

Boldglen Limited

# Boldglen Limited

## Medway/Swale

### Inspection report

Unit 5, The Courtyard  
Campus Way, Gillingham Business Park  
Gillingham  
Kent  
ME8 0NZ

Tel: 01634389555

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

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on the 28 January 2016. This inspection was unannounced on the first day, arrangements were made for a second day at the home on the 1st February 2016.

Boldglen provides personal care to older people, including people with dementia and physical disabilities in their own home and support in the community. The agency provides care for people in the Medway area and Swale which includes Sittingbourne and the Isle of Sheppey. There were around 200 people receiving support to meet their personal care and community support needs on the day we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected against the risk of abuse. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

Risk assessments were detailed and gave staff guidance about any action staff needed to take to make sure people were protected from harm.

Effective recruitment processes were in place and followed by the registered manager. Staff had the opportunity to discuss their performance during one to one supervision meetings and annual appraisal. Staff also received appropriate training with timely refresher training so they were supported to carry out their roles.

There were suitable numbers of staff on shift to meet people's needs. People's planned care was allocated to members of staff and at appropriate times.

People were supported and helped to maintain their health and to access health services when they needed them.

People told us staff were kind, caring and communicated well with them. People's information was treated confidentially. Paper records were stored securely in locked filing cabinets.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements.

People's view and experiences were sought through review meetings and through surveys. People's views about the service were positive.

People were supported to be as independent as possible. People had access to additional resources through the service to prevent loneliness.

People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

Effective recruitment procedures were in place.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

There were enough staff deployed to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. Their care and treatment was person centred.

### Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

The service provided additional support to people when they recognised they suffered from loneliness.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, people were aware of how to make a complaint.

### Is the service well-led?

Good ●

The service was well led.

The home had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

# Boldglen Limited Medway/Swale

## **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.

We inspected the service on the 28 January 2016. This inspection day was unannounced however arrangements were made for a second day on the 1st February 2016.  
The inspection was carried out by one inspector.

We viewed surveys returned from people who used the service and their relatives. These had been sent out by the agency in areas twice a year. We viewed survey responses from 56 people/relatives. We spoke with the registered manager and ten staff during our inspection. We also phoned twenty people or their family to find out the views of people using the service.

We looked at records held by the provider. These included ten people's care records and risk assessments. We also looked at staff rotas, twelve staff recruitment records, meeting minutes, policies and procedures. We reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law. We looked and checked staff time sheets with the daily records seen for nine people.

We had not inspected Boldglen Ltd since the Medway and Swale offices merged to become Boldglen Limited Medway/Swale.

# Is the service safe?

## Our findings

People that we spoke with all told us they felt safe with the care staff from the agency. One person we spoke with said, "Oh yes I feel safe, the staff know exactly what they are doing and always check everything is OK before they leave". Relatives that we spoke with also told us their relatives were kept safe by the staff that visited them. One relative said, "Yes the staff that visit mum really look after and keep her safe, any issues at all and they inform us straight away".

Staff had a good understanding of the different types of abuse and how they would report it. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Along with the guidance about types of abuse and how to report it, it gives the contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). Training files showed safeguarding training had been attended. The provider also had information about whistleblowing and a policy, as a guide for staff. Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as adults that needed support to live in the community would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the registered manager confirmed this. People could be confident that they were supported by staff who weren't known to have abused people in the past. The provider had a disciplinary procedure and other policies relating to staff employment.

Within people's support plans we found risk assessments to promote and protect people's safety. These included; accessing the environment, moving and handling, daily routines and infection control. These had been developed with input from the individual, family and professionals where required. They explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them. For example we saw risk assessments around people's mobility and the use of the hoist in people's homes. Guidance was provided for staff on how to manage the identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

We reviewed completed incident and accident reports over the last year. They were detailed and included information about the steps staff had taken to support people following an incident or accident. The registered manager told us that the management team reviewed accidents and incidents and took action which included emailing the person's care manager and other agencies if required. For example we saw one incident report when a call was missed to a person with diabetes. This had been followed up and medical help was sought to ensure the person had come to no harm. The staff member was interviewed and received a warning. Staff meeting records evidenced that discussions had taken place in order to learn lessons from the incident. This showed the agency did learn from incidents that happened, to improve the quality of the care provision.

We asked staff to describe how they gave medication and what documentation they completed. Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicine policies and procedures in place which had been updated in 2015. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicine refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. For example, the administering over the counter medicines. Staff were clear about their responsibilities regarding these medicines. Four staff were specifically asked about giving over the counter medication and all were clear that they could not give these.

Staff who administered medicines were given training. Staff had a good understanding of the medicines systems in place. We checked six person's medicines administration record (MAR). The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that the people had received their medicines as prescribed. The registered manager explained that not all pharmacies were happy to provide a MAR record sheet with the medicine they supplied in a dosage box. The agency had now provided their own MAR for these cases so staff could record correctly medicines given. We also saw PRN protocols in place for medicines that can be given as and when required. This meant that staff knew when these medicines could be given and what they were to be used for.

There were suitable numbers of staff on shift to meet people's needs. The staffing roster showed that when staff were off sick, or on training people still received their care and support. The office staff were part of the staff team that carried out support to people in their homes. They were fully trained carers and were able to cover calls when the need arose. During our inspection, people rang the office to ask questions about their support and to tell the office staff about any changes that were needed to enable them to attend appointments for example. The office staff responded well to these calls and gave people time to communicate and took time checking that they had recorded any changes correctly. This meant people were reassured when changes were needed.

There was a clear plan in place outlining steps that should be taken in case of an emergency. People were provided with an out of hours contact number which could be used to gain access to on call person particularly at weekends. The service had an emergency plan which detailed how the service would operate in bad weather. This meant that there were suitable arrangements in place to ensure that staff were safe and that people would receive the care and support they needed.



# Is the service effective?

## Our findings

Every person told us that staff were good at their jobs and had the necessary skills. People we spoke with also told us staff arrived on time, they received consistent care and support from familiar, support workers. Two spaces Only one person said that they had to remind one carer that they had 45 minutes and not 30 minutes care in the morning. Otherwise all people and their relatives we spoke with agreed care staff stayed the agreed length of time for each call.

Relatives we spoke with all told us that they would recommend the service to other members of their family and that the staff supported their family members to be independent. People and relatives said that staff completed all their tasks before leaving and always made sure they were happy. People and relatives agreed that staff had the correct skills and knowledge to meet their family member's needs.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training records evidenced that staff training attendance was high. We saw that when staff received their fortnightly time sheet any training was documented so staff knew when the training was and cover was automatically arranged for their regular people. For example, all staff had attended training relating to moving and handling, dementia training and safeguarding. We saw these examples on the time sheets for the previous month. People received care and support from staff who had been trained to meet their needs.

The registered manager told us that staff had an induction which included training in key areas such as moving and handling, safeguarding, first aid, food safety, and health and safety before they started work with people. Staff often did these courses while they were waiting for a the return of their police check. The registered manager said that no staff were allowed in people's homes until a satisfactory police check had been received. The registered manager and staff explained that the induction included shadowing experienced staff. One member of staff said that she had extra time shadowing, because they lacked confidence. The registered manager had been happy for her to shadow until she was ready. New staff also had to complete of an induction work book, required training, and they were observed caring out care provision before they worked alone in people's homes.

The provider told us that they would be introducing the new care certificate as part of induction training, and they were going to ask all experienced staff including themselves to complete this training. They said this would act as a refresher in care practice for all staff at the agency. Records evidenced that staff received regular supervision. This was done in a variety of ways such as one to one meetings, spot checks and observations of care practice.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. All staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. The care files all followed the principles of the MCA, they followed the assumption that people had capacity. The registered manager said that they had not needed to undertake capacity assessments as so far the people they cared for had capacity to make decisions for themselves, or they lived with a relative who was able to

speak for them. This was documented in the service delivery order from the local authority who contracted with the agency to provide the persons care. For example one person's care plan had been signed by a relative as the person did not have capacity to sign and agree to the care they were receiving.

Staff all explained how they supported people to maintain independence. They gave examples of encouraging people to continue doing things they could do for themselves. Such as washing their face and hands, making a drink and self-administering their medication. Care records evidenced the care and support needs that people had in relation to maintaining independence, and keeping them well. People were referred to their GP if they were not well, and in an emergency staff had stayed with people if they had needed an ambulance. Families were informed if the care staff had found anything of concern. One relative told us, "My mum was not well and the carer could not wake her up, the staff called an ambulance and then they had phoned me. I arrived at the house at the same time as the ambulance; I am sure if she had not made that call I would have lost my mum, I can't thank them enough".

People's care records also evidenced that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. For example, if a health care professional asked them to encourage a person to keep their legs elevated as much as possible. We checked the care records and saw contact was recorded to show that the service had responded to people's changing needs. Office staff or care staff also recorded if they had contacted the GP, district nurses, relatives and local authority care managers when necessary. The registered manager gave examples of the action they would take if they were concerned about a person's health. For example, if someone was not acting in their usual manner or they were showing signs that the person had experienced a stroke. This meant that people's health needs were met by staff.

## Is the service caring?

### Our findings

People told us that staff were kind and caring and treated them with dignity and respect. All of the people we surveyed told us they were happy with their care and support and staff treated them all with dignity and respect and were caring and kind. People we spoke with said they were informed if their usual staff were not available and they will be sending someone else. We found that the agency was good at making sure that people had the same staff most of the time.

Staff maintained people's privacy and dignity. People surveyed all said that staff treated them with dignity and respect. All of the relatives we spoke with, told us they were happy with their care and support their family member received from staff. They said staff treated their family member with dignity and respect at all times. One relative said, "That the staff who visit dad are so kind, they don't rush him and he looks forward to seeing them". People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Staff knew the people they were supporting very well. They had good insight into people's preferences and supported them as had been agreed. Staff were able to talk about a people's preferences and how they protected their privacy and how they showed them respect. A person said, "Staff always show me respect, they always ask me before doing anything, they give me time to respond, I am a very private person and the staff respect that". This showed that staff supported people based on their involvement, choice and preference.

People were involved in their care planning and their care was flexible. Records evidenced that if people wanted to change their care and support, they contacted the registered manager and requests were met where possible. People's care plans detailed what type of care and support they needed in order to maintain their independence. For example, one person's care plan detailed that that they needed support to have a shower and change of clothes. Another person's care plan detailed they needed support to make meals and clean away afterwards. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records also showed where people had requested support to do something that wasn't on their care plan and showed that people had made choices.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

## Is the service responsive?

### Our findings

People we spoke to told us that they were involved in decision making about their care and support needs. People also confirmed that they had been part of the review of their care, once or twice a year. Everyone knew who to complain to if they needed to and the two people who told us they had made a complaint felt that the service responded well.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user guide'. The complaints policy showed to us had expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). Compliments records were maintained. These records contained letters and cards from people and their relatives. One read, 'Thank you for all that you do for my mother'. Another one stated, 'Thank you for all your help'.

The relatives told us that they were involved with making decisions about their family members care and support. Of the eight relatives spoken with six told us they had been part of the six monthly review of their relative's care. They also said they would know who to complain to if they needed to. One person said, "I have never made a formal complaint, if I have been concerned about anything I have discussed it with the office, and it has been sorted out before it became a real issue".

The registered manager told us that when they started to provide support to people they always ensured that a care plan and risk assessments were in place and they had all the information they needed to provide care and support. However if they are contacted to provide care urgently with little notice, then they would undertake the visit as soon as possible the next day. They explained that normally they conducted an assessments visit prior to the care package starting. During assessments people were asked if they would prefer a male or female staff member and their preference was noted and respected. . People's care records contained care plans, risk assessments, and care reviews. The care plans included information on; personal care needs, medicines, and nutritional needs, as well as people's preferences in regards to their care, depending on the level of care and support requested. Six monthly reviews were carried out with people to determine whether they were happy with the care package that they received or if they had any comments to make.

People were encouraged to provide feedback about the service. People had been sent surveys. The results showed that people said staff provided care in the way people preferred, staff encouraged people with their independence and staff treated people with kindness and respect. The returned surveys we viewed showed that people were either satisfied or very satisfied with the service they received. The registered manager had analysed all of the completed surveys and found that everyone was happy with the service.

The provider had contacted other services that might be able to support them with meeting people's health needs. This included the local authority's community team and the community district nurses. This demonstrated the provider promoted people's health and well-being. Records showed where the carers were working with the district nurse to maintain someone's health in the community. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The registered manager had set up

falls monitoring in people's homes. They found that one particular person was prone to falls over a six month period and they were able to contact the GP and have them referred to the falls clinic. This showed that each person was being treated as an individual and their whole care needs were being reviewed on a regular basis.

## Is the service well-led?

### Our findings

People and their families told us the service was well managed. All of people and the relatives we spoke with told us that they knew who to contact in the service if they needed to and they were asked for their views about the service. Everyone said that information from the service was clear and easy to understand. People said that if they had a problem they had emergency numbers they could ring. One person told us "the telephone numbers are at the front of the file if I need them, I have only done that once and staff were very kind.

All the staff spoken with told us they would feel confident about reporting any concerns or poor practice to the manager. Staff confirmed they had read and had access to the services policies and procedures and understood their responsibilities. Staff also received support and guidance by attending staff meetings. These were held regularly, records of these evidenced that staff discussed practice issues and explored other ways of providing support following good practice guidance.

The service had a clear management structure in place led by an effective registered manager who understood the aims of the service. The management team encouraged a culture of openness and transparency. Their values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask]. Staff were clear about their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. The registered manager supported the frontline staff. The office staff were also supportive of staff, they were all trained carers and worked with people from time to time. There was good communication as the office staff knew the information carers needed. Staff understood the values of the service and told us they found the office staff, the registered manager and the provider approachable, supportive and easy to talk to.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support as they should be. Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We saw there were records of spot checks which had taken place. These checks were on going and all staff spoken with had been observed when working. We spoke with the registered manager about this and they explained that most spot checks took place when staff visit a two handed call, when the observer is working alongside the carer. Where this is not the case then the person who is being supported is asked for their permission first.

We saw that the registered manager looked through documents completed by care staff when they were returned to the office each month. They included the daily records and MAR charts. These were signed off along with six monthly reviews of the care plans. Any issues were then brought up at the person's supervision. For example, we saw when staff left gaps between entries and when there has not been sufficient detail. These were talked through at their next supervision.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. The registered manager kept

themselves up to date with developments in social care by being a member of local forums. The aims and objectives of the service were clearly set out; they fostered accountability, respect and honesty. The registered manager of the service was able to promote these values with the staff.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.