

BBCare10

BBcare10

## Inspection report

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

BBcare 10 is a domiciliary care service providing personal care to children and young people in their own home and in the community. At the time of the inspection, 16 children or young people were receiving support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider and registered manager's values were influenced by their personal experiences of supporting children/young people with complex needs. They were passionate about delivering good quality care to the children/young people and ensuring parents were supported.

The personal care needs, medicines requirements and risks of the children/young people had been assessed by BBcare 10 managers in conjunction with their parents and relevant health professionals to ensure the service could meet their needs.

Staff confirmed that they had the information they needed to deliver safe and responsive personal care. However, we have made a recommendation to the provider to seek further guidance in promoting equality and diversity to protect children/young people and their families from unlawful discrimination.

Parents felt staff were knowledgeable in their role and supported their child effectively and with a caring manner. They confirmed that staff treated their child with dignity and respect and involved them in choosing how they would like to be cared for and supported.

Each child/young person was supported by a small staff team who knew them well. Systems were in place to ensure staff were competent to provide complex and personal care to the child/young person. Staff had been safely recruited, trained, supported and given time to understand the needs of the child/young person and the dynamics of their families.

Staff understood the importance of reporting any concerns that could lead to children/young people experiencing avoidable harm. Safe infection control and medicines management practices were being used by staff.

Quality assurance systems were in place to assist the registered manager and provider in monitoring the care being provided, staff development and the governance of the service. The provider valued feedback about the quality of care being delivered and used feedback, complaints and learnings from incidents as a way of monitoring and shaping the service.

Further development of the provider's processes was needed to ensure the provider remained open and transparent at all times with parents and other stakeholders when concerns were raised.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 19 February 2021 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# BBcare10

## 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

This inspection was carried by two inspectors (a lead and children's inspector) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to children and young people who live with their families.

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

This inspection was announced.

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 2 December 2021 and ended on 7 December 2021. We visited the office location on 2 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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

#### During the inspection

We spoke by telephone with nine parents of the children/young people who are supported by the service. We spoke with six members of staff including the provider, registered manager, administration assistant and three care staff.

We reviewed a range of records. This included the care records of four children/young people and their medication records. We looked at four staff files in relation to recruitment and staff development and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to ensure children/young people were protected from the risks of avoidable harm.
- Staff had received training in safeguarding children and adults and were able to describe the actions they would take if they felt a child was at risk of harm. They were confident that the managers would take the appropriate action and act on their concerns.
- Parents of the children we spoke with all felt that their child was safe when being supported by BBcare 10 staff members.
- All incidents and allegations of abuse were reviewed by the provider and acted on. The provider described lessons learnt from incidents and the actions that they had taken such as sourcing additional training for staff to help prevent further incidents.
- We discussed with the provider their understanding and role of reporting safeguarding concerns and ensuring that family members were aware of BBcare 10's duty to report any concerns of abuse to the relevant safeguarding agencies. They stated that safeguarding children is discussed with the children's families as part of their initial assessment. However, they agreed as part of this conversation, to stress the requirement of BBcare 10's responsibility and role in reporting any allegations or suspicions of abuse and also to ensure family members/carers had the information they required to raise safeguarding concerns.

Assessing risk, safety monitoring and management

- The risks associated with the health and well-being of the children/young people had been identified, assessed and were regularly reviewed. Parents were involved in the initial assessment and review process to ensure all people involved in the child's care were fully informed of any changes in their support requirements.
- Comprehensive risk management plans were in place which provided staff with the control measures that needed to be taken to help minimise the risks to the children/young people.
- Staff spoke of having a balanced approach to enable the children/young people to retain their independence, respect their wishes and the views of their parents as well as managing their individual risks in line with guidance.
- We found not all positive behaviour care plans had been updated to reflect changes in known possible triggers and actions staff should take if children/young people became upset. However, the risks were mitigated as staff were aware of the agreed strategies to help manage the behaviours of those children/young people who may experience heightened emotions.

Staffing and recruitment

- Children/young people were supported by sufficient numbers of well recruited staff to keep them safe.

- Staff were given the opportunities to shadow an experienced colleague before they became part of the child's/young person's care team. Parents confirmed this and that regular staff were rostered to support their children which provided consistency in the quality of care delivered. We received comments such as, "Yes, regular carers. They try to send the same people" and, "Yes, definitely. We have had a couple of new carers, always come with others, several times"
- Safe recruitment checks were carried out before staff commenced in their role. However, the provider acknowledged that further recorded evidence of their conversations with new staff about their employment background was needed to demonstrate the rationale of employing staff where there was limited information about their character.

#### Using medicines safely

- The parents of the children/young people managed and ordered their prescriptions and provided staff with an update of any changes in the required medicines. Staff and parents confirmed that staff would not administer any new or changes in medicines until the medicine records had been updated.
- The provider stated that staff would be guided by the child's/young people's parents on when to administer 'as required' medicines. However, staff would benefit from more detailed protocols of when to administer 'as required' medicines and record the impact of the administered medicine if parents were not available. This would help to clarify the reason for administration and whether the medicine had been effective.
- Records showed that staff had been trained in medicines management and specialist training around specific types of medicines and administration methods.

#### Preventing and controlling infection

- The provider had ensured that effective infection prevention and control procedures were in place to reduce the risk of spread of infection to the children/young people that staff supported.
- Staff had received training in infection control and were aware of the importance of good hand hygiene and the use of PPE (personal protective equipment) to help reduce the risk of spread of infection. The staff infection control practices were observed and checked by the management team.
- The provider ensured staff were vaccinated and regularly testing for COVID-19 in line with current guidance.



# 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.

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

- The needs of the children/young people were assessed to ensure the service could deliver safe personal care and to support parents in line with best practice and current guidance.
- The provider had reviewed their policies and systems to ensure that they reflected legislation relating to children and how to keep them safe and respond to child protection concerns.

Staff support: induction, training, skills and experience

- Children and young people were supported by staff who were trained and given opportunities to develop and achieve additional training and qualifications. Where training needs had been identified the provider had sourced additional training as required.
- Records showed and staff confirmed that they had received the training they needed to support children/young people with complex needs. Staff felt supported and received regular supervision.
- Parents felt staff were skilled and experienced and had received the training needed to provide the appropriate care and support. One parent said, "Yes, absolutely trained. Taught me a few things to keep her safer in certain situations. Mindful of being safe"
- Staff and parents confirmed that they had the opportunities to meet the children/young people and shadow more experienced staff before being part of the families care team. The managers explained that this process also helped to ensure the staff were compatible with the dynamics of the families. The provider said, "Parents trust in our carers is an important aspect of our role and we need to get it right."

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

- Parents planned and prepared meals and snacks for their children. Staff were aware of their likes and dislikes in food and drink choices.
- Staff had been trained and had access to guidance in supporting children/young people with their specific dietary needs or to support their nutrition and hydration through feeding tubes such as via a percutaneous endoscopic gastrostomy (PEG). A PEG allows nutrition, fluids and/or medications to be put directly into the stomach through a tube.

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

- Staff worked alongside the children/young people's parents and helped to monitor and raise any changes or concerns in the child's well-being and health.
- Parents were responsible to ensure that their children attend routine and specialist healthcare appointments such as dentists. The provider stated that any recommendations from the health care

professionals were reported back to BBcare 10 staff via the parents which triggered a review of the child's care plan.

#### 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.

- The MCA applies to people who lack capacity aged 16 and over who are unable to make all or some decisions for themselves. For children and young people under the age of 16, the responsibility for making decisions about care lies with parents or another recognised legal appointee.
- It was clear through our discussions with staff, parents and reading the care plans that the voice of children/young people that BBcare 10 support was heard and acted on, such as their views of preferred home activities and community trips.

# 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

- Parents praised the approach and nature of staff and told us they were continually kind, compassionate and caring. We received comments such as, "Oh yes, kind definitely. Lovely bunch of people" and "Absolutely kind and treat with dignity and respect". One parent confirmed that staff were always respectful and informed their child of the support they were about to deliver. They said, "Oh yes they are kind and treat [child] with dignity and respect. That's why [child] loves [staff]. The carer [staff] talks to her. Explains when carrying out personal care".
- Staff had completed equality and diversity training and understood the importance of respecting the choices and diversity needs of the families they supported.
- Staff told us they had access to the information they needed to support the children/young people with their physical, emotional and social needs. Staff explained that they had formed meaningful relationships with the children/young people and families they supported.

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

- Parents confirmed that they were fully involved in decisions about the role of BBcare 10 staff in supporting their child. They told us all aspects of the child's/young person's care needs were discussed as part of the initial assessment and was continually being reviewed through discussions with the staff and the registered manager.
- One parent explained the care provided as a "mutual agreement" and "everything is what we needed". They went on to explain that staff ask if they can provide any further support as needed.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting the privacy of the children/young people that they supported. One staff member explained, "We are in their home and bedroom, we should respect their wishes or look out for facial expressions that they want some private time to themselves."
- The children/young people's independence were encouraged and promoted by staff. One staff member said they gave lots of praise and encouragement to the children they supported. They went on to explain that they recognised that they needed to respect the child's dignity and privacy which was especially important for young people.

# 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

- The child's/young people's needs were assessed prior to them starting to use the service. Staff worked in conjunction with the children's parents to ensure there was clear understanding of the role of BBcare 10 staff and how the support would benefit the parents and children/young people. A key worker and on call system also promoted communication between the parents and BBcare 10 staff as well as consistency of care and additional support as needed.
- Each care plan described the child's/young person's support requirements which helped to guide staff on the preferred way to support each child. 'All about me' documents provided staff with additional information about the child's likes/dislikes, hobbies and family histories.
- Care was delivered in a personalised manner. Parents stated that they were always fully involved in any decisions about their child's care. One parent said about their staff team, "Brilliant, run everything by me." Parents provided several examples of how BBcare 10 staff had worked with them to provide good outcomes for their child such as trips into the community and reducing children's dependency on their parents.

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.

- There was evidence that the registered manager had considered AIS as part of their initial assessment of the child/young person. Information about the child's/young person's preferred way of communication had been assessed and recorded in their care plan such as using clear speech, sign language and visual aids. This guidance helped to promote good communication between the child/young person and staff member.

Improving care quality in response to complaints or concerns

- The provider had a policy and processes in place to manage and act on any complaints that had been received. They stated they tried to manage people's concerns before they escalated into a complaint and used feedback as an opportunity to improve the quality of the service.
- Parents were confident that their concerns would be addressed by the provider. One parent provided an example of the responsiveness of the provider when they raised a concern about a staff member.

End of life care and support

- The provider stated that they were currently unable to provide end of life care to children/young people as they had not developed and implemented end of life systems and staff training to support children/young

people who may require specialised end of life support and care.

- The provider stated they would work closely with a children's families and health care professionals and would seek extra support as required to ensure the child/young person remained comfortable and pain free.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff had been trained in equality and diversity and were respectful of the family's backgrounds and culture. However, the provider didn't routinely assess the protected characteristics (as defined by the Equality Act 2010) of the children, young people and the families they supported. This meant staff may not be fully aware of the child's and parents preferred way of support which would help to eliminate the risk of discrimination.

We recommend that the provider seeks guidance in promoting equality and diversity to protect people from unlawful discrimination.

- Staff told us they found the management team to be approachable and helpful and responded to any concerns.
- Various systems were in place for the provider to gain feedback from parents to ensure they were satisfied with the service being delivered.

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

- The registered manager carried out the initial assessment with the children/young people and their families to ensure the service could meet their needs. They frequently supported families which provided some continuity and monitoring of care being delivered. We were told that feedback to registered manager from parents was used to identify and act on any concerns.
- The provider and registered manager understood their responsibility to monitor the service and investigate incidents. However further development of the provider's safeguarding processes was needed to ensure investigations were carried out independently and continuously reported to the appropriate agencies including CQC. For example, from the records held by the provider, we found one incident had been investigated by the provider but had not been notified to CQC. This was discussed with the provider who has taken immediate action and subsequently notified CQC of any new concerns.
- The provider was aware of their responsibilities to apologise to parents and the children/young people if mistakes were made.
- The managers continuously monitored staff recruitment and development. They carried out observations and spot checks of staff care practices including infection control and medicines management. However

more detailed records of staff recruitment conversations as well as staff competencies in areas of risk would help to evidence whether the provider's recruitment practices, and training had been effective in delivering safe care.

- The provider agreed to review their business contingency plan to cover the risks relating to COVID-19 and the actions the business should take if the service was negatively impacted by COVID-19.

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

- The values and ethos of this registered location was underpinned by the personal experiences of the provider and registered manager.
- The provider, registered manager and staff were all passionate about supporting families and delivering high quality care to children and young people who have complex needs. The provider's model of care guaranteed that families received support for a minimum of two hour of care per visit. This ensured that the child's/young people's parents received adequate support and period of respite.

Continuous learning and improving care

- The provider stated they took every opportunity to learn from all incidents and feedback.
- All incidents and near misses were reviewed by the provider and registered manager who investigated the cause of the incident and took action to mitigate further incidents such as staff development.

Working in partnership with others

- The managers and staff worked in conjunction with the child's/young person's parents and health and social professionals and agencies to ensure there was a cohesive approach which promoted positive outcomes for the children and young people.