that where concerns were raised about people's safety they were investigated and followed up. These included allegations and concerns about possible physical abuse or neglect arising from poor care practices, financial abuse and a medicines error. The provider had involved

the local safeguarding authority and notified us of incidents where they were required to do so by regulations.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's home environment, including care tasks, pets, possibly hazardous substances, clinical waste, electrical and gas appliances, fire safety and medicines.

Where risks associated with people's individual care were identified, the guidance for care workers in people's care plans took these into account. One person's risk assessment for moving and repositioning showed how they could be supported to move about safely. Another person's care plan contained guidance on how care workers should respond if their medical condition caused them to hallucinate.

Staff logged and reported accidents and incidents in line with the provider's policy. There were 17 accident records in the previous year. Records showed these were followed up.

Good

Is the service effective?

Our findings

People and their relations were confident staff had the skills and knowledge to support them according to their needs. One person said, "They are well trained, some old some young, all do the job right." Another person's family member told us, "I think so. They do exactly what is needed when caring for [Name] and I can't think of anything they could do with additional training on." Another family member said, "I think the regular staff we have are very well trained. They manage [Name] safely as he has limited mobility when taking him for his rehabilitation." People also told us new care workers worked for a period with more experienced colleagues before they made visits on their own.

Staff told us they received appropriate and timely training and had supervision meetings where they could raise concerns or identify training needs. One care worker described the training and supervision system as "very thorough". New staff had thorough induction training which prepared them to support people according to their needs. This was followed by a series of shadow visits before staff were signed off by their team leader to make calls on their own. Ongoing support was via spot checks, field observations, individual supervision meetings and annual appraisals.

There was regular refresher training in subjects including equality and diversity, fluids and nutrition, moving and repositioning, medicines, safeguarding and mental capacity, first aid, health and safety, and fire safety. Care workers told us they also received training in specific equipment and techniques to support people with their individual needs, such as people who took fluids and nutrition through a tube. In-house courses were also available for staff who supported people with conditions such as multiple sclerosis or Parkinson's disease, or who were being supported at the end of their life.

Induction and refresher training was based on the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported to obtain relevant qualifications and diplomas. Staff told us they felt supported by the provider to carry out their roles and responsibilities.

Routine training included mental capacity and the Mental Capacity Act 2005. The Act 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 the least restrictive possible.

Staff were aware of the principles of the Mental Capacity Act 2005 and their responsibilities with respect to people who might lack capacity. None of the people whose records we saw lacked capacity, and the registered manager told us most people were able to make decisions and communicate their wishes.

People had signed forms to show they agreed to the personal care described in their care plans. Other consent forms were in place such as for the sharing of personal information. People told us their care

workers asked before supporting them with personal care, and records showed that if people declined care that was in their care plan, their decision was respected. One person said, "They always ask before they do my care and ask if it is OK how they do it."

Care workers supported people to eat and drink enough and to maintain a healthy diet by preparing meals which had been purchased by the person or their family. People we spoke with were satisfied with this aspect of their care. One person said, "My daughter does my shopping and the carers look into the fridge and tell me what is available and what I would like." Another person told us, "I tell them what I want to eat and they make sure I have a cup of tea and they leave me with water. Evenings they leave me with a cup of Bovril and some biscuits." Another person's family member told us, "The carer gives [Name] her lunch while I have respite. I always leave whatever [Name] wants for them to give her."

People told us they were satisfied their care workers understood their healthcare needs and would involve other professionals and services if necessary. One person said, "They cream my arms and knees, and they know I have to have medicines at night and in the morning. If I'm not very well they telephone the doctor." Another person said, "I think they understand my health needs. They would get me a doctor if I needed one. I discuss my health with my carer." Another person said, "One of the carers recognised that I had an infection on my legs. They told the doctor and they said they had caught it in time." Records showed care workers had called paramedics or the person's GP when necessary.

Good

Is the service caring?

Our findings

People told us their care workers were kind and compassionate. People said that staff were respectful, polite and observed their rights and dignity. One person said, "We get on beautifully, we have a laugh, we cackle in the bathroom." Another person said, "They are very supportive. If I am upset about anything they are very understanding." A family member told us, "[Name] is an old lady, she's sometimes off but the carers know her well, she's fine with all the girls." Another family member said, "They treat [Name] like a friend. He is a man of few words and they respect that. If he is unwell they will text the next day to see if he is okay. They also respect me and chat to me and [Name]."

Where we were able to observe interactions between people and their care workers, we saw examples of warm, caring relationships. Care workers chatted with people in a friendly manner and included them by describing and explaining what they were about to do. The care plan for a person who was profoundly deaf included instructions for staff about how to make it easier for them to communicate and lip read what was being said. A care worker told us they had picked up a few words of another person's native language to help with day to day communication.

People's care plans guided care workers to involve people in decisions about their care. One person's plan stated, "[Name] is very good at directing how he would like his care delivered. Please discuss with him as you go along." Another care plan contained the guidance, "[Name] likes to be as independent as possible and to direct her own care needs." A third person's care plan directed care workers that the person liked to choose their own clothes for the day. Records showed people and their families were involved in annual service reviews although some people we spoke with could not remember this happening.

Other people were able to tell us they or their families were involved in decisions about their care. One said, "I was involved in my plan. Someone from the council came and talked to me about it. If I want anything changed I try to tell them and they have done it, but they have had difficulty at times trying to fit it in." Another person said, "We were both involved and got what was wanted." A third person's family member told us, "[Name] and I as the second carer were fully involved in [Name]'s care plan. This did not only include the physical care but everything else that had to be put into place such as the hoist and special bed."

Care workers respected people's dignity and privacy. They gave us examples of how they respected people when supporting them with personal care. They used people's preferred names and took their other preferences into account. People we spoke with were all satisfied that appropriate steps were taken to preserve their modesty and maintain their privacy and dignity while they were supported with personal care.

Staff told us nobody using the service at the time of our inspection had particular needs or preferences arising from their religious or cultural background. However, there had been at least one example in the past when a person's care had been adjusted to take these into account. The provider's care assessment process was designed to identify if the person had relevant needs or preferences in this area. Staff were aware of how considerations of people's religious and cultural background could lead to adjustments in how they

were supported. Equality and diversity was included in the regularly refreshed training.

Good

Is the service responsive?

Our findings

People told us they were happy they received assistance with their personal care that met their needs and took into account their preferences and wishes. One person told us, "I am a happy man with the care I get." Another person said, "They do everything perfect. I've got no complaints."

Another person's relation described how their family member's support had been set up. They explained they had gone through all the person's support needs with a team leader. These had been incorporated into the care plan so that all the care workers knew where everything was. All the equipment was laid out ready for their use. Each care worker followed the same process each day. This was appreciated by the person's relation who described the service as "excellent".

Care plans were detailed and individual to the person. For example, where a person needed to wear a waterproof stocking when taking a shower, this was included in their care plan. Another person's care plan warned care workers that it might take the person some time to answer the door. People's detailed needs and preferences were taken into account.

Care plans were organised according to goals and tasks, risks and hazards, and actions and assistance. Plans were in place for aspects of people's care and support such as well-being, mobility, continence, personal care, skin integrity, medication and nutrition. They showed where people were able to be independent and where they needed support. Staff told us the care plans contained the information they needed to support people according to their needs and preferences. One care worker found the care plans were "very thorough". Records showed people's care was reviewed regularly and as required. One person's family member said, "I think we had a review about six months ago. But if I want changes I do tell them."

Care workers supported people in line with their agreed plans. Where we were able to observe people's care and support, it was done in line with their plans. People told us the support they received was recorded in daily logs which were completed by care workers before they left. Where people were supported by two care workers, both signed the logs to show they were both in attendance. People told us there had been spot checks for care workers during calls.

People were confident any concerns they raised would be dealt with promptly and effectively by the office, although they were not always aware there was a formal process for this. One person said, "If I was concerned about a care worker I'd get straight on to the office. They do review my care. [Name] did my review yesterday and told me the next date she's got to come in and do my health and safety assessment." Another person told us, "I have rung the office and requested changes when I have needed something to change. They usually manage to accommodate it but might have difficulty to begin with." Another person's family member said, "If I want to make changes or if I have an issue I ring the office and issues are usually resolved to my satisfaction."

The complaints procedure was made available to people in their "Service users welcome pack". Complaints were logged, followed up and replied to. There had been 16 complaints in the previous year, which had all

been managed and followed up.

Requires Improvement

Is the service well-led?

Our findings

Although people we spoke with were complimentary about their care workers, we received mixed reports about the efficiency and organisation in the office. Some people found the service was well led. One person said, "I think they do a damn good job." But other people raised concerns. For instance, one person said, "The service is not well led. I have no idea who the manager is. There is a total lack of communication not just between me and the office but between the office and the carers. It is very lax and not run properly. It takes a long time to get them to understand the issues and resolve them."

Another person thought the service was improving: "When it comes to being well led I think they are trying to improve. The service goes haywire at times especially when they are short of staff. They don't have enough staff." Other people had found improvements had been made. One person's family member told us, "We are happy now with the company but that has not always been the case." Another family member said, "They are getting better, sorting themselves out. I am happy with everything at the moment."

The registered manager told us they had made changes in the office, including appointing new team leaders. Team leaders and care coordinators were undertaking additional training. The manager considered suitable actions had been put in place to improve the management and leadership of the service going forward.

We found concerns with some care records. In one case some of the notes in the person's domiciliary care record were not legible. This meant they could not be used to verify the person had received support according to their plans. In another case there were inconsistencies in the times recorded. The person's care plan stated the morning call should be at 9am. The actual times recorded varied between 7.55am and 9.30am. In a third case, care workers had not recorded that the person had declined care that was offered in line with their plan. Their records appeared to show that the person had not received care according to their needs and that care workers had left the call early without completing all the activities in the person's plan. Another person's care plan was contradictory. In one record it stated the person was "independent" and "self-medicates". However, instructions for their morning call included "prompt medication" and for the evening call, "prompt and support with medication". The person's domiciliary care records sometimes showed that medicines were prompted, but in most cases medicines were not mentioned at all.

Management reports did not always give a true picture of the status of the service. A computer based system was in place which generated a number of management reports. We found one example where the report did not give a true reflection of what we found in other computer and paper records. Although the paper records of staff supervisions were accurately reflected in the computer system, the report generated did not reflect that some staff had not received supervisions according to the provider's schedule. This meant the registered manager could not rely on this report. The manager told us after the inspection that the problem had been due to incorrect date settings in the report.

Failure to maintain accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an open, empowering atmosphere. Care workers told us they were able to raise concerns and there was effective two-way communication. One care worker with long experience working in social care said they were "very impressed with the company" and considered it had "good standards". Another care worker said they felt supported "professionally and personally" by their line manager.

The registered manager described their staff as a "great bunch". They took steps to motivate staff and foster a caring ethos. They told us hourly rates of pay for care workers were maintained to be above average for the area. There were a number of initiatives to reward high quality performance. These included a long service award, vouchers and cards to thank staff for particular contributions, a "carer of the month", and "heart of gold" award nominated by other care workers. In addition there was a "random act of kindness" initiative which allowed care workers to nominate one of the people they supported for a small treat, such as flowers or an outing.

The service was organised into teams responsible for geographic areas with team leaders and care coordinators managed by the registered manager and their deputy. The registered manager was supported by one of the provider's directors and there was an exchange of ideas and experience with the management team of another service owned by the provider. The manager used these contacts to improve elements of the service offered and responded promptly to concerns we pointed out during the inspection.

The management system comprised regular team meetings, spot checks, supervisions, field reports and appraisals. Communication with care workers included team meeting minutes supplemented by memos and appropriate use of social media. The registered manager delegated to their deputy and other senior staff as was appropriate for the size of the service. The manager had an overview of the service. They told us "I hear everything", although we did find concerns with the completeness and accuracy of the reports the manager used to monitor the service.

The registered manager monitored the quality of service provided to people by means of various reports, feedback from senior staff and other professionals including social workers, community nurses, and housing scheme managers. They used this information to "nip any concerns in the bud".

The service had used feedback questionnaires in the past to assess people's satisfaction with the service, but had found participation to be as low as 20%. They now used an independent online service to collect feedback and testimonials and found this to be more popular with people.

People received a card with instructions how to access the feedback service when they started with BS Care Limited and were reminded of it during care reviews. There had been more than 70 responses at the time of our inspection. They were generally positive, and the average review of the service was "five stars". However, we found a larger proportion of people raised concerns with us about the management of the service when we spoke with them directly. We therefore concluded the provider's system for monitoring service quality did not always give an accurate picture.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care was not provided in a safe way for service users because the registered person did not ensure the proper and safe management of medicines. Regulation 12 (1) and (2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively because the registered person did not maintain accurate, complete and contemporaneous records in respect to each service user and the registered person did not maintain accurate records in relation to the management of the regulated activity. Regulation 17 (1) and (2)(c) and (d)(ii)