

B & S Healthcare Limited

# B & S Healthcare Limited - Unit 21 Barnack Trading Centre

## Inspection report

Unit 21 Barnack Trading Centre  
Novers Hill, Bedminster  
Bristol  
BS3 5QE

Tel: 01179533455

Website: [www.bshealthcareltd.co.uk](http://www.bshealthcareltd.co.uk)

Date of inspection visit:  
05 July 2016

Date of publication:  
22 July 2016

## 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

We undertook an announced inspection of B and S Healthcare Limited on 5 July 2016. When the service was last inspected in October 2013 there were no breaches of the legal requirements identified.

B and S Healthcare Limited provides personal care to people living in their own homes within the Bristol area. At the time of our inspection the service was providing personal care and support to 70 people.

A registered manager was in post at the time of the inspection. 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 felt safe with the staff at the service. The provider had ensured staff had been trained in identifying actual or suspected abuse and staff demonstrated they understood the reporting process well. There were sufficient staff to meet people's assessed needs and recruitment procedures were safe. People's risks were assessed and where required risk management plans were completed. People received the correct level of support with their medicines and incident and accidents were recorded.

Where required the service had involved and sought the advice of relevant healthcare professionals. People received support with their meals and drinks from staff as required and records clearly showed the level of assistance people needed. Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they applied these to their work. New staff were supported with an induction aligned to the nationally recognised Care Certificate and staff received regular training, supervision and appraisal.

People and their relatives told us the staff at the service were caring. We received positive feedback from people about the caring nature of the staff which was also reflected in the compliments the service had received. Staff understood the people they supported well, and gave different examples of people's risks and daily preferences to demonstrate this. People had their privacy and dignity respected and staff explained to us how they achieved this.

The feedback from people as to the responsiveness of staff was positive. People's records were personalised and detailed how people should be supported in order to meet their needs. Reviews of people's care packages were completed and there were systems to ensure staff were aware of these changes and to monitor if they were implemented as required. There were systems to obtain the views of people during scheduled reviews and through an anonymous survey, and a complaints procedure was available for people to use if needed.

The registered manager was highly spoken of by the staff. People who used the service did not raise any concerns about the leadership of the service. Staff felt very supported in their roles and the management had sufficient systems to communicate with the staff. The service had volunteered to participate in a pilot

apprenticeship scheme to support new staff in health and social care. Innovative training methods had been used where the need was identified.

The registered manager was actively involved in local and national organisations and schemes to ensure they are kept informed of current best practice, new research and developments. There were systems to continually monitor the quality of care provided and auditing systems to monitor records and documentation used by staff. Notifications had been sent to the Commission as required.

## 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 and spoke positively about care delivery

There were sufficient numbers of staff to meet people's needs and recruitment was safe

Staff knew how to identify suspected abuse and told us how they would report safeguarding concerns

People received support with their medicines as required

People's risks were managed and accidents or incidents were recorded

### Is the service effective?

Good ●

The service was effective

People felt they received effective care

The service communicated with healthcare professionals where required

Staff understood the Mental Capacity Act 2005

The provider had an induction and shadowing process for new staff

Staff received regular training and supervision

### Is the service caring?

Good ●

The service was caring

People gave positive feedback about staff at the service

Care was delivered in line with people's needs and wishes

The service had received written compliments about the caring

nature of staff

Staff were knowledgeable about people's needs and were caring

People's privacy and dignity was respected by staff

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs

People's records were personalised and detailed their care needs

Care reviews ensured responsiveness to people's changing needs

There were systems to ensure that changes in needs were met

The provider had a complaints procedure and people felt able to complain

The provider had systems to obtain the views and opinions of people

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

**Good** ●

The service was well-led

People spoke highly of the management at the service

Staff felt supported and valued by the management team

The registered manager had engaged a local apprenticeship scheme

The provider had used innovative training methods to ensure care continuity

There were quality assurance systems to monitor the quality of the service provided

# B & S Healthcare Limited - Unit 21 Barnack Trading Centre

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

The inspection took place on 5 July 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in October 2013 and we had not identified any breaches of the legal requirements at that time.

This 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 we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Shortly after the day of the inspection, we spoke with 15 people who either received care from the service or were relatives of people who received care from the service. We also spoke with the registered manager and four members of care staff.

We looked at four people's care and support records. We also looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training

records, meeting minutes and audit reports.

## Is the service safe?

### Our findings

People and relatives spoke positively about the staff at the service and told us they felt safe. No concerns were raised about missed appointments and people told us they felt their care appointments would be met as required. One person we spoke with told us, "I have a small group of carers, it's nice." Another commented, "The carers treat me really well." A further comment we received was, "The staff have never let me down yet."

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff files had completed initial application forms together with the staff member's previous employment history and employment or character references. Photographic proof of the staff member's identity and address had been obtained. An enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups of people such as vulnerable adults had been completed. There were systems that ensured a renewal of a staff member's DBS check was completed every three years.

People said there were sufficient numbers of staff to ensure their care needs were met. We did not receive any concerns from people or their relatives about missed care appointments and in general people commented positively about the punctuality of their care appointments. Staff told us they felt there was generally sufficient staff on duty to meet people's needs. They told us the registered manager and office team ensured continuity of care by giving them the same people to provide care to where possible. Staff commented positively on this telling us a strong relationship could be built with the people they cared for.

Risks to people were assessed to ensure staff provided care in the safest way possible. For example, within people's records there were completed assessments for people's mobility and handling levels. This assessment showed any activity the person may undertake, the ability of the person to assist the staff member with their mobility and if any mobility equipment was used. In addition to this, should the person's environment present any constraints this was highlighted. Further overall risk assessments were completed for people's risk of skin breakdown, medication and their nutrition.

There was also an overall assessment of people's risk of falls to assist staff in reducing the risk to people in their absence. For example, we saw within the falls assessment was based on people's history of falls, their current medication, if they had any cognitive impairment, if they had any mobility issues or if they were visually impaired. This ensured that staff were aware of people's falls risks and hazards and that any risks presented by the person's environment could be reduced before they left the person's care appointment.

Staff had received appropriate training to safeguard people from suspected or actual abuse. Staff we spoke with understood their responsibilities in relation to safeguarding people from abuse. Staff explained the provider's safeguarding procedures and also explained the process they would undertake to report concerns. Staff were aware they could report safeguarding concerns to the management of the service, but also that they could report concerns to external agencies such as the Commission or local safeguarding team. Staff understood the different types of abuse people could be subject to and the provider had

appropriate policies for safeguarding and whistleblowing available.

Medicines were managed safely and there were systems to monitor the record completion by staff to ensure accuracy. The level of support people received from staff at the service varied. For example, some people managed their own medicines with no support from staff and others required full support. The registered manager told us that all people at the service had medicines 'dosette' boxes delivered from their chosen pharmacy. A list of people's current medicines was contained within their care records and where required, a record was completed by staff that showed people had received their medicines. The registered manager or other senior member of staff completed periodic quality checks within people's homes that included monitoring the accuracy of medicine record keeping by staff. Staff received training in medicines and competency was monitored by senior staff to ensure people were supported safely.

We reviewed the current system being used by the registered manager to monitor incidents and accidents to people reported by staff. It was evident that there was no current system that would quickly establish the number of falls one individual person may have had over a specified period of time. This may assist in reducing the risk of reoccurrence or establishing if the incident or accident was avoidable. During our conversation with the registered manager about this, it was clear the registered manager knew the current recording system and the annual count, however individual fall numbers and risk identification could not be established due to the current system. During the inspection the registered manager implemented a new recording system that would also now be subject to a monthly management level review.

## Is the service effective?

### Our findings

People and their relatives gave us positive feedback about the effective care that staff provided and no concerns were raised. One person we spoke with told us, "The staff are competent and confident". Another commented, "I can ask for things and they will always do it." One person's relative commented, "The staff are very good, even the replacements."

The service liaised with healthcare professionals when required. People supported themselves independently when arranging appointments with their GP, however there were examples of how the service worked with other healthcare professionals. The registered manager told us they had a good working relationship with the local district nursing team. We saw within a person's care records that the district nursing team supported someone to live with their diabetes. The record also showed what level of support the person required from the staff and when to contact the district nurse if there were concerns. Communication was regular where required with other professionals such as occupational therapists.

Where required, staff provided assistance to some people in the preparation of their meals and drinks. The registered manager told us that there were no people at risk of malnutrition being cared for by the service at the time of our inspection. People we spoke with did not raise any concerns in relation to the support they received with their meals and drinks. The registered manager told us that previously, when requested to do so by the district nursing team, records of people's fluid intake had been recorded by staff when a risk was identified. People's care records showed the level of support they required with meals. For example, in one record it showed that staff should prepare the person's meal and then cut the person's meal up to assist them in eating it. Further instructions showed how staff prepared a sandwich for the person during the evening visit so the person had a snack at night should they need it.

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. We spoke with staff about their understanding of the MCA and particularly on how it impacted on their role. Staff demonstrated a good level of knowledge about the MCA and told us how they empowered people to make decisions. One member of staff said, "I'm not there to rob people of their independence, I make sure I help but allow people to be in control." Other staff gave examples of how they ensured people had daily choices in their clothing and meals.

The provider had an induction process which encompassed the Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. In addition to the Care Certificate, new staff were further supported with additional induction training in dementia and diabetes. New staff undertook a period of shadowing with experienced staff prior to independently providing care. This ensured staff competency to provide effective care following their

induction.

Staff were supported through a regular training programme. Staff we spoke with were very positive about the amount of training they received and all told us this supported them in their roles to provide effective care. Training was completed in subjects such as first aid, moving and handling, person centred care, safeguarding, infection control and the Mental Capacity Act 2005. The provider had ensured that staff had a training area within the registered office to ensure staff received training in different moving and handling equipment and allowed staff to practice with the equipment if required. All staff at the service had the opportunity to complete the Care Certificate and nationally recognised qualifications in health and social care.

The provider ensured that staff received regular supervision to discuss their role. Staff we spoke with confirmed they received regular supervision. We saw from supervision records that discussions were held about working with people and providing care aligned with the provider's statement of purpose. Discussions about fulfilling people's care plans, together with any training needs or desires also formed part of the meeting. There was also feedback on the staff member's performance from any management observations completed and a check on the welfare of the employee to ascertain if there were any personal issues that may have an impact on care delivery.

Annual appraisals were completed. Staff told us their annual appraisal was completed and records we reviewed confirmed this. Staff commented that the process was useful and allowed them to set aims and objectives for the year. The appraisal reviewed the annual performance by the staff member. It highlighted what the staff member performed well in and if any areas for improvement were required. A discussion about performance figures for call attendance and punctuality were completed together along with the staff member's ambitions and any training that may be required to achieve these ambitions.

## Is the service caring?

### Our findings

People and their relatives were positive about the caring nature of the staff that supported them. All of the people we spoke with said that staff were caring and that their privacy and dignity was respected. One person commented, "Staff respect my privacy and dignity. They are always very polite and friendly." Another person told us, "I look at them as family really." One person's relative said to us, "The carer treats us lovely, they love coming here."

The provider maintained a log of compliments received from people. The compliments reflected the positive feedback we had received from people and their relatives over the course of our inspection. The compliments were from people who received care directly from the service and people's relatives. During our review of the compliments we recorded extracts from some of the cards and messages. One read, 'Thank you so much for all of you help and kindness to Mum.' Another said, 'Thank you most sincerely for all the years you have given help to [service user name]. He was very fond of you.' We also found a compliment from a previous member of staff who wrote to the registered manager and said, 'Thank you for giving me the confidence to work in healthcare.'

Staff we spoke with knew the people they supported well. During our conversations with staff we asked them about the different people they supported. During these conversations, staff gave detailed explanations about the different levels of care people needed. Staff understood people's risks and told us how to mitigate those risks to ensure people were safe. Staff understood people's preferences, and what involvement their family had together with how people preferred their daily routines to happen.

Staff told us this knowledge was made possible as the registered manager ensured that where it could be achieved, staff would care and support the same people. This ensured that people had continuity in their care and allowed for a good relationship to be formed between people and staff. One member of staff said, "You see the same people every day, it's good as you really get to know people. It helps to build a relationship and trust."

During our conversations with staff it was evident they understood the importance and value of respecting people's privacy and promoting their dignity. We received positive feedback on this from people. Staff gave examples of how they promoted people's privacy and dignity. This included during personal care, and staff explained how they used towels to ensure people were covered during times of personal care. The staff we spoke with said how they had sufficient time to meet people's needs at appointments. In general, all staff said they had sufficient travel time between appointments to travel.

## Is the service responsive?

### Our findings

People and their relatives felt that the service and staff were responsive to meeting their needs. The feedback we received from people and their families was positive. One person raised a minor concern that new staff were not always introduced to them, however others did tell us that new staff were always introduced to them. One person we spoke with said, "The carers always communicate well, I have a good laugh with them and they will help me." Another commented, "I am very happy with all that they do."

Care records were personalised and contained information that ensured staff provided care and support in line with the persons need and preferences. This level of personalisation showed that care records had been completed in conjunction with the people whose needs they were designed to reflect or their representatives. Within the records we saw information such as what people preferred to be called, their close relations, any other key holders for their property and contact details for healthcare professionals.

People's records contained detailed information about the level of support people needed during different appointments. For example, if a person had multiple care appointments during the day, their individual appointments were separately detailed within their plan. There was guidance for staff on how to provide personal care to people in accordance with their preferences. We saw that these support plan records also showed unique and personalised information. For example, we saw that information about what people wanted to be wearing when they went to bed was recorded, together with information on the personalised use of mobility equipment such as a hoist.

The registered manager told us that care needs were reviewed at least every 12 months or earlier should the need be identified. People and their relatives confirmed that reviews had been completed. This included people that had used the service for a significant period of time, but also people new to the service. People who had recently commenced a care package with the service commented that reviews had been completed to ensure care delivery was being given in accordance with the person's requirements. We saw that annual review forms included reviewing the person's health and wellbeing, the level of personal care they received and the level of involvement from family. People and their relatives were also asked for their views on the staff that supported them.

Where a change in a person's needs had been identified, this was recorded on a document within the person's records. This ensured that not only was it written into the care record, regular staff that may not have been aware of the change would see this new document to ensure the change in the person's needs were met. In addition to this new record, quality assurance checks completed by the registered manager or other senior members of staff ensured that the changes identified were being completed by staff.

There were systems to capture the views of people about the level of care they received and to encourage feedback. The registered manager or other senior members of staff undertook quarterly surveys with people to ascertain their views and opinions. These surveys asked if people were happy with the overall service they received, if their visit times were sufficient, if there was enough time to complete the required tasks and if the person knew how to raise a complaint. The response to the surveys was positive.

In addition to the quarterly survey, people could complete an additional survey and remain anonymous should they wish. The last survey in April 2016 was positive. Positive feedback was received about the appearance of staff together with their attitude and time-keeping. Further positive feedback was given about the quality of staff, the reliability and the consistency of care. When asked about the overall service provided, most of the respondents in the survey said the service was either 'Excellent' or 'Very Good.'

People and their relatives felt they could raise any concerns or complaints to the staff or management within the service. The provider's complaints procedure was communicated to people within their records in their homes. The complaints procedure detailed how to raise a complaint and what people should expect from the service. The service had not received any formal complaints for a period of time. We saw that where issues had arisen such as the time of a care appointment or if a person was not happy with a staff member, this had been appropriately dealt with and responded to and a resolution had been reached.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the registered manager and other senior staff at the service. All told us they would have no hesitation in contacting them. People spoke of the registered manager's flexibility when it came to appointments and how care provision had been discussed in person. One person said, "Yes I know the manager [registered manager name], they have been to discuss my care package face to face."

Staff said they were happy in their employment and felt valued by the organisation. All commented positively on the training and support they received from the registered manager and senior staff members. One member of staff we spoke with said, "[Registered manager name] is very approachable if you have concerns." Another commented, "All the management here are good, it's really well led." A further staff member said to us, "I can speak with the management team here, or I can always get support or advice from my colleagues."

The management communicated with staff about the service. There were staff meetings held to communicate information about the service. Staff we spoke with confirmed that staff meetings happened and commented that they found them constructive. The minutes from the staff meetings showed that matters such as training needs, the care certificate and people's individual care needs were discussed.

Additional communication methods were used to ensure that key messages were communicated between staff meetings. For example, the registered manager produced a newsletter for staff that contained information about the business and staff incentives. In the most recent newsletter there was a reminder for the financial incentive for introducing a new member of staff. In addition, a cash prize scheme was operated by a raffle for staff that offered to do extra shifts when required. Further information in the newsletter was about a pay increase and uniform requirements. A staff survey had just been sent out with the last newsletter to seek staff views on their employment. The registered manager told us that action would be taken if required following a review of the results.

There were management systems that monitored the quality of care provision at the service. The management at the service completed unannounced 'spot checks' in the community and observed staff practice during care appointments. This ensured that staff were meeting people's needs and that care was provided at the required standard. Additional quality assurance checks were completed on care and medicine records. Any shortfalls identified were communicated to staff either individually or as a group if required. For example, previous spot checks had identified when staff had not been wearing their identity badges and immediate action was taken to rectify this.

The registered manager had demonstrated proactive leadership and used innovative methods to ensure care provision was delivered in line with people's assessed needs and to a consistent standard. A relative had identified that care may not always have been consistent. As a result of this the registered manager ensured that a meeting was held between all of the staff who supported this person. The person's relative was also invited. At the meeting, all of the staff were encouraged to share their ideas, thoughts and

experiences about supporting the person. Training was then provided to all staff based on the person's assessed needs in their care record. Where required, occupational therapist guidance was used to ensure the person was supported in the same way consistently when being supported with their mobility. This had resulted in a positive outcome for the person and staff.

The service had volunteered to be involved in a new scheme for apprentices in health and social care. The scheme with being run in conjunction with a local college, a nominated hospital and a nominated residential home for older people. The purpose of the scheme was to give apprentices a 14 week experience in each of the different settings whilst completing a one day a week classroom based educational package at the local college. The newly created scheme aimed to ensure the apprentices had exposure to allow them to make an informed decision on which setting they would prefer to seek employment in at the conclusion of their apprenticeships. This demonstrated the registered manager was willing to invest time in the training and development of new staff in the health and social care sector.

The registered manager was actively involved in local and national organisations and schemes to ensure they were kept informed of current best practice, new research and developments. For example, the registered manager was a member of Care and Support West and attended meetings and training days provided by the organisation. The registered manager was also on the recent judging panel for the 'Carer of the year' award. The registered manager was also a part of the national 'Dementia Friends' scheme and received information on best practice and guidance.

The registered manager had also enrolled as part of the national 'Care Certificate Consortium' to ensure they received support and guidance where required and was able to feedback on the care certificate modules. This ensured any national changes were communicated to the service. The registered manager was also a provider representative on the 'Bristol Independent Domiciliary Care Agency Forum.' This meant the registered manager sat on this forum to communicate any current matters affecting the provision of domiciliary care with other providers and the local authority. This information would then be collated and disseminated to other providers in the Bristol area. The registered manager told us they were shortly signing up to the falls prevention and bone health scheme and would implement any changes if required into the care delivery at the service.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required.