

BGS Healthcare Ltd

# BGS Healthcare Ltd

## Inspection report

The Stables  
Notton,Nr Chippenham  
Chippenham  
Wiltshire  
SN15 2NF

Tel: 01249821701

Date of inspection visit:  
16 May 2019  
17 May 2019

Date of publication:  
21 August 2019

### 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

About the service:

BGS Healthcare Ltd. is a domiciliary care service. It provides personal care to people living in their own homes and flats.

People's experience of using this service:

We found the service to be in breach of three regulations. These were in relation to safe care and treatment, failure to submit required notifications and good governance around recording and quality assurance. This is the third consecutive time we have rated this service requires improvement.

Medicines were not always managed safely. Records were not always fully completed, and medicine was left out for people to take independently when they required assistance.

Quality assurance systems were not always effective, they failed to identify some inconsistencies in recruitment practice and safety concerns.

We made a recommendation regarding staff training on the mental capacity act. Staffs understanding of the Act was inconsistent.

People told us staff asked them for consent before supporting them with care tasks.

People's care plans were personalised; staff knew people well and people told us they were happy with the care they received.

People told us staff treated them kindly and with respect.

Staff supported people to maintain independence and promoted dignity in their care. People's confidential information was stored securely.

Staff received regular training and had regular one to one support from their line manager.

Rating at last inspection:

At our last inspection, this service was rated as requires improvement overall. Our last report was published on 5 June 2018.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Enforcement:

Some information regarding the actions the provider needs to take can be found at the end of the report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representation and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return in accordance with our re-inspection schedule. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# BGS Healthcare 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

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

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 visit because we needed to be sure that management would be available.

Inspection site visit activity started on 16 May 2019 with a visit to the office location to see the manager and office staff; and to review care records and policies and procedures. The inspection ended on Tuesday 21 May with phone calls to care staff and people who use the service.

#### What we did:

Before this inspection, we reviewed the Provider Information Return (PIR). In the PIR the provider told us key information about their service, including what they did well, and improvements they plan to make. We also reviewed notifications sent to us by the provider. Notifications are information about specific events that the service is legally required to tell us about.

We sought feedback from the local authority and Healthwatch. Healthwatch is an independent service that collects people's views about health and social care services.

During the inspection, we spoke with five people who use the service and four care staff. We also spoke with the registered manager, deputy manager and office staff. We examined several documents, these included care plans, staff files and other documents relating to the management of the service.

# Is the service safe?

## Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Using medicines safely

- At the last inspection on 17 April 2018, we asked the provider to take action to make improvements in the safety of their medicine's management. During this inspection, we found further concerns relating to safe administration of medicines.
- Medicines were not always administered safely. Staff were dispensing medicines for people to take later and signing the medication administration recording sheets (MARs) with a 'P', which stood for 'prepared to be taken later'. There was no risk assessment in place to support this practice. This meant that some people may have missed medicines or taken them at the wrong time.
- We saw that one person's MARs had been signed with a 'P' on 10 days in one month, this person was identified as having short term memory problems and at high risk of forgetting to take their medicine.
- The registered manager told us the code 'P' had been taken off the new MARs charts following medicines training and explained the MARs we looked at were old versions. However, staff told us that they continue to use this prompt and do leave medicine for people to take at a later time.
- There were gaps in people's MARs, some gaps had been identified as being recorded incorrectly in other documentation, we saw some gaps had no explanation. This meant that people may not have had their medicines on some days.
- There was an audit system in place for medicines, however these were not always effective as they did not identify the issues listed above. Where issues had been identified, it was not always clear what action had been taken.
- We discussed this with the registered manager, who told us she was aware there was a problem with recording medicines and was implementing a new electronic system to enable errors to be identified and addressed immediately.

These findings constitute a breach of Regulation 12 (2) (g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

### Staffing and recruitment

- There was no risk assessment in place for a staff member who was found to have a positive Disclosure and Barring Service check (DBS). DBS checks inform employers of previous criminal convictions staff may have and assist employers to make safer recruitment decisions.
- However, we saw evidence suggesting regular spot checks and observations had been completed for this staff member. The manager told us they would complete a risk assessment immediately.
- Pre-employment checks had been completed for all staff, this included references and DBS checks.
  - Staff told us they felt there were enough staff to care for people, and they did not feel rushed.

#### Learning lessons when things go wrong

- Incidents and accidents were reported, these were reviewed by the registered manager or deputy manager.
- There was no clear overview and analysis of accidents and incidents used to identify possible trends or patterns.
- We raised this with the registered manager who told us they would implement a system to oversee and analyse accidents and incidents.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care from BGS Healthcare Ltd.
  - Staff had training in safeguarding; they were able to identify signs of abuse and knew how to report concerns.
  - Staff we spoke with had a copy of the whistleblowing policy, they knew how to whistle-blow if needed.
- Whistleblowing is when a member of staff passes on information concerning wrong doing at work.

#### Assessing risk, safety monitoring and management

- People had risk assessments in their care plans, actions from risk assessments were used to inform people's care plans. Areas of risk assessed included falls risk, malnutrition and skin damage. This provided guidance for staff to provide safe care.
- Risk assessments included an 'environmental risk assessment', this enabled staff to manage risk in people's home and work safely.
- Staff told us they had enough time to read risk assessments and found them useful.

#### Preventing and controlling infection

- Staff had training in infection control, they had good knowledge of practices that minimise the spread of infection.
- Appropriate use of PPE (personal protective equipment) was audited as part of regular observations.
- PPE was provided for carers to carry with them on visits, in some cases, it was left people's homes.
- Food hygiene training was provided during induction, this was renewed every three years.



# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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.

- Some staff we spoke with were able to explain the principles of the Act. One person said, "It protects you if you have issues with your mental capacity, but also if you do have capacity, it protects your right to make decisions."
- Other staff told us they didn't understand the principles of the Act and couldn't remember if they had received training in this area.
- People told us staff always ask consent before performing care tasks.
- Consent to care and treatment was sought from people using the service. Where another person had consented, Power of Attorney had been confirmed either through copies of paperwork or contact to the Office of the Public Guardian.
- We saw evidence that staff had received training in the Mental Capacity Act.
- We saw no capacity assessments or best interest decisions for specific care given, when we asked the registered manager about this, they stated all the people they cared for had capacity to make daily decisions.

We recommend the service seeks further guidance on the Mental Capacity Act, from a reputable source, to enable staff to have a more consistent understanding of its principles.

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

- People's care needs were assessed prior to the commencement of a care package. This assessment informed the care plan and risk assessments.
- The initial assessment was comprehensive, and took into account spiritual, emotional and sexual health needs. However, we saw these sections had at times been left blank by the assessor.

Staff support: induction, training, skills and experience

- New staff completed training provided by an external company, this was in the form of a work book and covered areas such as safeguarding, the Mental Capacity Act, food hygiene and safe handling of medicines.
- Additional face to face training was provided in areas such as manual handling and first aid.
- The registered manager told us new starters visit people with an experienced member of staff before going out to care for people unsupervised.

- Staff were observed administering medicines and were 'signed off' before administering medicines independently.
- Staff had regular supervisions, they told us they found these to be supportive.

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

- People told us they had enough support to eat and drink.
- Some staff told us they use the time preparing and assisting with meals as an opportunity to talk and get to know the people they were caring for, one staff member said, "Whilst you are waiting for food to cook, I find out how they are feeling", "Talking time is one of the most important times."

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

- We saw evidence in care plans that people were referred appropriately to other healthcare professionals
- We observed referrals being made to the GP whilst visiting the service.

# 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

Good: 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 told us staff were caring and treated them with respect.
- One person said, "I think [staff] are wonderful, they look after you well, I think they put themselves out." Another said, "[Staff] are all very caring and they come and visit me."
- Information about people's likes and dislikes were recorded in their care plan, staff felt they knew people well and people told us staff understood their preferences.
- Staff spoke about people passionately and respectfully. They told us they enjoyed their jobs, one person said, "I love looking after people, I've had so many good experiences." Another said, "I love my clients dearly, I like to think they are being treated properly and their houses are left how you'd leave your own. It's important."

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

- The registered manager told us they were able to signpost people to independent advocacy services if required.
- People were encouraged to invite an advocate or supportive person to their initial assessment appointments.
- People were involved in writing their care plans. People told us they felt they had choice and control in their day to day care.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to explain the principles of confidentiality clearly.
- Care records were stored securely and confidentially in the office.
- Staff told us how they promote people's dignity and independence when performing care tasks. One staff member said, "Let [people] do what they can do. Keep the curtains shut. Shut the doors if there is someone else around." Another staff member said, "I always like to keep things as dignified as possible, for example keeping the bathroom doors shut and not speaking about people when we are not with them."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans included information about their life histories and preferences.
- Staff knew people well and could give examples of personalised care, one staff member told us, "[Person] likes to have her rollers in the front of her hair, she used to be a hairdresser, so she likes those put in for her. I enjoy doing it for her, I don't always get it right; she tells me straight away, then we have another 5 or 6 goes before we get it right."
- People had access to their care plans and could read these if desired.
- The service worked in line with the principles of the Accessible Information Standards (AIS) 2016. People's communication needs were assessed, and the registered manager told us that adapted care plans and policies were available if required.

Improving care quality in response to complaints or concerns

- We saw no formal record of response to complaints the service received; however, we could see in some cases, additional spot checks had been completed to ensure quality of care.
- When we asked the registered manager about this, they stated these responses were done verbally either via phone call or face to face.
- The registered manager told us they would make written records of complaints feedback in future.
- The complaints policy had been provided to people a number of times in response to feedback stating people were not clear on how to complain. The service had recently began visiting people to explain this verbally to aid understanding.

End of life care and support

- At the time of our inspection, there was nobody receiving end of life care.
- The registered manager told us there were specific end of life assessments available to use when needed. They also told us end of life wishes were discussed and updated regularly.
- Staff spoke passionately about end of life care and told us they did what they could to help people achieve their wishes at the end of their life. One staff member told us, "[Person] was dying and wanted to walk their daughter up the aisle, the physio said he needed a lot of practice with his Zimmer, so we would walk him up and down the room to get him ready for the wedding - he did walk his daughter down the aisle."

# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found the provider had not submitted one statutory notification in relation to safeguarding concerns. This is important to ensure CQC can monitor the safety of the service people receive.

This was a breach of Regulation 18 (2) (e) Notification of Other incidents, of the Health and Social Care Act 2008 (Registration) Regulations 2009.

- We discussed the failure to notify with the registered manager, she stated this was a mistake and she didn't realise at the time, the incident was considered an allegation of abuse. The provider has since submitted this notification.

- There were some systems in place to monitor quality of care and records, however we found these were not always effective.

- Audits had not identified some gaps and inappropriate practices in relation to medicines administration. Where audits had identified concerns, we saw no evidence that this had been addressed with staff members.

- Quality assurance had not identified a missing risk assessment for a member of staff with a history of high-risk convictions.

- Management of complaints had not been sufficiently recorded, this meant that we were unable to assess whether these had been handled appropriately.

This was a breach of Regulation 17 (2)(a) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As part of their plans to improve the service, the registered manager told us they were implementing a new electronic system which would enable improved oversight of care records.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff spoke highly of the registered manager, one staff member said, "[Registered manager and director] are really approachable too, they are lovely people in general, everyone in the company says they are always willing to speak to them regarding issues." Another said, "[Registered manager] has got the biggest heart ever, she has always been fair, she puts 100% into making sure we are looked after."

- People who used the service told us they thought it was well managed.
- The registered manager had a good understanding of the Duty of Candour, they spoke passionately about meeting this.

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

- The service had systems in place to regularly request feedback from people and staff. This included requesting feedback during care reviews and surveys.
- An analysis of formal feedback was sent to all people using the service, this also included information on actions taken by the service to resolve areas of feedback identified as poor.
- We saw a number of compliments and positive feedback, one person's feedback said, 'I think the service you provide is excellent, staff are friendly and kind'.
- The service held regular staff meetings, these were used to discuss changes to the service and changes to people's care needs.

Working in partnership with others

- The service worked in partnership with other healthcare professionals, this included physios, GP's and occupational therapists. This meant people had access to a multidisciplinary team to ensure care needs were met.

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 18 Registration Regulations 2009 Notifications of other incidents  The service had failed to notify CQC of an allegation of neglect of a person who used the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  We found concerns regarding medicines administration, recruitment records and recording of complaints. Management oversight had not always been robust.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely. Gaps in records indicate people may have missed doses. Medicines were sometimes administered outside of best practice principles. Regulation 12 (2)(g)

### **The enforcement action we took:**

Warning notice