

BPro Recruitment Employment Agency Ltd

B Pro Nursing Agency

Inspection report

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04 December 2019

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17 December 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

B Pro Nursing Agency is a domiciliary care agency providing personal and nursing care to 17 people of all ages at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We have made recommendations about managing peoples medicines, people being treated with kindness and respect, what people should do if their carer hasn't arrived and training for end of life care.

The service was not well-led. The provider had failed to ensure adequate oversight of the service. People told us the service was chaotic and disorganised.

Staff did not feel valued or listened to or supported through supervision. There was a negative culture at the service.

The provider did not have robust and effective systems and processes to ensure the quality and safety of the service.

People told us staff knew how to provide care for them but sometimes lacked training and experience. The training and induction in place was not robust enough to support staff to carry out their roles meaning staff were reliant on previous training.

People and their relatives gave us mixed feedback about how safe they felt. The service was not always run safely; the provider had not always managed medicines in a safe way, problems with rotas had led to late and missed calls. Staff knew how to recognise signs of abuse and keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Peoples care plans were personalised and recorded peoples likes and dislikes.

People told us their carers were kind and friendly. People knew how to make a complaint if required. Staff explained how they supported people's independence and respected their diversity. The provider met people's hydration and nutritional needs and supported people to get medical treatment where required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The last rating for this service was compliant (published 12 July 2013) This service

entered a period of dormancy until August 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staff training and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Inadequate ●

B Pro Nursing Agency

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspection manager and an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider/registered manager, care-co-ordinator and care workers.

We reviewed a range of records. This included five people's care records and one medicine record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



Is the service safe?

Our findings

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

This service was last inspected in 2013 due to a long period of dormancy. At our last inspection the service was found to be compliant.

This key question has now deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Medicines were not always well managed by the service. Staff told us there had been problems with the recording of one person's medicines. On one occasion, staff were unable to work out if the person had taken their medicines or not. Staff reported the problem to the office but there was no follow up and the issue was not resolved. We brought this to the attention of the registered manager who informed us the person was independent with their medicines and did not require support. They were not aware if the incident mentioned above.
- Not all staff had received medicines training and competency assessments before they administered medicines to people. We checked the training matrix and supervision records which confirmed staff who had commenced employment between July 2019 and November 2019 had not received medicines training or had a competency assessment before they started administering medicines. All staff must be trained and assessed as competent in medicines management before administering medicines to people using the service.
- We saw only one medicines audit had been carried out for one person in November 2019. The service had been administering medicines to one other person before the inspection took place.

We recommend the provider undertakes a full review of medicine's management processes including staff training and auditing, to ensure there are robust processes in place to keep people safe.

- Risk assessments were in place for people's home environments. These included detailed instruction on how to assess people's homes and any risks that needed to be considered such as pets or trip hazards.
- People had risk assessments in place that were person centred and matched their needs. These covered areas such as mobility and personal care. One person needed their equipment re-assessed which had been identified by the provider.

Staffing and recruitment

- Staff and people told us there had been problems with the rota system which had resulted in late and missed calls. Peoples call times had been double booked which meant staff were deciding between themselves who to visit when. One staff member said, "There were problems with the rota's, staff were trying to prioritise double calls and medicines." One person said, "I get worried if they don't turn up in the evenings, I like to see someone."

- The service did not have a call monitoring system in place so were reliant on people using the service reporting missed or late calls. One person said, "They missed the 12 o'clock appointment yesterday, there's been several times they haven't turned up. I don't report it to the office, it's not my job to tell them their carers haven't turned up." As missed calls were not always reported, the service could not be assured people were receiving the care they required. We brought this to the attention of the registered manager who informed us the company were in the process of installing a call monitoring system.

We recommend the registered manager engages with people who use the service about calling the office if carers have not arrived.

Preventing and controlling infection

- Staff had received infection control training and understood the importance of using gloves and aprons. However, staff told us gloves were rationed and they were not allowed to carry spare gloves. Staff were worried they would not have gloves available when they needed them. We raised this with the registered manager during our feedback and asked them to address the concern.

Learning lessons when things go wrong

- People and staff gave us mixed feedback about the provider learning lessons. One person told us they had complained about staff not calling if they were running late; carers were now calling to let the person know. Another person said, "[Staff member] in the office will listen and make you feel better but doesn't answer the problem." A staff member commented, "The way people raise complaints is to call the office. They [staff] don't always listen." Procedures were in place for the reporting of incidents and accidents and we saw the provider was trying to engage with people and staff and learn lessons.

Systems and processes to safeguard people from the risk of abuse

- People gave us mixed feedback about how safe they felt. Comments included, "I feel safe with the carers, they are brilliant" and, "I don't feel safe with the care all the time, sometimes they don't answer the out of hours phone when carers have not arrived. I get in a panic when they don't answer."
- Staff knew how to recognise abuse and keep people safe. One staff member said, "People could be abused by friends, family or staff. I would raise it with the manager, CQC, police and safeguarding."
- There was a safeguarding policy in place and the registered manager reported any safeguarding concerns to the local authority safeguarding team and CQC.
- Staff told us there were enough staff to cover the current care packages and if someone was sick or on holiday the office staff and manager would cover the calls. People said they did have regular carers who knew them and stayed for the allocated time. One staff member said, "People can't be rushed, if the call is going over time, we call the office and let them know."
- The registered manager had safe recruitment practices in place. The appropriate checks were in place before staff commenced employment to ensure staff were fit to carry out their role. This included up to date Disclosure and Barring checks, references and full employment history.

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.

This service was last inspected in 2013 due to a long period of dormancy. At our last inspection the service was found to be compliant. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People told us they were generally happy with the level of care they received. However, people commented that not all staff were competent, skilled or experienced. Comments included, "Some of them [carers] don't have experience" and, "I feel there is a lack of training. They [office staff] get people in to shadow, they [carers] do it once then put them straight in to do the care."
- Staff told us they had received an induction which included information on the company and training to use a standing hoist. This had been carried out by the registered manager and lasted between a couple of hours and one day. One staff member said, "The induction was very brief, it wouldn't be enough for someone who didn't have experience."
- Staff we spoke with told us they were relying on training they had received through previous employment. One staff member said, "Training at this company is nothing to what I have been used to." Staff were looking after people with diabetes and catheter care needs but had not received any training in these areas. This meant we could not be assured people with specific needs received care from competent, skilled staff.
- All the staff we spoke with, including those who had been employed by the company for several months, told us they had not undertaken any mandatory training, apart from one session of medicines training, or competency assessments before they started providing care to people. We spoke to the registered manager who provided us with a copy of the training matrix which confirmed staff had received training and competency assessments as described. Training and competency assessments forms part of the induction process and must be completed when employment first commences to ensure staff have the correct knowledge and skills to undertake the role.

We could not be assured of staff's skill and competencies in all areas required. This demonstrated a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager carried out a full assessment of people's physical, mental health and social care needs when they joined the service. There were reviews to provide care in line with people's changing needs. People told us they were given choice, one person said, "Call times are my choice, I want to go to bed at 10pm."
- People's protective characteristics, such as gender, disability and religion had been identified and were supported. One member of staff said, "I respect people's religions and choices, I wouldn't make a bacon sandwich for a Muslim." However, staff told us they had not received training on protected characteristics.

We spoke with the registered manager who assured us they would look into providing this training for staff.

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

- People were supported with meals and drinks of their choice. One person said, "They [carers] prepare my meals, one carer cooks for me but I am in control of my kitchen."
- Peoples care plans stated when meals needed to be provided and peoples preferences.

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

- The provider worked with other healthcare professionals. We saw a person had been referred to Occupational Health for further assessment by the provider.
- People were supported to access their GP and attend hospital appointments when they needed to.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We found people had their choices respected. One person said, "I do have control over the care provided and how the day runs."
- Staff understood the importance of gaining consent before providing support. Staff told us they had received mental capacity training and understood what this meant.
- Peoples mental capacity had been assessed and recorded in their care plans.

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.

This service was last inspected in 2013 due to a long period of dormancy. At our last inspection the service was found to be compliant. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of their carers. Comments included, "The carers I have are excellent, they know how to get a smile out of me, even if I've had a bad day", "They are brilliant" and, "I can't fault them, they are lovely."
- However, people were not always complimentary about the managers and office staff. One person said, "[Staff member] is rude to people, talks down to you." Another person said, "Overall, when [staff member] is here, I have felt intimidated." We shared this feedback with the registered manager and asked for people's concerns to be addressed fully.

We recommend the provider takes appropriate action to ensure people are always treated with kindness and respect.

- Staff spoke fondly of the people they cared for saying, "People are lovely" and, "They [people] are the best thing about the job."
- Staff told us they made sure people were not rushed. One staff member said, "People can't be rushed. One person wasn't eating, I started helping them to eat as they were not managing by themselves."
- People's equality and diversity needs were assessed and recorded in their care plans to ensure they were supported to achieve individual goals. People were treated equally.

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

- The registered manager completed a pre-assessment with people and those who mattered to them. People's likes, and dislikes were clearly recorded in their care plans along with any special requests. One person liked to have a crab sandwich with the crusts cut off.
- Care plans were reviewed with the people receiving care and their loved ones. This ensured their needs were still being met and the care package in place was appropriate.
- People were given the opportunity to feedback about the service through surveys but not everyone we spoke with had been given this opportunity.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they protected people's dignity and privacy, comments included, "I always make sure the doors are closed, and curtains pulled during personal care" and, "I always cover people with a towel when giving them a wash."
- People were asked about what helped them to maintain their independence. The registered manager

documented this in the care plans so people could be supported in the best way for them. For example, staff supported one person with their bedtime routine, so they could go to bed independently when they were ready.

- Peoples personal information was securely stored at the office to maintain confidentiality.

Is the service responsive?

Our findings

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

This service was last inspected in 2013 due to a long period of dormancy. At our last inspection the service was found to be compliant. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There was a complaints policy which was provided to people in their own homes. People and staff told us they had raised complaints but felt the provider was slow to respond and did not always provide the answers they were looking for. One person said, "I put in a complaint to the office, but didn't get a response."
- We saw people's complaints had been recorded. The registered manager had spoken with families and staff and sent written responses.
- However, one person said, "I've not made an official complaint as I am frightened I will lose my care, I don't want to end up in a home."

End of life care and support

- The service had provided end of life care, but staff had not received any formal training in this area. The registered manager is a registered nurse with training and experience in palliative care so was able to support people where end of life care when needed.

We recommend the provider sources end of life training for staff in line with national good practice guidance.

- Peoples care plans contained information about how they would like to be cared for at the end of their lives to ensure their final wishes were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans detailed people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff had a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences. However, staff told us they were not able to see peoples care plans before they visited them. One staff member said, "We don't read a care plan until we go to a client's home, no one discusses it with you, makes it uncomfortable."
- Care plans had been recently reviewed and were in the process of being updated with new information. Care plans were being written in a person-centred format and contained good instructions for staff and evidence of family involvement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs had been assessed and documented in their care plans. Staff told us, "One person has dementia, he can't communicate very well. We ask him 'yes' and 'no' questions and work with the family for support." We saw information in the persons care plan from the family about how best to communicate with them.
- Peoples communication needs had been clearly documented in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage in activities that mattered to them and achieve personal goals such as supporting people with make-up and jewellery.

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.

This service was last inspected in 2013 due to a long period of dormancy. At our last inspection the service was found to be compliant. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was not well-led. Staff told us there was a negative culture at the service that was not demonstrably caring. Comments included, "Staff morale is terrible", "I don't feel listened to, valued or supported" and, "There is no vision or values, no team work." Staff told us when they raised complaints with office staff and the registered manager, there was usually confrontation. Staff had complained about how people's calls had been allocated, travel time not being included, and calls being double booked. The concerns had been addressed at a staff meeting but staff told us, "It got very heated, we all had to have 1 to 1's instead." We discussed these concerns with the registered manager who explained there had been a staffing problem which had now been addressed.

- People and relatives told us the service had deteriorated. One person said, "It was brilliant when [ex staff member and ex staff member] were there, but now it's chaotic." Another person said, "Its organised chaos, I think it's all going wrong. They don't organise anything from the top."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility to be open and honest with people when things had gone wrong. We saw how the provider had responded to an incident with a full investigation and apology where the service had been at fault.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager failed to have oversight of what was happening at the service. There had been problems with the rotas as mentioned previously. The rotas were now being drawn up by another member of staff. However, we noted there was still no time allocated for staff to travel between calls. This meant the call times allocated for people would not be achievable putting people at risk of late or missed calls.

- Staff told us there had been organisation and communication problems with office staff. One staff member said, "They [office staff] are not passing information on about tasks that need completing. Staff are now calling each other so things don't get missed." However, staff did tell us they felt they could rely on the office staff for support.

- There was a lack of governance and oversight. Quality assurance processes were ineffective. The lack of robust quality assurance meant people were at risk of receiving poor care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. The management team were

reliant on staff to support the service and the people they were caring for and to tell them when things were not right.

- Quality assurance audits had only been completed for November 2019. Where audits were not effectively in place in the service, issues were not being identified so improvements could not be made.
- The registered manager had submitted notifications to CQC when they were required to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff raised concerns about a lack of opportunity to engage with the service. One staff member said, "[Staff member] sometimes works alongside carers, but doesn't say they are doing spot checks. There are no supervisions and staff meetings don't happen often. A staff survey was sent out two weeks ago." Another staff member also told us they had not received any spot checks of supervisions.
- We checked the supervision matrix which recorded some spot checks and supervisions had taken place, but we did not see any records relating to these activities.

Systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had good working relationships with other healthcare professionals and acted in the best interests of the people they cared for. People had received referrals for assessments where needed.

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 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality of the service were not used effectively to ensure the health, safety and welfare of people using the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We could not be assured of staff's skill and competencies in all areas required