

BK Social Care Limited

BK SOCIAL CARE

Inspection report

CEME Campus
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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

About the service

BK Social Care is a domiciliary care agency providing the regulated activity of personal. The service provides support to older and younger adults with physical disabilities and dementia. At the time of our inspection there was 1 person using the service.

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

People told us they were happy with the service. A person said, "They are good, they look after me the way I should be looked after. They are helpful, they are compassionate."

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents.

Initial assessments were carried out of people's needs before they started using the service to see if the provider could meet them. Staff received training to support them in their role. People were able to make choices about what they ate and drank.

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 told us that staff were kind and caring and treated them well. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. People's communication needs were met. People told us they had confidence that any complaints raised would be addressed.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

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

This service was registered with us on 22 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made good practice recommendations about obtaining written employment references for staff and keeping records of staff supervision.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

BK SOCIAL CARE

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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.

What we did before inspection

We reviewed information we already held about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our

inspection.

During the inspection

During the inspection we spoke 1 person who used the service. We spoke with 3 staff, the registered manager, deputy manager and a care assistant. We reviewed a range of records. This included 1 person's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including various policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the time of inspection only two staff were employed by the provider. The provider themselves routinely provided care to people. The deputy manager told us if more staff were required at short notice they would use an agency to supply staff. People told us that staff were punctual. A person said, "Yes, the punctuality is very good."
- The provider carried out pre-employment checks on prospective staff to help ensure they were suitable to work in a care setting. These included criminal record checks, obtaining proof of identity and a candidate's previous employment history.
- Employment references were obtained. However, sometimes these were not written references, but taken by telephone. The provider's policy on references said that where they were initially taken by telephone, these then should be followed up in writing.

We recommend the provider follows its own policy and best practice when obtaining employment references, ensuring that written references are obtained.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had a safeguarding adults policy in place. This made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. The registered manager told us there had not been any allegations of abuse since the service first became operational.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicions of abuse to their manager. A member of staff said, "I would report that to my manager straight away."
- Where the service spent money on behalf of people to do their shopping, records and receipts were kept which were checked by the deputy manager to help avoid the risk of financial abuse. A person said, "When they go shopping, I give them [staff] a list of things to buy. The office calls to make sure I have got the correct change and the receipt."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These mostly covered the risks people faced and included information about how to mitigate those risks. Risk assessments included risk associated with mobility and the physical environment.
- One person had a health condition which was not covered in their risk assessment. We discussed this with the registered manager who told us they would update the assessment to cover this risk.

Using medicines safely

- The registered manager told us that at the time of inspection they did not support anyone with taking medicines. They said they could provide this service if required. There was a medicines policy and procedure in place to provide guidance about this.

Preventing and controlling infection

- The provider had taken steps to prevent and control the spread of infection. They had a policy on this to help guide staff, and staff had undertaken relevant training. Staff were knowledgeable about infection control issues and told us they wore PPE when providing support with personal care to people. A staff member said, "I wear aprons and gloves, and sometimes masks."

Learning lessons when things go wrong

- Although the registered manager told us there had not been any significant accidents or incidents since they became operational, there were systems in place for learning lessons when things went wrong.
- The provider had an accidents and incidents policy. This made clear that any accidents or incidents should be recorded and reviewed. This was so lessons could be learnt and help to reduce the risk of similar incidents re-occurring.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received support and training to help them carry out their role. On commencing work at the service staff undertook an induction, this included shadowing experienced staff along with on-line and classroom based training and completion of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they had regular discussions with the registered manager, covering their performance and issues related to people who used the service. A member of staff said, "I have monitoring calls with [registered manager]. They ask if I have any concerns, how I'm getting along with [person]."
- However, there was no written record taken off these meetings. This meant that things which were agreed might get forgotten and not necessarily followed up on.

We recommend the provider follows best practice with staff supervision, including keeping a written record of what was discussed, with both parties getting a copy of the record.

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

- The registered manager carried out an assessment of a person's needs prior to the provision of care. They told us this was to determine what the person's needs were and if the service could meet those needs. Records showed people and their relatives had been involved in the assessment process.
- People told us they had an assessment of their needs before the provision of care. A person told us, "[Registered manager] came and we had a conversation. I told them about my health issues and what I would need. They talked about the service they could render to me and it sounded good."
- Assessments covered areas of need including personal care, mobility, physical and mental health. However, they did not fully cover needs associated with equality and diversity, although these were covered in people's care plans. We discussed this with the registered manager who gave us assurance in future equality and diversity would be included in pre-care assessments.

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

- People did not require any support with eating or drinking. However, support was provided with meal preparation. This was detailed in people's care plans, and people told us they were able to choose what they ate. A person said, "Sometimes they [staff] help me with my cooking. I always tell them what to cook."

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

- The registered manager told us that people using the service had commissioned their care on a private basis. They added that people did not require support from the service to work with other agencies or attend healthcare appointments. However, the service had booked GP appointments for people and ordered prescriptions for them. Care plans included contact details of people's GP and next of kin, in case of emergency.

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 MCA 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.

- Care plans covered people's mental capacity. The registered manager told us, and care plans confirmed, that people had the capacity to make decisions for themselves. Staff were aware of the importance of supporting people to make their own decisions about their care and people told us they were able to make their own decisions about the care they received.
- People told us they were able to make decisions about their care. One person told us, "They comply with my requests. I am happy with the service, they help me with whatever I need."

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 is the first inspection for this newly registered service. This key question has been rated good. 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

- People were well treated by staff. To help ensure continuity of care, people had the same regular care staff. This enabled people to build relations with the staff. People told us staff treated them well. A person said, "They [staff] do not talk at me, we always have a conversation. They are caring, they are kind, they are polite."
- Equality and diversity was covered in people's care plans and staff had undertaken training about this. Although, as mentioned in the effective section of this report, pre care assessments did not thoroughly cover equality and diversity needs. The provider had an equality and diversity policy and procedure to help guide staff.

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

- People were supported to express their views and be involved in making decisions about their care. People and relatives were involved in pre-care assessments and developing care plans. People had signed care plans to indicate their agreement with their contents.
- Staff supported people to make choices and told us people had the capacity to make decisions for themselves, for example, about what to wear or eat. A staff member said, "[Person] sees the clothes and pick the ones they want." A person told us, "I am very fussy with the dresses I wear, they [staff] let me choose."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. Staff told us how they provided personal care to people in a way that promoted their dignity and independence. A staff member told us, "The first thing we do is knock and wait for [person] to say, 'come in'." Another staff member told us, "[Person] goes into the bath themselves and calls out to say 'I'm done, can you do my back?'."
- Care plans included information about what people could do for themselves and what they required support with during personal care. People confirmed their privacy and independence were promoted. A person told us, "They [staff] help me to the bathroom and leave me in the bath. I call them back in to scrub my back."
- Staff understood the importance of respecting people's right to confidentiality and were aware of their responsibility to only share information about people when authorised to do so. Confidential records were stored securely on password protected electronic devices and in lockable filing cabinets.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were in place for people providing guidance about how to meet their needs. Care plans were person-centred, based around the needs of the individual and covered needs including personal care, health, eating and drinking and equality and diversity.
- Plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time. Staff told us they were expected to read care plans and demonstrated a good understanding of people's individual needs.
- Care plans were drawn up with the involvement of the person and their relatives where appropriate, who had signed the plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. These were covered in their care plans. At the time of inspection, all people using the service were able to read and speak English.

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

- The provider did not support people to develop and maintain relationships or to engage in activities. However, staff did support a person to go to the local shops, in line with their assessed needs and wishes.

Improving care quality in response to complaints or concerns

- Systems were in place for responding to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us there had not been any formal complaints received since the service became operational and we found no evidence to contradict this.
- People told us they knew how to make a complaint if necessary, but added that so far they had not needed to. A person said, "I would call [registered manager] if I had a complaint."

End of life care and support

- The registered manager told us the service did not currently provide end of life care to anyone, but said they could provide this if required. There was an end of life policy and procedure in place to provide guidance to staff about this issue.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive and inclusive culture. The registered manager told us that they were happy for people or staff to call them anytime. Staff spoke positively about the registered manager. A member of staff said, "[Registered manager] is very supportive and helpful. They can see things from your point of view. They are very good with the clients." Another member of staff said, "Communication with the manager is easy and straightforward. They guide you where needed. It's a nice place to work."
- There was a person-centred ethos at the service, as shown by personalised care plans and staff's understanding of the needs of individuals.

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 obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide clarity about their role.
- The registered manager was aware of their regulatory requirements. For example, the provider had employer's liability insurance cover in place, and the registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

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

- The service had systems for engaging with people who used the service and others. The deputy manager carried out monthly monitoring calls or visits with people using the service to see if everything was going well, or if any changes were required. A person told us, "[Deputy manager] does ask me if I am ok, they come once in a while to see what I want to change anything."
- The provider considered equality characteristics. For example, equality and diversity needs were covered

in people's care plans, and staff recruitment was carried out in line with good practice in relation to equality and diversity.

- The provider worked with other agencies to develop best practice and share knowledge. For example, they attended a forum for care providers run by the local authority.

Continuous learning and improving care

- There were systems established for continuous learning and improving care. For example, the deputy manager carried out unannounced spot checks at people's homes. These looked at staff punctuality, how the staff interacted with the person and how well they understood their role.