

Givecare

# Bosworth Homecare Services (Hinckley)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 6 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in and around the Hinckley and Leicestershire area. At the time of our inspection there were 98 people using the service.

The service had a registered manager. 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 told us they felt safe with the staff team from Bosworth Homecare Services (Hinckley). Support workers had received training in the safeguarding of people. They knew what to look out for and the actions to take to keep people safe. This including reporting any concerns to the management team.

The risks associated with people's care and support had been assessed. This was so that as far as possible, people using the service and the staff team supporting them were kept safe from possible harm.

A recruitment process for recruiting new members of staff was in place. This involved the management team obtaining relevant checks to satisfy themselves that the new staff members were suitable to work at the service.

All new members of staff had been provided with a comprehensive induction into the service. This included four days of training and the opportunity to shadow experienced members of the staff team.

An assessment of people's needs had been completed at the start of people's care and support packages. They (and their relatives) had been involved in deciding what care and support they needed and had been involved in the development of their plan of care.

Plans of care seen were centred on the person and comprehensive in detail.

Training on the Mental Capacity Act 2005 (MCA) had been provided to everyone working at the service and both the management team and the support workers understood its principles.

Support workers understood their responsibilities when supporting people with their medicines. Training in medicine management had been provided and this was being refreshed on a regular basis.

People using the service told us that the staff team were kind and caring. They told us that they were treated with respect and their care and support was provided in a way they preferred.

A complaints process was in place and a copy of this had been given to everyone using the service. The people we spoke with told us that they knew what to do if they had a concern of any kind and felt able to raise any issue with the management team.

People using the service and their relatives had been asked for their opinion of the service they received. This was through the use of surveys and home visits made by a member of the management team. The staff team were also asked for their thoughts of the service. This was through the use of surveys, staff meetings and one to one sessions with the branch manager. This meant that everyone involved with the service had the opportunity to have their say.

The provider had systems in place to monitor the quality of the service being provided.

## 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.

People told us they felt safe using the service and with the staff team who supported them.

Risks associated with people's care and support had been assessed.

The staff team were aware of the provider's policy with regards to people's medicines and this had been adhered to.

### Is the service effective?

Good ●

The service was effective.

New members of the staff team had been provided with an induction into the service. Support workers felt supported in their role.

Both the management team and the support workers working at the service understood the principles of the Mental Capacity Act 2005 (MCA).

People's consent had been obtained before their care and support was provided.

### Is the service caring?

Good ●

The service was caring.

People told us that they were treated with dignity and respect and the staff team supported them in a kind and caring manner.

The staff team supported people to make choices about their care and support on a daily basis.

The staff team ensured that people's privacy was maintained when providing their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and they had been involved in deciding what care and support they needed.

Plans of care were in place that reflected the care and support that people needed.

There was a complaints process in place and people knew what to do if they had a concern of any kind.

### **Is the service well-led?**

The service was well-led.

Monitoring systems were in place to check the quality of the service being provided.

People had been given the opportunity to have a say on how the service was run.

Regular contact was made with the people using the service to ensure that they were happy with the care and support they received.

**Good** ●

# Bosworth Homecare Services (Hinckley)

## **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.

This inspection took place on 6 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection was carried out by one inspector and an expert 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, 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 reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law. We also contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service.

Questionnaires were also sent to 50 people using the service and to their relatives to gather their views of the service being provided.

During our visit to the provider's office we were able to speak with the registered manager the branch manager, the quality assurance manager, the team leader a senior support worker and the administrator.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality assurance audits that the management team completed.

After the inspection visit we spoke with seven people who were using the service and two relatives. This was to gather their views of the service being provided. Five support workers were also contacted by telephone following our visit.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service and felt safe with the support workers who provided their care and support. One person told us, "Yes (we feel safe) with the regular carers. Though [person using the service] gets nervous when it is someone new and he doesn't know them." Another explained, "Oh yes, (I do feel safe with them)."

Support workers we spoke with knew what to do if they had a concern regarding a person's safety. They knew the signs to look out for and were aware of their responsibilities for keeping people safe from harm. One support worker told us, "If I had any worries about anyone I would ring the office straight away." Another explained, "I would report it straight away, I would inform my manager and fill out a [incident] form."

We discussed the providers safeguarding procedures with the management team. They were aware of their responsibilities within the safeguarding process. They knew the procedure to follow to keep people safe. This included referring it to the relevant safeguarding authorities and notifying the Care Quality Commission (CQC). They told us, "We have the relevant numbers displayed on the notice board and we would inform social services and the police if necessary."

The staff team had been provided with safeguarding training and this was being refreshed on an annual basis. This ensured that all staff had up to date information on how to keep people safe.

Risk assessments had been completed when people's care and support packages had commenced. The completion of these documents enabled the management team to identify and act on any risks presented to either the person using the service, or the support workers providing their care and support. Risks assessed included those associated with the moving and handling of people, general health and safety risks and the risks associated with the environment in which people's care and support was to be provided. This meant that wherever possible people were kept safe from harm and the risks associated with their care and support were minimised.

The provider's recruitment procedures had been followed. We checked the files for three members of the staff team. The required checks had been carried out prior to each new member of staff commencing work. This included obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this service. We did note in one of the files that the person's previous employment had not been fully explored and the dates on one of the references did not tally with that written on their application form. The branch manager told us that they would look into this further to ensure the correct information was recorded within their records.

We looked at the staffing rota. Staffing levels were being monitored on a daily basis to make sure that there were enough support workers to cover the calls required. We were told that a staffing rota was made available to people wishing to know who would be providing their care and support on a weekly basis. However, the people we spoke with told us that they had not received a rota and although the majority of



people told us that they had regular carers two people didn't always know who would be arriving all the time. One person told us, "Mostly in the morning to get me up I have the same one [support worker] but lunchtime it could be anybody, I never know for sure who is coming then." Providing people with a copy of the rota would offer reassurance as to which support workers would be providing their care and support.

We asked the people using the service if their support workers arrived on time and stayed for the right amount of time. The majority of people told us that the support workers arrived on time and stayed the duration of the care call however, this was not always the case. One person told us, "They [support workers] stay the right amount of time. On very rare occasions someone is a bit late. Sometimes we are informed, but not always." Another person explained, "We never know when they are going to come exactly, but they always ring and tell me if they are going to be late and they always stay for the full amount of time." A third person told us, "They don't always stay the full amount of time, I should have half an hour, but sometimes it is only ten minutes." A relative we spoke with explained that the support workers had failed to turn up to their previous evening's call. They explained, "No one turned up last night. I had to cream [person using the service] legs. Someone was going to ring me back, but no one came back to me. It's the first time that this has ever happened." We passed this information onto the branch manager who assured us that these issues would be investigated.

For people who needed assistance with their medicines, risk assessments had been completed. This information had then been transferred to the person's plan of care. This provided the staff team with the information they needed in order to support the person safely and in line with the provider's medication policy and procedure.

Support workers told us that they had received training in the management of medicines and the training records confirmed this. They understood what they could and couldn't do with regards to medicines. This included only assisting with medicines and creams that were recorded on the person's medication administration record (MAR) sheet. One support worker told us, "We can only prompt people to take their medicines from a dossett box (boxes used by pharmacists to dispense people's medicines) and if it is labelled with their name and address." Another told us, "We can't give anything that isn't in the dossett box or written on the sheet (MAR)."

A business continuity plan was in place. This document included the actions to take in the event of an emergency or untoward event occurring and meant that in these circumstances, the staff team could continue to provide care and support to the people using the service.

## Is the service effective?

### Our findings

People using the service told us the staff team knew what help and support they needed and they had the knowledge to support them appropriately. The exception to this was when support workers were covering for people's regular support workers, for instance when they were on holiday or off sick. One person told us, "Now and again every other time a different lady comes and you have to tell them everything. The regulars get to know your ways and you know them." Another person told us, "Our regular carer knows [person using the service] well and everything is fine. But he gets nervous when there is a different carer." This showed us how important it was for people to have regular carers.

Support workers we spoke with told us that they had received an induction into the service when they had first started work and training had also been provided. The staff records we looked at confirmed this. Support workers also told us that they had been able to shadow an experienced member of the staff team. This provided them with the opportunity to get a feel for the role of a support worker and understand what was expected of them. One staff member told us, "I had four days training then my induction on the fifth day. I then shadowed someone who showed me the ropes and how to do things."

We checked the training records and these confirmed that a number of training sessions had been provided throughout 2015/2016. This included training in Moving and handling, Infection control and safeguarding and meant that the staff team were properly trained to carry out their role within the service.

Support workers felt supported by the management team and explained that the branch manager was always available. One support worker told us, "[The branch manager] is very approachable, there is always someone to talk to if you need help with anything." Another explained, "If you need anything you can go and talk to her [branch manager] she has always been there 100%."

Support workers told us that they had received regular supervision sessions and unannounced spot checks had also been carried out. This was to check that the support workers were carrying out their duties appropriately and to provide them with additional guidance and support.

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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The registered manager and branch manager understood their

responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well.

Capacity assessments had been carried out. Where people had not been able to make certain decisions, it was evident that these decisions had been made in their best interests and by people who knew them well.

Support workers we spoke with had an understanding of the MCA and their responsibilities within this and they had received training on this topic. One support worker told us, "It is about the care and welfare of a person who cannot make decisions for themselves. These decisions have to be made by others."

The support workers we spoke with gave examples of how they obtained people's consent before providing their care and support. One explained, "I always ask people first before I help them, it is important that you get their consent before you do anything." Another told us, "It's important that you ask people if it's alright to help them, I ask on a daily basis, we should never assume it's just alright to help someone."

People told us that they had been involved in deciding what care and support they needed and the staff team always asked for their consent before they supported them. One person told us, "Yes they [support workers] always ask re showers etc."

Where people required assistance with food and drink the necessary support calls had been arranged. We saw that the support workers had received training in food hygiene and they ensured that people had the required food and fluids to keep them well. One support worker told us, "I make sure they [people using the service] have enough to eat and drink and everything is to hand." Another explained, "I always ask them [people using the service] what they would like to eat and drink and make sure they are happy with what I give them."

Records we looked at showed us that when concerns were identified regarding people's health and welfare the staff team had acted appropriately. This included contacting a person's GP when they had become unwell. This showed us that the staff team took people's wellbeing seriously and supported them to access the relevant health professionals.

## Is the service caring?

### Our findings

People we spoke with told us the support workers who looked after them were kind and caring and treated them with dignity and respect. One person told us, "Yes they are all very nice." Another explained, "They [support workers] are all very good. We have no qualms about them at all. We are happy with the service." Another told us, "They couldn't be kinder." A relative explained, "Yes [the person using the service] loves them all [the support workers] and they love him."

Comments in questionnaires received included, "I find all the care workers are kind and very helpful in all ways." And, "All the carers are very pleasant and no matter how tired they are, they always have a smile to greet me."

The support workers we spoke with knew the care and support needs of those they were supporting and they told us that they would report any changes in people's care to the management team straight away. They told us, "Any issues I would call the office, there is always someone available."

Support workers explained how they gave people choices and involved them in making decisions about their care. One support worker explained, "I always talk to them [people using the service] I go through step by step what we are going to be doing and give them choices every day." Another told us, "I explain what I am doing and always ask them what they want, for instance what they want to wear or what they want to eat."

The staff team gave us examples of how they maintained people's privacy and dignity when supporting them. One explained, "When I'm providing personal care, I always use a towel to cover them [people using the service] up. I also make sure the curtains and doors are closed."

People had been involved in deciding what care and support they needed and they had been able to share their personal preferences in daily living.

People's plans of care included their likes and dislikes. This provided the staff team with the information they needed to enable them to meet the individual needs of those they were supporting. For example one person's plan of care stated, '[person using the service] likes their tea strong with three sweeteners.' Another person's plan of care stated, 'Likes to hold a flannel over their face when having their hair washed.' This meant that support workers could provide people's care and support in a way that they preferred. One support worker told us, "There is always a care plan that we read so that we know what they [people using the service] like. We also talk to them so they can tell us what they prefer."

## Is the service responsive?

### Our findings

People using the service told us that they had been involved in deciding what support they needed and had been involved in the planning of their care. One person told us that his wife had been fully involved in this process. Another person stated "Yes I was." [involved]. A relative explained, "Yes, we all were [involved]. The head one [member of the management team] came round at the start."

The management team explained that people's care and support needs were always assessed. This was either prior to their care package starting or, in the event of someone being discharged from hospital, the day their care package commenced. This was so that the management team could determine the help and support that the person required and assure themselves that the staff team had the skills and knowledge to meet those needs.

We were told that a member of the management team always attended the first call of any new care package so that the necessary documentation could be completed. Records we looked at confirmed this. From the initial needs assessment, an individual plan of care had been developed.

The plans of care we looked at were centred on the person and included their individual preferences with regard to how they wanted their care and support to be provided. They also included the tasks that the staff team were required to carry out at each visit. This provided them with the information they needed in order to provide the care and support that people preferred.

People's plans of care also included information on activities that people liked to do and things that were dear to them. One person's plan of care told the reader that they liked painting, whilst another person's plan of care told the staff team about their favourite song. This knowledge and understanding of the people they were supporting enabled the staff team to provide more person centred care.

The management team explained that they were in the process of reviewing the plan of care documentation. The new paperwork was clear and easily understood and was being rolled out at the time of our visit. This would provide the staff team with a clearer picture of the needs of the people they were supporting.

We discussed the continuity of support workers with the management team. They acknowledged that there had been an issue with consistency in the past, but hoped that this would be addressed. The office team was in the process of being restructured and the person responsible for the rotas, who was new to the role, was committed to ensuring better consistency of support workers in the future.

A formal complaints process was in place and people we spoke with knew who to contact if they had a complaint, concern or query of any kind. One person told us, "I would ring the office number." Another explained, "Yes, I would ring the office and I have a name to ask for."

The contact details of the office were included in the information held in people's homes and a member of

the management team were available at all times should someone need to make a complaint or share a concern.

Where a complaint had been received the formal complaints process had been followed. This included investigating the concerns raised and recording the outcome. We did note that the record did not show whether the complainant had been happy with the outcome to their complaint. The branch manager explained that this would be followed up.

## Is the service well-led?

### Our findings

People we spoke with told us they felt Bosworth Homecare (Hinckley) was appropriately managed and the management team were open and approachable. One person told us, "We are very pleased. They [the staff team] are all very helpful and nice." Another person explained, "Very friendly bunch. Very happy type of people and make you feel part of it all. No one talks down to you."

People using the service had been given the opportunity to share their views and be involved in developing the service. A member of the management team was visiting the people using the service every six months. This was to review their plan of care and to make sure that they remained happy with the care and support they received. One person told us, "Two ladies came the other day and filled in a questionnaire." Another person explained, "Yes now and again someone comes from the office to check how the service is going. A form is filled in and it is signed." The quality manager had also recently introduced 'courtesy calls' to people new to the service to check that the care and support they were receiving was what they had agreed to.

Surveys had been used to gather people's views of the service provided. One person we spoke with told us, "Every three or six months we get a written survey to complete." Results of the surveys had been collated and made available to the people using the service for their information.

Staff members we spoke with told us they felt supported by the branch manager and the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One staff member told us, "I do feel supported in my role; there is always someone available to talk to. It is a good company to work for." Another explained, "I feel supported, I can go to the office or ring, they [the management team] are all approachable."

We saw that staff meetings had taken place providing the staff team with the opportunity to be involved in how the service was run. One staff member told us, "We have staff meetings where we can discuss how things are going and if we could be doing things better." At the last meeting held in March 2016 issues discussed included, the importance of confidentiality, maintaining health and safety, safeguarding people and appropriate moving and handling.

Anonymous staff surveys had also been used to gather the staff team's thoughts of the service being provided. Once returned, the results of these surveys had been collated and analysed and an action plan had been developed for the branch manager to address any issues raised. We saw that issues around moving and handling that had been brought up in the questionnaires received, had been addressed at the staff meeting held in March 2016.

Regular audits had been carried out to monitor the quality of the service being provided. These had been carried out by both the branch manager and the provider's quality manager.

The branch manager had carried out audits on the paperwork held including incident and accident records, people's care records and the records completed by the support workers after they had completed a visit to

a person's home. Where shortfalls had been identified these had been addressed by the branch manager. This included the failure of a support worker to record the time they had left a person's call. This had been identified by the auditing process and discussed with the relevant worker to ensure that this didn't happen in the future.

The quality manager had also carried out audits on the paperwork held. They visited the providers office on a regular basis and monitored areas of the service including, complaints, recruitment and medicines.

This showed us that the management team regularly monitored the service being provided so as to provide the best possible service.

Both the registered manager and the branch manager were aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.