

AA Nursing Care Limited

Business Services Bromley

Inspection report

Provident House
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Tel: 02070787383

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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

Business Services Bromley is a domiciliary care service providing personal care to people living in their own homes. The service was supporting five people at the time of this inspection.

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

Risks to people had been assessed and staff had guidance to follow on how to manage identified risks safely. There were sufficient staff deployed by the service to meet people's needs. The provider followed safe recruitment practices. Staff were aware of the action to take to reduce the risk of infection. People's medicines were safely managed. Staff were aware to report any incidents or accidents which occurred. The registered manager reviewed incident and accident information for learning, to reduce the risk of repeat occurrence.

People's needs were assessed when they started using the service. They were involved in the planning of their care and their care plans identified their individual needs and preferences. Staff were supported in their roles through training, supervision and an annual appraisal of their performance. 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.

People were supported to maintain a balanced diet and had access to a range of healthcare services when needed. Staff worked with other agencies to ensure people receive effective support. People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred. Staff treated people with care and kindness. They respected people's privacy and treated them with dignity. People were involved in decisions about the support they received.

The provider had a complaints procedure in place and people expressed confidence that any issues they raised would be dealt with appropriately. Staff spoke positively about the support they received from the registered manager and told us they worked well as a team. The registered manager demonstrated a good understanding of the responsibilities of their role. The provider had systems in place for monitoring the quality and safety of the service. They also sought people's views on the running of the service in order to help identify potential areas for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 9 November 2018) at which we identified three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Business Services Bromley

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 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 7 November 2019 and ended on 8 November 2019. We visited the office location on the first day of activity.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people to gain their views about the service they received. We also spoke with the registered manager, a field care supervisor and two care staff to help understand how the service was run

and find out what it was like to work at the service.

We reviewed a range of records, including three people's care plans and three staff recruitment records. We also reviewed information relating to staff training and supervision, as well as records relating to the management of the service such as the provider's policies and procedures, quality assurance information and people's medicine administration records (MARs).

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found risks to people had not always been assessed and guidance was not always in place for staff on the action to take to manage risks safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed in areas including the risk of falls, moving and handling, skin integrity, malnutrition and their home environment. Guidance was in place for staff in people's care plans on how to safely manage identified risks. For example, one person's care plan identified that they needed to use a pressure relieving cushion whilst seated to help safely manage risks to their skin integrity.
- Staff were aware of the risk management guidance in people's care plans and worked to maintain people's safety. For example, one staff member confirmed they worked in line with the guidance identified in one person's mobility care plan and was also aware of their allergies.
- The provider had an on-call system to ensure staff had access to out of hours support if required. Staff received first aid and fire safety training and knew the action to take in the event of an emergency.

Using medicines safely

At our last inspection we found people's medicines were not always safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. People's need for support to take their medicines had been assessed and guidance on medicines administration formed part of their care plan where applicable. Staff received medicines administration training and had their competency assessed before administering people's medicines independently.
- Staff completed medicines administration records (MARs) to confirm the support they had given people when taking their medicines. MARs were up to date and showed that people had received their medicine as prescribed.
- Staff had guidance in place for any medicines which had been prescribed for people to take 'as required'. This included the reasons each medicine may be required and details of the maximum safe dose and

frequency of administration.

Staffing and recruitment

- The service employed enough staff to meet people's needs. One person told us, "[Staff] are always on time; I've never had a missed visit." Another person said, "I have regular carers who visit and who I know well. They're more or less always arrive on time."
- Staff rotas showed that consideration had been given for travel time when planning people's visits. One staff member told us, "I can cover my work allocation without any problem." Another staff member said, "We have enough staff for the level of work we have; I'm able to complete my visits without rushing."
- The provider followed safe recruitment practices. Staff files contained evidence or robust recruitment checks having been completed before they started work. These included checks on staff identification, their employment histories and right to work in the UK, where applicable. Staff files also contained confirmation of criminal record checks having been carried out as well as references from previous employers to help ensure staff were of good character.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I feel quite safe with the carers; if I had any concerns I know I could contact the manager."
- Staff received safeguarding training. They were aware of the types of abuse that could occur and the signs to look for that may indicate someone had been abused. One staff member told us, "I would report any concerns I had to the office. I know I can also contact CQC if I felt it was necessary to report something externally." Another staff member told us, "I would report any abuse allegations to the registered manager. I know they would take appropriate action, but I also know that I can whistle blow if I needed to."

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training in infection control and food hygiene. One staff member told us, "I always wear disposable gloves and an apron and wash my hands before and after supporting someone." Another staff member said, "If I didn't have gloves, I wouldn't work!"
- The provider held a stock of gloves and aprons for staff to use whilst working. All of the people we spoke with confirmed staff washed their hands wore these protective items whilst supporting them.

Learning lessons when things go wrong

- The service had a system to help identify and share learning from incidents. Staff were aware of the importance of reporting and recording the details of any accidents or incidents which occurred during their work. The registered manager maintained a log of accidents and incidents which they told us they would review for any learning, in order to reduce the risk of repeat occurrence. However, they explained there had been no accidents or incidents involving people or staff in the time since our last inspection. People also confirmed they had not had any recent accidents.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff had not always received appropriate training to enable them to support people effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received support in their roles through an induction and training programme in areas relevant to people's needs. Staff new to working in social care were also required to complete the Care Certificate during their first months working for the service. The Care Certificate is the benchmark that has been set for the induction standard for staff new to working in health and social care.
- People told us the staff supporting them were competent. One person said, "The staff have been very good a helping me with what I need; they know what they're doing." Another person told us, "They [staff] are competent. They do a good job." Staff told us the training they received gave them the skills and confidence to carry out their roles. One staff member said, "The training has been helpful, and I've experience of working for other agencies, so I'm comfortable with the work."
- Staff were also received regular supervision and an annual appraisal of their performance. One staff member told us, "I find supervision helpful as I can talk about any issues I might be having, either at work or personally. The office staff are all very supportive."

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

At our last inspection we found improvement was required to ensure that the provider's assessments covered people's needs and preferences comprehensively. The provider has made improvements to address the issues we previously identified.

- People's needs were assessed before they started using the service. The assessment considered people's physical and mental health needs, taking into account any outcomes they were looking to achieve from using the service.
- The provider followed nationally recognised guidance when assessing people's needs and developing their care plans. For example, people had been involved in the care planning process. Their care plans reflected their individual needs and preferences, in line with guidance on delivering personal care and practical support to older people living in their own homes, published by the National Institute for Health

and Care Excellence (NICE).

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

- People were supported to maintain a balanced diet where this was part of their assessed needs. Risks to people associated with eating and drinking had been assessed, and care plans included guidance for staff on any support needed to prepare meals and drinks.
- People told us they were happy with the support they received with meal preparation. One person told us, "They [staff] do a good job. They ask me what I fancy and will get it ready for me. They always remind me to drink more and leave me with a fresh drink before they go."

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

- People were able to access a range of healthcare services when they needed them. They told us they were able to do this independently, or with the support of relatives. One person said, "I manage my own appointments, but I'm sure my carer would be happy to help me arrange them if I needed it."
- People's care plans included details of the involvement of any community healthcare services involved in their care, such as a district nurse, GP or pharmacist. The registered manager explained that this enabled them to follow up if they identified any concerns. For example, they had contacted one person's GP to arrange a specific type of bed to be installed to support staff with safe care delivery.
- Staff were aware to monitor people's health conditions. They told us they would report any changes back to the registered manager, or follow up directly with relevant healthcare services, such as people's GPs, the 111 service, or by contacting an ambulance if people were unwell.

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.

- Staff sought people's consent when offering them support. One person told us, "They [staff] ask what they can do to help me." Another person told us, "They [staff] always let me know what they're planning to do and make sure it's OK to go ahead."
- Staff were aware of the importance of gaining people's consent when offering them support. One staff member told us, "I wouldn't make anyone do anything they didn't want to. If they didn't want help, I would try a different option or give them encouragement, but it's their decision."
- Staff received training in the MCA and understood the principles behind making specific decisions in people's best interests if they lacked capacity to make the decision for themselves. However, all of the people being supported by the service had capacity to make their own decisions at the time of our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people kindly and with consideration. One person told us, "My regular carer is lovely; very friendly and a good bedside manner." Another person said, "We get on very well; they're all very pleasant people."
- People also described specific examples where staff had showed interest in their well-being. For example, one person told us that a staff member had checked in with them whilst they were away from work to make sure everything was OK.
- People's protected characteristics under the Equality Act 2010 were considered as part of the provider's assessment of their needs. One staff member told us, "We want to treat everyone equally and to the best of our ability." Another staff member said, "I respect the fact that everyone's different and want to support them in the way that works best for them, in line with their beliefs and preferences."

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

- People were involved in making decisions about the support they received on a day to day basis. Staff told us they sought to involve people in their support by offering them options wherever possible. One staff member told us, "I always ask people how they want to be supported. I'll offer them choices wherever possible too. For example, if I'm helping someone to wash and dress, we'll discuss different options for what they could wear and they'll pick one."
- People confirmed that staff asked them how they wished to be supported. One person said, "They [staff] follow my care plan, but they're always happy to help with other things if I need them to." Another person told us, "My carer always asks if there's anything else I'd like them to do before they go and I feel comfortable to ask if I need something."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person told us, "They [staff] are well mannered and easy to get on with" Another person said, "They [staff] are always friendly and always respectful."
- Staff were aware of the action to take to ensure people's privacy was maintained. One staff member told us, "I'll make sure we have privacy and close the curtains if I'm helping someone wash or dress. I'll also make sure they stay covered up as much as possible, using a towel so that they feel comfortable and don't get too cold."
- People told us their privacy was respected. One person said, "They always ring the bell and call out to make sure it's OK for them to come and find me." Another person said, "They respect my privacy and don't

intrude."

- Staff encouraged people's independence. One person said, "The carers give me the time I need to do things for myself, where I'm able to." One staff member told us, "We'll work together. They might be able to wash their own face or comb their hair so I'll only step in to help with the bits that are needed."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and were involved in developing their care plans. One person told us, "When I had my assessment, we discussed what I felt I needed help with and how I liked things to be done." People's care plans contained guidance for staff on the areas they needed support with, as well as information on how to manage any identified risks safely. They also included details of their life histories, likes and dislikes and any preferences in the way they were supported. Staff told us this information was helpful when getting to know people and in developing strong relationships with them.
- Staff also demonstrated a good awareness of people's support needs and the details in their care plans. People told us the staff supporting them knew them well and supported them in accordance with their preferences.

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.

- People's communication needs were assessed when they started using the service. The registered manager told us that they were able to make information available to people in a range of formats that met people's needs, such as pictorial information or large font.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which gave guidance to people on what they could expect if they made a complaint. This included details of the timescales in which they could expect a response, and details of how they could escalate any concerns to other agencies if they remained unhappy with the outcome of any investigation.
- People knew how to complain and expressed confidence that any issues they raised would be dealt with to their satisfaction. One person said, "I'd speak to the office if I had any concerns, but I've never had to complain about anything." Another person told us, "I'd talk to the registered manager if there was a problem, but I've not needed to."
- The registered manager confirmed that they would maintain a record of any complaints raised against the service, which would include details of their investigation and a copy of their response. They also told us that the service had not received any complaints in the time since our last inspection.

End of life care and support

- The registered manager confirmed they would work with other healthcare professionals to ensure people received responsive support at the end of their lives. However, none of the people using the service were receiving end of life care at the time of our inspection.
- The registered manager also told us that they would update people's care plans to include details of their preferences in how they wished to be supported at the end of their lives, where they were happy to discuss this. We will follow up on the progress with this at our next inspection.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found the provider's systems for monitoring the quality and safety of the service were not effective and did not drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider has effective systems for monitoring the quality and safety of the service. The registered manager carried out a range of audits on areas including people's care plans, medicine administration records, staff recruitment records and the daily logs completed by staff at each visit. The areas covered by these audits were up to date, complete and accurate based on the sample we reviewed. The provider also monitored staff arrival and departure times from their visits through the use of an electronic call monitoring system. This showed that staff visited people at the times they expected and stayed for the full duration of their planned visits.
- Senior staff also carried out spot checks of staff performance whilst supporting people. These included checks on their time-keeping, their professional conduct, whether they met health and safety requirements and the quality of their completed documentation. The spot checks we reviewed showed that staff were working to a high standard, providing a good quality service to people.

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

At our last inspection we found improvement was required because the registered manager was not always aware of the responsibilities of their role. At this inspection we found they had made improvements to address the issues we had previously identified.

- The registered manager demonstrated a good understanding of the responsibilities of their role in meeting regulatory requirements. They were aware of the different events that they were required to notify CQC about by law and of the requirement to display the current service rating, which was displayed on the wall of their office.
- The provider had clear policies and procedures which informed staff of their responsibilities whilst working for the service. The registered manager also held regular staff meetings to discuss the running of the

service and any service developments.

- The registered manager was aware of the duty of candour and told us they would be open in informing people or their relatives, where appropriate, of any incidents or accidents which occurred.

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

- People spoke positively about the culture of the service and told us the support they received met their needs and improved their well-being. One person said, "The service is well managed; all of the staff are helpful and if they don't know the answer to any questions I have, they'll find out and call me back." Another person said, "They're efficient, friendly and always happy to help."
- Staff told us the service was well managed. One staff member said, "I feel well supported by the office staff. The registered manager's approachable and listens if I have any concerns." Another staff member said, "I can always speak with someone if I need to; I'm happy working for the agency."
- Staff also told us they worked well together. One staff member said, "We work on our own for the most part but work well as a team when needed. For example, there's always someone who will step in to cover holidays or sickness and we stay in regular contact with each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's views through regular telephone checks and visits to people's homes. One person told us, "They call regularly and ask me for feedback, but I've not asked for any changes as I'm happy with the service." Another person said, "[Office staff] are always checking how I'm getting on; we speak on the phone or sometimes they'll visit."
- Records showed that people were experiencing positive outcomes from using the service. For example, one person had confirmed they received the standard of service they expected, were happy with the timings of their visits and received support from compassionate staff who were doing 'a wonderful job'.

Working in partnership with others

- The registered manager told us they worked in partnership with other agencies, including people's GPs and the local district nursing team, to help ensure people received a good quality service. They also confirmed they would work openly with local authority social services teams in sharing information where this was needed and in people's best interests. They also confirmed they would welcome any visits by local authority commissioners as an opportunity to gain feedback and drive service improvements.