

BGS Healthcare Ltd

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## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

BGS Healthcare provides personal care and support to approximately 80 people in their own home. We were made aware that the registered provider address had changed when we gave notice of an inspection in July 2016. We decided to wait until the registration of the new address had been completed before we conducted an inspection to ensure the findings would not be related to the previous provider name and address which would be de-registered. At the last inspection 4 June 2015, we rated the service good overall. However we rated the well led domain as 'requires improvement' because although the service carried out regular audits to monitor the quality of the service, there were no records to show these had taken place, or whether any improvements had been identified.

A registered manager was employed by the service who was present throughout the inspection. The registered manager is also one of three owners, two of whom were present throughout 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.

At this inspection we found the service required improvement overall.

We had not been notified as required of safeguarding alerts made to the local authority. Systems to identify if visits were missed or late were not robust.

Safe recruitment checks had been completed, however one record did not show the applicant's full employment history.

The registered manager explained they had recognised that the recording of training was not robust and that this had prompted a review of their systems. However, as the system was not fully functioning, we could not see how effective it was.

People and relatives we spoke with were very complimentary about the standard of care and support they received, and were confident the staff had the skills and training in order to meet their needs.

There was a process in place for seeking consent to care, and staff were aware of the principles of the MCA.

The registered manager and staff were aware of what to do in order to keep people safe, such as how to make a safeguarding referral to the local safeguarding authority. People told us they received their medicines as prescribed.

Staff had developed positive relationships with people using the service and were described as being compassionate and kind.

Staff were passionate about providing good quality care and said they felt supported by the management team.

You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Safe recruitment checks had been completed, however one record did not show the applicant's full employment history.

People said they felt safe because their care was provided in a timely manner, by staff who they knew well.

Staff were aware of how to report any safeguarding concerns and we saw action had been taken where necessary.

People told us they received their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The systems in place for recording training were not robust. Staff we spoke to said they had completed training. People told us they were confident the staff had the skills and training in order to meet their needs.

People said they received care and support as they expected.

There was a process in place for seeking consent for care and staff were aware of the principles of the MCA.

### Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with people using the service and were described as being compassionate, reliable and kind.

Everyone we spoke with said that the staff were reliable and punctual, and were not rushed whilst carrying out their role.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

Care plans detailed people's preferences, likes and dislikes

Staff knew the needs of the people they supported.

Changes to how care was being delivered had been made in response to concerns raised during 2016.

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

The service was not always well led.

We had not been notified as required of safeguarding alerts made to the local authority.

The registered manager had clear visions and values and spoke passionately about providing 'person centred care'. However systems were not robust to ensure these were being followed. Systems to identify if visits were missed or late were not robust.

Staff were passionate about providing good quality care and said they felt supported by the management team.

**Requires Improvement** ●

# BGS Healthcare Ltd

## **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 checked 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.

This comprehensive inspection took place on 13 and 17 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by two inspectors.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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 used a number of different methods to help us understand the experiences of people who use the service. We spoke with people who used the service, their relatives and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

# Is the service safe?

## Our findings

Recruitment checks had not always been completed to ensure care workers were safe to support people. We looked at four staff files, each file confirmed that checks had been undertaken with regard to Criminal records, obtaining references and proof of ID. However one file did not show the person's previous conduct and reasons for any gaps in employment. This meant the registered manager could not be sure of the person's suitability. The registered manager said this was an error that in future they would be addressed.

People said they felt safe because their care was provided in a timely manner, and they as they knew the staff who visited then as they expected. One relative said "my wife trusts the staff as she has regular carers who know her needs very well."

The registered manager and staff were aware of what to do in order to keep people safe, such as how to make a safeguarding referral to the local safeguarding authority. We saw a safeguarding policy was available. Staff explained they were made aware of safeguarding procedures as part of their induction and knew the correct procedure to follow when reporting any safeguarding concerns. Records showed three safeguarding concerns had been raised by the agency in the past twelve months. Staff told us they stayed with people if they had fallen or were unwell, and that the office arranged for appropriate cover for subsequent calls.

The registered manager conducted regular checks to ensure that people were safe and to reduce the risk of avoidable harm. This included spot checks of staff when they carried out visits. We looked at the staffing rotas and saw there were sufficient staff to cover all visits. The provider told us "staffing levels were determined by the number of people using the service and their needs, and were devised after taking annual leave/training and other leave into consideration." We saw that staffing levels were adjusted according to the needs of people using the service, this included increasing staff hours when necessary in order to provide care safely. The provider's Statement of Purpose stated that two or three support workers would be assigned to each individual person to form part of a team. This provided continuity of care to people using the service. Staff confirmed this and described how they visited the same people. Staff told us that this ensured they knew people well and were able to meet their needs and identify any changes.

The registered manager explained how staff were reminded of what was expected of them, this included wearing suitable uniform, ID badges and portraying the company ethos. Staff confirmed that during the spot checks the provider checked that they had their ID badges and were wearing the correct uniform. The staff understood that they needed to carry their ID badges particularly when they were visiting new people or in case of emergency. One staff member told us "some people are very vulnerable and it is important that they do not just let anyone in."

People told us they received their medicines as prescribed. One person said "the staff write down what I have had on a form and in the book." We saw care plans and risk assessments included details of the person's medication regime. These had been reviewed and updated accordingly. We saw up to date policies

and procedures regarding the safe handling of medicines.

New staff induction covered managing people's moneys, procedures for entering and leaving a person's home and the action staff needed to take if they couldn't gain entry. The provider had a business continuity plan in place to address disruption to the service such as adverse weather conditions or a health outbreak. This ensured that in such an event, people's care needs would still be met. Each person had an individual crisis plan detailing the care arrangements in place for emergency situations.

The service has a 'zero tolerance of bullying and harassment policy' in place for both staff and people who used the service. The policy was communicated to all staff and people service via the staff handbook and Service Users guide.



## Is the service effective?

### Our findings

We saw two systems for recording training, one paper and one computer based. The two systems didn't correlate; this resulted in us being unable to confirm that all staff had undertaken the training necessary for their role. The deputy manager told us that all staff had an induction which lasted two to three hours. During this time staff worked through the staff handbook and were given training booklets and links to the online training which they needed to complete. The training records did not confirm whether these booklets had been completed. Nor was their evidence to show staff had understood the training they had undertaken. When we reviewed the duty rota it was evident that these staff were providing personal care and support to people. For example we saw that two people had urinary catheters. We were told that the district nurse had provided the training to staff on how to manage the catheters, however there were no records to confirm this. This meant the registered manager was not assured the staff has the skills and competency to carry out their roles effectively.

The registered manager explained they had recognised that the recording of training was not robust and that this had prompted a review of their systems. This review had resulted in one member of staff being identified as a training coordinator. This meant this staff member would have the lead in ensuring that all staff training needs were identified and met, this included the induction and training of new staff. A training matrix was in the process of being completed, this would help to identify training needs and shortfalls. However, as the system was not fully functioning, we could not see how effective it was. Staff told us they received regular support from the registered manager and all senior staff which supported them to effectively carry out their roles. One staff member told us, "I had a meeting last month; it is good to catch up. I feel well supported." Despite this, supervision records were not always in place for all the meetings which had taken place. Those records which were in place showed a review of the last meeting, aims and objectives, workload, conduct, punctuality, reliability and any other information or concerns.

We recommend that the provider ensures they have a robust system for monitoring staff training and development.

We saw posters advertising forthcoming training in Dementia and first aid. Staff we spoke to said they had completed training. People we spoke with explained they were confident the staff had the skills and training in order to meet their needs.

Staff told us that after the induction they had shadowed or doubled up with a senior member of staff. This was to gain experience of working with a particular person. Staff said this process was positive and they were not expected to work alone until being observed and assessed as competent. We saw that the induction programme for new staff covered service user's rights and the provider's core values.

We saw records of feedback from people gathered during a review of their care of when staff received spot checks. Comments made included "I am very happy with the same carer; they know what I need help with." And "very happy with the service." A relative described the staff at BGS as being "superb, really helping my wife, who's eyes light up when she see staff, they have good banter and have encouraged my wife to speak a

few words, which she hasn't done since Christmas last year." One relative told us how the staff "turn up when expected and staff for the time expected. They go over and beyond and ensure Mum doesn't want for anything."

There was a process in place for seeking consent for care. Before using the service, people had been given the opportunity to discuss, and and make choices about their care and support. Care records showed the person's consent had been obtained before any care and support was provided. Where people were unable to give their consent, a mental capacity assessment had been undertaken and had involved significant people who knew the person well. People were offered the opportunity to use an advocate if they so wished or if there were any concerns regarding their mental capacity. An advocate is an independent person who would support a person to make decisions about various areas of their daily life. For example, looking after their finances.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). 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. Staff told us they had attended MCA training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements to protect people's rights if they lacked mental capacity to make certain decisions.

Care plans clearly documented people's health needs. Staff told us that any changes in health or well-being were recorded in the daily notes kept in the person's home. We viewed notes for one person which recorded a change to the person's health. The notes showed the action taken and how this information was available for the next staff member to see and continue monitoring. Staff told us they notified the office of any concerns to people's health and well-being to ensure access to the appropriate health professional was initiated. The service liaised with multi agency teams to ensure care was coordinated between professionals. Staff also told us that any deterioration in a person's health was recorded and reported to ensure arrangements were made for additional support.

Staff provided assistance to some people in the preparation of food and drinks and this was detailed within their care record. One person told us how a staff member made all meals for them and how they were fully involved in the process of choosing what to eat and when.

## Is the service caring?

### Our findings

People and their relatives told us that they had good relationships with the staff who treated them with compassion, kindness, dignity and respect and how they were involved in their care and decisions about their treatment. People were involved and consulted about the type of care they wished to receive and how they wished to receive it. One person said "staff are fantastic and caring, they know my routine and am happy to be asked if I need anything else doing, it's not a problem." Another person described the staff as being "very personable, knowledgeable and empathic which is important to me. I am absolutely thrilled with the carers who come here four times a day, they know what they are doing and nothing is too much for them, they don't mind what I ask them to do. I never feel rushed. They record everything; medication, my skin. All staff read up on the notes when they arrive. My care plan covers everything and I have reviews and changes are made when needed. I have nothing but praise and appreciation as I rely on them to do everything for me and they don't mind." The service worked closely with the families of people they were caring for to ensure trusting relationships were developed.

Staff told us they had plenty of time to carry out their jobs without being rushed, and this enabled them to deliver support in a caring way. A relative said "Mum loves the staff." Another relative said "I am very particular and have been very impressed by the caring and understanding nature of the staff. X is a nervous person who doesn't find it easy to interact. Staff have been very patient and don't rush her, she feels comfortable with the staff, and she knows when they will come."

People were supported in promoting their independence. Staff told us they would encourage people to do as much as they could for themselves but helped when people wanted or needed help.

Everyone we spoke with said that their care staff were reliable and punctual. Without exception everyone said they had been informed by office staff if this occurred, which was very rare. Staff told us cover had always been provided in unforeseen circumstances. One relative said the time of one of their visits was not always convenient, they hadn't raised this as an issue with the service, however were happy for us to feedback to the registered manager, who said they would contact the person to discuss with them.

People's privacy and dignity was respected. Staff told us they asked people's permission before carrying out any tasks and spoke to them about their support needs. Staff were aware of the importance of maintaining confidentiality and the need to ensure that personal information was not shared inappropriately. However one member of staff was carrying personal information in their bag which had not been stored in line with the company policy and procedures. This was brought to the attention of the registered manager who took swift action.

Responses from people to satisfaction surveys were all positive with people saying the service delivered care as they required which met their individual needs.

## Is the service responsive?

### Our findings

During the inspection one person told us the time staff arrived for their relative's evening call "wasn't always convenient" we discussed this with the registered manager who said they would contact the person to discuss it with them to try and resolve it.

During last year the service received concerns about the conduct of some of the staff employed at the time. We saw records to show action had been taken and the staff and management team said as a result in the action taken, staff moral was high and turnover of staff was low."

Staff were knowledgeable about the people they supported, for example they described passionately individual's preferences, likes and dislikes. We saw records reflected what we had been told. Agreement to all plans had been obtained either from the person who was receiving care or their representative. Overall people's care plans and risk assessments reflected current information. However one care plan stated 'currently being hoisted. The registered manager told "X is unable to move, but they are able stand for a wash and should have been updated." This meant the care plan was out of date and did not provide clear guidance to staff on the abilities and needs of people.

Before people commenced a care package, a full assessment of their needs was conducted. The assessments we viewed gave details about the individual, the environment, moving and handling requirements, medication and daily routines. The provider told us that following the allocation of staff to a person using the service and timing of visits they contacted the person and their relative. This was to check the person's needs were being fully met in the time allocated and to their satisfaction. This was confirmed in the records of people we looked at and by people who use the service.

Daily records gave descriptions of the care delivered and how each person was during that visit. This ensured that accurate information was available to care workers so that they could meet the needs of the people they supported. One person said "they always read when they arrive and write what they've done and how I am at the end." Regular and detailed reviews of the care plans had been undertaken by a senior staff member together with the person and the next of kin or representative. Each of the updated reviews had been agreed and signed by all of the interested parties.

The service had a complaints procedure which we viewed. People were given a copy of the complaints procedure at the initial assessment and it was included within their service user guide and statement of purpose. The registered manager said whenever spot checks are carried out the person is always asked if they have any concerns or issues. People we spoke with told us they had not needed to make a complaint but would feel able to raise one if necessary. One relative n said "oh yes I am asked, no problems, everything is ok."

## Is the service well-led?

### Our findings

We had not been notified of the three safeguarding alerts made to the local authority by the registered manager. We spoke to the provider about this who told us that this was an oversight on their part and stated that they had reviewed the information that they needed to inform us about.

There was no robust system for missed or late calls, relied on staff or the person informing the office. The last missed call was due the person being out, the agency arranged for a call to be made later in the day when the person returned. The registered manager explained they were introducing 'smart phones' to assure themselves that visits were being carried out as expected and to safeguard staff when lone working.

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

There was a registered manager in post, who is also part owner of BGS Healthcare Limited. 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.

The registered manager had clear visions and values and spoke passionately about providing 'person centred care' as they would want to receive it. Staff described the registered manager as "being a good role model, very person centred." We saw a memo sent out to staff reminding them of the importance of ensuring they wore uniform and were 'clean and tidy'.

The registered manager told us how they found delegating certain tasks difficult, particularly "administrative tasks as they wanted to prioritise the care given to people" and that they had "learnt a lot since the last inspection, and created roles to delegate work, as I couldn't do everything. Caring is my strong point, not paperwork." As a result, some of the more formal quality assurance system were not well documented or robust. For example staff training and development, supervision and appraisal. As a result, four senior carers and a care coordinator role had been created. Staff were clear of the staffing structure and said the registered manager and deputy manager (who is the nominated individual) were 'visible- either in the office or 'out there' working with staff/ people who used the service.

The provider had a number of positive initiatives to support staff, including supplying bicycles, helmets and four fleet cars as well as transport to encourage attendance to staff meetings. Staff confirmed that they found the registered manager and deputy manager "approachable and open". People described the office staff as being helpful and kind.

The findings from the last survey to people, relatives and staff in December 2016 resulted in overall positive feedback. Six action points were identified as they were scored 'less than satisfactory'. We saw action had been taken to address the points.

We saw positive comments from healthcare professionals, and one person described BGS Healthcare as being "first class, I would recommend them 100%, everyone I have spoken with is polite and helpful." Another person said "staff are very friendly and approachable. Professional, well turned out and jolly. Everyone seems to work well together."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We had not been notified of the three safeguarding alerts made to the local authority. There was no robust system for missed or late calls.</p> <p>This was a breach of Regulation 17(2)(a),(b),(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>