

BSS & Associates Limited

140 Fort Dunlop

Inspection report

Fort Parkway
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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

This inspection took place on 04 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

140 Fort Dunlop provides personal care and support for people living in their own homes. At the time of our inspection there were two people using the service.

There were two registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of this location since it was registered in December 2015.

People received a good quality service in which they had confidence. There were processes in place to monitor the quality of the service. People were asked to comment on the quality of service and people felt their views were listened to and acted upon.

People received a safe service because the provider had procedures in place to ensure that staff were trained and followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care and support from staff that were trained to be effective in their role. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met. This was because the provider had undertaken the relevant checks to ensure the staff they employed were suitable to work with people.

Whilst not everyone we spoke with felt that the provider was open and listened to their concerns. The evidence we found showed that other people, all staff and health care professionals were confident that the provider was open and receptive to comments and concerns and would take action to rectify any issue raised with them.

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.

People received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people. People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective

People received care from staff that had received appropriate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink intake. People's health care needs were met where needed.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in all decisions about their care and the care they received met their individual needs. People were able

to raise concerns and these would be dealt with.

Is the service well-led?

Good ●

The service was well led.

People received a service that met their needs and the management of the service was open and responded to people's concerns. People and staff were able to give feedback on the quality of the service provided.

Arrangements were in place to monitor the delivery of care to ensure it was meeting people's needs and was of good quality.

140 Fort Dunlop

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.

This inspection took place on 04 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We sent questionnaires to health and social care professionals and staff employed at the service. We received responses from seven staff and five care professionals.

Some people that used the service were not able to speak with us. During our inspection we spoke with two relatives, four care staff and both registered managers. We looked at safeguarding and complaints procedures, sampled two people's care records; this included their medication administration records, needs assessments, care plans and daily reports. We also looked at the recruitment records of three care staff, questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor the quality of the service. We sampled the rota for one person, to ensure that the correct numbers of staff were allocated to meet the person's needs.

Is the service safe?

Our findings

People received a service from staff that they felt safe with. One relative told us, "She [person using the service] is very safe with the staff and I have no concerns." Health care professionals spoken with said they had no concerns about the way people were being supported. All health care professionals that responded to our questionnaires said they felt people were safe from abuse and harm.

The risk of abuse and harm to people was reduced and managed because there were procedures in place to help staff to keep people safe. All staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. We saw that there were clear processes in place to support staff in managing people's finances, where this need was identified. Staff understood how to report concerns both within the service and to external agencies that they could contact if they had any concerns about people's safety. All staff said if any concerns reported to their immediate line manager were not investigated, they would use the whistle-blowing procedures. This is a procedure that enables staff to raise concerns about poor practice in confidence. All staff that returned the questionnaires we sent said they felt that people were safe using the service and they knew what action to take to keep people safe. A member of staff told us, "We put the person at the centre of what we do so they are protected." Where safeguarding incidents had happened the registered manager took appropriate actions and ensured we were kept informed.

People were supported by staff that had the necessary skills to ensure they received a safe service. Staff told us and we saw that detailed risk assessments and risk management plans were available to support staff in caring for people safely. Staff spoken with knew the risks associated with people's care and said any new risks were reported to the registered managers, so that the care could be reviewed to ensure people were cared for safely. A member of staff said, "Risk that we need to know about are in the care plan, which we need to be aware of. If any incidents we can act to keep the people safe." Another staff said, "We also make sure the person is part of the risks assessment process." We saw that incidents relating to people's care were analysed and actions for learning were identified to prevent them happening again. This ensured any risks to people's care was managed appropriately.

Staff told us that the registered managers were always available to be contacted in an emergency. This meant staff had access to guidance and support in an emergency situation. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office and people's family members.

One relative told us that the service was reliable and had no concerns about staffing. This relative told us, "Enough staff we have never been let down since we started using the service and they come on time." Another relative told us they didn't think the service was safe as there wasn't enough staff to meet their relative needs. The relative said the person required two people to support them at all times and that they had been told that at times there was only one staff available to support their relative. We looked at samples of the rota for the person and we saw that two staff were allocated to support the person throughout the

day. We spoke with two members of staff who supported the person; they confirmed that there were always two staff allocated to support the person. Health care professionals involved in supporting the person felt the person's needs were being met. Other staff spoken with said there were enough staff to provide the support that people needed. A member of staff told us, "Yes, enough staff, for the service users that we have. We have a good team who are able to cover each other if needed." At the time of our inspection there were two people receiving personal care and the provider employed 14 care staff. The evidence showed that there were sufficient staff to meet the needs of people that used the service.

The provider had robust procedures in place to ensure that only suitable staff were employed to offer care and support to people. Staff spoken with and records looked at showed that all the recruitment checks required by law were undertaken before staff started working. Staff said they received an induction into their role, in line with the care certificate, which is a framework for good practice. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us that Disclosure and Barring Service checks (DBS) were carried out before they started work. These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

One relative told us that they didn't feel their relative was safely supported with taking their medicines. The relative said, "I don't believe the staff are caring for [person's name] safely. For example, we have had medication overdose and medication incorrectly administered by an untrained member of staff. This happened twice to my knowledge." We spoke with a health care professional who confirmed that a member of staff had mistakenly given the person's medicine on the wrong day, but that staff had taken appropriate actions and had contacted the GP to ensure the person was safe. The health care professional also clarified that there was previously an issue with medication prescribed to be taken when needed (PRN). The health care professional told us this was due to a prescription error and not staff mistake. All staff spoken with and records we looked at showed that staff received medication training. A member of staff also told us that there were procedures in place to monitor people's medicines, which included observing staff administering people's medicines and checking to ensure all medicines were given correctly. We saw and staff and healthcare professionals told us that there were clear procedures in place to support people with PRN medicines. Medication administration records showed that people received their medicines as prescribed. This showed that safe systems were in place to support people with taking their medicines.

Is the service effective?

Our findings

People were supported by staff that had the training and skills required to meet their needs. One relative said, "I would say yes, the staff are now trained and competent." Another relative told us, "Yes, I think the staff are trained to meet [person's name] needs. I know they have moving and handling training. A trainer came out to train the staff and check the equipment, so [person's name] is moved safely." Health care professionals spoken with said they felt the staff were trained and competent to meet people's needs. One relative did comment that in their view the provider did not have the ability to provide care and support for people who had a severe learning disability. However, health care professionals were confident in the provider's ability to provide care and support to people with complex needs. Health care professionals told us that they felt the provider supported people with complex needs well. One health care professional that returned the questionnaire we sent commented, "My knowledge in relation to this provider is based upon two packages. We are however keen to work with the provider in relation to other packages for people who have complex needs. We find them to be responsive and are informed that they work well with specialist community learning disability services."

Staff told us they had the necessary training to help them to do their job well. Staff records looked at showed that staff received training in various topics including training to meet the specific needs of people that used the service. There was evidence to show that staff had completed the care certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. A member of staff commented, "I feel I have the training needed. The company promotes that if further development and new skills are needed to speak to the line manager."

Staff were supported in their role to enable them to do their job well. Staff said they had supervision, spot checks, an annual appraisal and regular team meetings to enable them to undertake their role well. Records looked at showed that these processes were in place to support staff. A member of staff told us that they felt the supervision and appraisal enabled them to reflect on their practice and learning. Another member of staff said, "Coming into the role I wasn't confident, but it's been a positive experience coming into the team and knowing we are making a difference to someone's life." All staff that we spoke with said they felt supported by the registered managers.

People were supported by staff that respected their right to consent to their care and treatment. Staff said they explained things to people and ensured they fully understood the support they were agreeing to. Care records that we looked at showed that appropriate consent was obtained before people started using the service. A staff member said, "I always ask and make people aware. If they are unable to communicate, they could use gestures, technology or eye contact to show they agree. The care plan would guide us to the capability of the person." Another member of staff said, "You always talk to people and it's important to let them know what you are doing, involving them and showing compassion. Everyone has rights and the need to be treated with dignity and respect and equality." This meant that people were assured that they had the opportunity to agree to their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff said and records showed they had received training to enable them to understand how to protect people's rights. A member of staff said, "We assume capacity, unless it's deemed they don't have the understanding to make decisions, then they need an assessment." Another member of staff said, "They may also need an advocate to support them. If we're concerned about someone's capacity we would report to our line manager. They would see if any other professionals are involved so an assessment can be done." Records showed that there was a lasting power of attorney in place for a person that lacked capacity to make informed decisions about their care. Staff spoken with knew that this process was in place to protect the person's rights. This meant care staff and the provider had a good understanding of their responsibility in relation to the MCA and practice ensured people's rights were protected.

We saw that where people had needs that challenged the staff, these were identified in their plan of care and appropriate strategies were in place to help staff to support the person effectively. All staff said they had received relevant training to use techniques to support people with these needs, such as de-escalation and breakaway techniques. These are practices that enable staff to support people without the need for physical restraint.

Where people needed support with preparing food and drink, relatives told us that staff always supported people in a way that they wanted. A member of staff told us, "We promote a balanced diet and promote healthy eating. Giving people the information about a healthy diet, ultimately it's their choice what they eat." Staff knew how to support people that had specific dietary needs or were at risk of losing weight. For example, staff said that if people were at risk of poor nutrition, the GP and dietician could be involved. Staff said they would monitor and record people's food and fluid intake, if this was part of their care plan. One health care professional told us since [Person's name] started using the service their diet was healthier. This meant people were supported where needed with maintaining their food and fluid intake and keep healthy.

People were supported to access health care services in order to maintain their health and well-being. We saw records showing when people had access health care provisions. A health care professional told us, "All her [person using the service] health appointments have been dealt with by staff."

Is the service caring?

Our findings

People received a good standard of care from staff that were caring. Relatives spoken with told us that all the staff were caring. One relative told us, "The staff are over caring." Another relative said, "Staff are caring and take account of [person's name] needs. They seem genuinely caring." This relative also said, "I feel really lucky at this moment in time. Everyone has been caring, kind and respectful." One relative talked about the positive impact the support they received has had on their family life as a whole. During discussion with staff they talked about people in a caring and respectful way and demonstrated passion and commitment to their role. This indicated that people received a caring service and were confident in the way that staff cared for them.

People and their relatives were involved in discussing and agreeing their care and support needs. Relatives told us that staff provided the care with their agreement. One relative told us they were involved with the assessment and planning of their relative needs, along with the provider and other health care professionals. Another relative said, "Before we started [people using the service] they came out and had a good chat so they we knew the ins and out of [person's name] needs."

People's privacy and dignity was respected by staff. Relatives told us that staff were respectful and treated their family members with respect and dignity. One relative said, "Privacy and dignity definitely respected. The care team has cultural standards which I agree with." Staff told us that privacy and dignity formed part of their core training. Staff said they ensured people's privacy and dignity was maintained, by always involving people in their care. One staff said, "We respect the person as an individual and respect the ways they choose to do things." Another staff member said, "We ask people for consent, close doors, explain what we are doing and keep people covered up. Assist and enable people to do things, offering support." Another staff said they respected people's privacy and dignity by, "Ensuring people have the right to have time for themselves and to keep their information confidential."

People's independence was promoted by staff. Relatives and health care professionals told us about the difference that staff had made to their relative lives. One relative told us, "They are trying to make [person's name] independent." Another relative said, "[Person's name] is very determined and independent. In the past the previous agency let us down, she is now able to be more independent as she can go out with carers and do what she wants to do." Health care professionals involved in the care of a person told us that the person was doing more sensory activities and community activities, so their independence was supported.

Is the service responsive?

Our findings

People and their relatives were involved in agreeing and deciding their care needs. Relatives told us that someone from the service came out to talk to them, and the person using the service, about what care was needed. One relative said, "I was involved in the assessment and care plan this was done with [other professional], myself and the manager." Records looked at showed that people and their relatives had been involved in assessing and agreeing their needs and how they wanted to be cared for.

One relative said they were completely happy with the service they received and felt their relative's needs were being met fully. Another relative said despite the provider being made aware of the need for their relative to have staff of a specific culture, at the start of the service this was not provided. They said this resulted in a negative impact on their relative, as specific issues about their needs escalated to the point where staff were also put at risk. The relative did however; acknowledge that their relative was currently receiving the appropriate care. They told us, "Currently I would say staff are doing a fantastic job in caring for [person's name]." We saw that the care plan detailed the needs of the person to have staff of a particular culture and the provider said they had now recruited a team of staff that were able to meet the needs of the person. Health care professionals spoken with said they were aware that the person's relative was concerned about the person's cultural needs, but said the provider had addressed this. Health care professionals spoken with and those that responded to the questionnaires we sent all felt that the needs of people were being met. A healthcare professional who responded to our questionnaire commented, "This care agency provided support to an individual who presented with behaviour that challenged often working under extremely difficult circumstances. They ensured that the support they provided was person centred and I observed the support team offering choice and encouraging [the person using the service]." Another health care professional said, "I have only worked with this company for a short time but my experience of them is they are approachable and committed to offering a flexible service to fit the individual need of the person and family members." The health care professional then went onto say, "I have seen a lot of changes with the service user I am presently working with: Behaviours have calmed down, more compliant with care. When I met with the young person the other day I saw her smiling, relaxed with the agency carers and talking to them. The young person informed me he/she has [five] people who provide care, knew their names and care they were going to provide. For the parents of the service user they are more relaxed knowing their son/daughter is being looked after well, is happy and the company is reliable and turns up on time." This showed that people were receiving care that met their individual needs and expectations.

We saw that people's care was planned in a way that reflected the individual care they needed. We saw that care plans were detailed, personalised and reviewed regularly, so that people had the opportunity to make any changes to their care needs and commented on how the service was supporting them. One relative told us, "[Registered manager's name] has been out to review and see how [person's name] is feeling." A health care professional told us, they were really impressed and pleased with the support [person's name] was receiving and that the provider was on the ball for example, all the care plans were detailed. We saw that the care plans were not in an accessible format for people that could potentially use the service. The registered managers said that people currently using the service were able to understand the information as it was presented. However, they said they would review this, so that the information could be made more

accessible to reflect the diverse needs of people that may potentially use the service.

Health care professionals said that the provider would act on any issues and suggestions they made in order to provide a good service for people. One health care professional told us, "From a professional point of view they [the provider] are really good. They are fair and will deal with any issues that we raise with them." This ensured people received a responsive service that was flexible to their changing needs.

One relative, all staff and all health care professionals spoken with said the provider would respond and act on any concerns raised. People knew how to complain about the service if they needed to. One relative said, "Never made a complaint. Yes, they told us how to complain if we needed to." The registered managers said there had been no complaints made to date. However, one relative said they had complained about their relative's care. From discussion with health care professionals we understood that the concerns raised by the relative had been addressed. However, the provider had not documented this as a complaint or concern and the relative remained dissatisfied. Without the appropriate complaints records there was no audit trail to assess how the complaint was dealt with. There was a complaints procedure in place. All staff were aware of the procedures and how to support people to raise concerns. A member of staff told us, "If someone complained to us we would support the individual so they feel empowered and build their self-esteem. The complaints procedure is a positive thing as it promotes learning." We saw that the complaints procedure was not written in a way that was fully accessible for everyone that used the service. The registered managers said they would ensure the complaints procedure was reviewed, so that it was in a more accessible format.

Is the service well-led?

Our findings

People received a good quality service that was managed in an open and transparent way and responded to people's concerns. With the exception of one relative all the staff health care professionals and the relative of the other person using the service felt the service was well managed. The vast majority of people spoken with said the registered managers were open and would listen to and deal with any concerns they had. One relative told us that they felt lucky to be using the service. All staff told us that the management promoted an open and transparent culture that enabled them to discuss issues and raise concerns openly. One relative felt that the management was not open and transparent, for example they said the managers had told staff not to discuss concerns with them. The relative took this to mean that staff were instructed not to discuss their relative's needs with them. We spoke with a member of staff about this, they told us as far as they were aware there had been no such instructions from the management. The member of staff went on to say that care staff were professionals in people's home and their role was to report concerns to the management for them to be addressed. One care professional told us that in their professional view the provider was really good, fair and would deal with any issues raised with them.

People were asked for their views on the quality of the service. Relatives told us that they received a questionnaire asking their opinion of the service. We saw that the provider also consulted with staff and other professionals about the service. The result of questionnaires were analysed for trends and learning.

One relative told us that the provider held inclusion events to enable them to meet with other people using the service. The relative said, "They [the provider] run inclusion nights and we go along as a family and it's nice to meet other families and people that use the service. I think that's really good and a thoughtful thing to do." This provided added value to people and their relatives.

We saw and staff told us that regular team meetings took place, this enabled staff to discuss any practice issues and suggest improvements to the service. All staff talked about the good relationship they had with the registered managers and the team work with their colleagues, which ensured the smooth running of the service. A member of staff said, "We have a team meeting about every six weeks or so. The managers promote transparency, so any errors we report and speak up having the courage to say if someone is at risk." Another staff said, "It's a positive experience working for the company. They [the provider] are very approachable. It's important to be valued as a member of staff; it has a positive impact on our development and for the people who use the service. So they are getting a good quality service. It's a rewarding role. We support each other and can share learning."

There was a registered manager in post and all conditions of registration were met. The provider kept us informed of incidents that they are required to tell us about. This showed that the provider understood their responsibility to operate in line with their registration.

We saw that the provider had robust systems in place to monitor the quality of the service. We saw that care records were collected and audited to ensure the care was delivered as planned and there was a system in place for monitoring that staff records contained the required documents, supervision and training. We saw

that a senior manager completed a monthly audit report detailing any improvements that was needed. The registered managers said following this report they hold a managers meeting to discuss and agree actions and timescales for actions. We saw that the provider had processes in place to ensure that they learn from incidents and promote continual improvements. This meant that the provider had good governance systems in place to enable them to identify and address issues before they arose.