

BM Care Management Solutions Limited

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Inspection report

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Date of inspection visit: 16 March 2015

Date of publication: 03/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 16 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The service provides care and support to people with needs associated with age, dementia, learning

disabilities, physical disabilities or mental health living in the own homes in the community. At the time of our inspection the service was providing care and support to 38 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe when they were being supported by care staff and staff had a good understanding of the various types of abuse and their roles and responsibilities in reporting any safeguarding concerns.

When people first started using the service a member of the management team visited them and discussed their requirements and needs. This information was then developed into a plan of care and other documentation such as risk assessments were completed. However, there were inconsistencies in the documentation that people and staff had access to relating to their care and they had not always been updated to reflect any changes that had occurred.

Staff had been through a recruitment and selection process before they started work but they had not always received adequate training to enable them to carry out their roles.

There was not an effective system in place of allocating and amending staff rotas and care calls and staff's planned visits were frequently changed. People did not always receive their care calls at the times that had been agreed with them and they did not have regular staff to provide their care.

People that used the service and staff both told us that the registered manager was very approachable. However, they did not feel assured that any concerns they raised would always be acted on or if they were acted on they could not be sure of the amount of time for which they would then be sustained.

There was no system in place to identify if people had received their care calls. There was a risk that people were being left without sufficient care to meet their needs. There was not an effective system in place to assess, monitor and improve the quality of the service.

The provider could not be assured that people had all received their medicines as prescribed by their doctor. There were a number of gaps in Medication Administration Record (MAR) charts that they could not account for. There was a risk that people may not be receiving their medicines as they required as there was no system in place to identify any errors and put them right.

People's needs were not always consistently recorded which meant there was a risk that people may not have been receiving the care they required. There was no system in place that identified the inconsistencies in the records and addressed the concerns.

The registered manager had failed to act effectively on concerns raised by people and respond to their requests to have consistent staff.

During this inspection we identified a breach of Regulation 10 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not consistently safe.

Staff had a good understanding of safeguarding and knew their roles and responsibilities in the reporting of any safeguarding concerns. People did not always receive calls at the time they expected and some people experienced missed calls. There were inconsistencies in the way that staff's assistance with medicines was recorded. People's care records had not been regularly reviewed to ensure that they provided staff with up to date information about how to meet their care needs in a safe way.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff felt supported in their roles. Not all staff had received the training they required to fulfil their roles. People's consent to their care had been considered but we were not always able to evidence that it had been recorded.

Requires Improvement



Is the service caring?

The service was not consistently caring.

Staff had a good understanding of how they were able to respect people's privacy and dignity through their work. People did not receive regular care staff and there was limited information in people's care records about their likes and preferences.

Requires Improvement



Is the service responsive?

The service was not consistently responsive.

People's care needs were assessed when they first started to use the service but these records had not always been updated to reflect their current needs. This was important as staff used these records to inform them about people's care needs. People were able to express their preference in relation to the gender of carer.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

People felt able to raise concerns with the manager but they did not feel assured that they would be acted upon. There were no systems in place to identify if calls had been missed and a risk that people were being left without sufficient care to meet their needs. There was not an effective system in place to assess, monitor and improve the quality of the service.

Requires Improvement



BM Care Management Solutions Ltd

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 16 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by an 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information

included in the PIR along with information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners are the organisation that has funding responsibility for some people that used the service.

We reviewed a range of records about people's care and how the service was managed. This included eight people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. During our visit to the provider's office we were able to speak with members of the staff team. This included the registered manager, two members of the management administration team, the deputy manager, a senior support worker and two support workers.

After the inspection visit we made contact with 17 people who used the service and/or their relatives and four support workers by telephone. This was to gather their views of the service being provided.

Is the service safe?

Our findings

People told us they felt safe when staff were supporting them. One person told us, “I’m really pleased with the service, they [the staff] do everything, I don’t have to worry about anything.” Another person told us, “I feel that [my relative’s] safe when the staff are with them.”

Staff members had a good understanding of the various types of abuse and knew their roles and responsibilities in the reporting of any safeguarding concerns. They told us about the actions they would take if they had any concerns and these were consistent with the provider’s safeguarding policy. Staff told us that the registered manager or deputy manager were always available to discuss any concerns with them.

The management team were aware of their responsibilities for protecting people from harm and knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and notifying the Care Quality Commission (CQC). However, at the time of our visit the contact details of the relevant authorities were not readily available. The registered manager told us that this information was usually on display and they would ensure that it was available to everyone in the office. We also discussed a recent safeguarding allegation that had been made about the service with the registered manager that CQC had not been informed of. The registered manager gave assurances that this would not happen again.

We looked at a copy of the documentation that was completed when people first started to use the service. We saw that this included a general risk assessment about the environment and the person’s care. There were also templates for more specific health conditions and environmental risk assessments if they were required, such as where people required the use of a hoist to assist them to move. We looked at the care records of eight people that were using the service. We found that two people’s care records did not contain any risk assessments and one of these people required specific equipment and assistance with moving and positioning. This meant that staff did not have access to the relevant information to reduce risks associated with the person’s care. The other six care records did contain risk assessments although they had not been reviewed or updated to ensure that the risks and controls measures within them continued to be relevant

and meet people’s needs. The registered manager explained that they would take action to ensure that all relevant documents were in place and staff had access to the information.

Staff members told us that there was an on call system in place and they were always able to contact a member of the management team if they needed to. We spoke with the registered manager who confirmed that this was the case. We looked at the provider’s business continuity plan that was in place to enable the service to respond to any emergencies or untoward events. The business continuity plan had been written in June 2013 when the provider was initially setting up the business and it had not been reviewed since. Therefore it did not contain all of relevant information and details for staff to act on if an emergency situation did arise. For example it did not include contact details for all of the relevant commissioning authorities or contact information for staff.

People told us they regularly received care at inconsistent times and some people told us how on occasions staff had not turned up at all. One person told us, “Their [the staff’s] time keeping is very erratic, they were an hour after they should have been.” Another person said, “They were two hours late today.” We discussed staffing levels with the registered manager who advised us that they had recruited a number of support staff to accommodate people’s needs. However, they acknowledged that there was still work to be done to ensure that there were adequate staff working at certain times to meet people’s needs. Support staff told us that their planned work and hours were regularly being changed to cover alternate calls and the registered manager and deputy manager were frequently providing care to cover calls. Staff’s work was given to them by text on their personal phones and was done so by a deputy manager who used paper print outs of information to allocate work. One support worker told us how they had received five changes to their work the previous day. Another support worker told us how they contacted the office when a staff member failed to meet them at a double up call to find out that the staff member the call had been allocated to was not scheduled to work on that particular day. There was no system in place to ensure that staff had received and understood any changes to their work.

We found that there was a recruitment and selection policy in place that was followed when the service recruited staff.

Is the service safe?

We looked at the staff files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work to ensure the safe recruitment practices had been followed.

The provider could not be assured that people had all received their medicines as prescribed by their doctor. Staff members told us that they prompted some people to take their medicines and had Medication Administration Records (MAR) charts that they completed when they had done so. We saw that there was a medicines policy in place with a detailed procedure for staff to follow. We looked at the MAR charts for one person who staff prompted with their medicine and we found there were a number of gaps on the MAR chart. We discussed this with the registered manager who told us that sometimes staff recorded the prompting of medicines in the daily notes and not on the MAR charts. We looked at the daily notes and we found it

was sometimes recorded in them, however this did not explain the amount of gaps on the MAR chart. We saw that staff used codes on MAR charts to indicate whether or not they had prompted people with their medicines or to record the reason why they had not. We found that the codes that staff used on the MAR chart were not consistent with the codes that were detailed in the medicines policy. This meant that documentation that staff had available to record the prompting of medicines was inconsistent with the service's medication policy. We looked at the MAR records for two more people and we found there were also gaps in their records where we were unable to determine if staff had or had not prompted people to take their medicines. The registered manager advised us that they would take immediate action to ensure that people received their medicines as prescribed by their doctor.

Is the service effective?

Our findings

People told us that they felt that staff had the knowledge and experience to meet their needs. One person told us, “They [the staff] seem to know what they’re doing,” and another person told us, “I feel they’ve had the right training.” We received mixed responses from staff about the amount of training and induction they had received. One staff member told us they had undertaken a number of training courses and carried out a period of shadowing a more experienced support worker before they worked alone yet another worker told us they had not received any training but had carried out a day of shadowing before they worked alone. All staff told us they felt well supported and able to carry out their roles.

The registered manager told us about the induction period and e-learning training package they used. We saw an induction workbook that staff were required to complete within 12 weeks of commencing at the service. We spoke with a staff member who had recently completed the workbook and told us they had found it really useful and it had made them think about how they provided care and how it felt for the person they were providing care for.

We saw that the majority of training was provided via an e-learning package but the moving and handling training also included a practical session. This provided support workers with the training they required to use equipment associated with the safe handling of people and included the use of a hoist, a slide sheet and a moving belt. However, we were not all staff had received this training and two staff members told us they had not received any training at all. The manager told us that e-learning training packages were available for all staff and staff should complete them. This was not being actively encouraged and checked by the management team.

People told us that when they had first started to use the service they or their relative had signed a care plan to demonstrate their agreement and consent to it. Records checked confirmed that people’s consent to their care and support had been considered but their signature had not always been obtained. We discussed this with the registered manager who told us that during people’s initial assessment their consent to their care was obtained but records were then typed so evidence of people’s consent

was not always documented on the typed copy. People did not raise any concerns about receiving care that they did not consent to and they were happy with the actual care they received.

The registered manager had attended a ‘train the trainer’ course on the Mental Capacity Act (MCA) 2005 and its requirements. The MCA is legislation that sets out the requirements that ensures where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. The manager had a good understanding of MCA but other staff members’ knowledge was very limited. Support staff told us that they had not received training about MCA and were unaware of its requirements. Staff members told us if they had any concerns about people they would report them to the registered manager.

Staff told us that they felt well supported in their roles and that they were able to raise any concerns with the registered manager, although they were not assured that their concerns were always acted on. Staff told us that they did attend regular team meetings but they did not always receive regular supervisions. Supervisions are meeting with a senior member of staff to support them in their work and discuss any problems. We looked at records that confirmed that supervisions had not been held as regularly as described in the provider’s policy. The registered manager was aware that supervisions had not been held as frequently as they would like to have them and they advised us that this was something they were going to work on.

People that were supported by staff to prepare their meals told us they were able to decide what they had to eat and drink. One person told us how they planned their weekly shopping with a family member and they then told the support workers each day what they would like. Another person told us how if their dinner was going to take a while they would help staff out by carrying out tasks such as peeling the potatoes before the staff arrived. Staff members told us how they always ensured that people had drinks within reach when they left their calls.

People told us they felt assured that if they required the doctor and were unable to call for one themselves then the staff would do it for them. Staff told us that they reported any changes in people’s health to the office and recorded it in their daily notes. They told us that the office would then take the appropriate action if needed such as requesting

Is the service effective?

for a GP or District Nurse to visit. We saw evidence where the service had made an appropriate referral to a health professional following concerns being raised by support staff.

Is the service caring?

Our findings

People told us that all of the staff were very caring and they were friendly. One person told us, “They’re pretty good,” and another person told us, “They’re friendly.” People told us that they received a number of different staff and did not have regular support staff that knew their individual needs. A relative told us, “We did have a regular staff member and they developed a really good relationship with [my relative] and then all of a sudden they stopped coming.” Another person told us, “The only problem is that the staff keep swapping; therefore I would prefer to keep the same ones.”

One person went on to tell us, “My care package is on a regular basis, but consists of different staff. This does not bother me. They are mainly female, I have no choice in the matter, and people just get appointed to me.” People told us that they had raised their concerns about having different staff with the registered manager but their concerns had not been acted on.

Staff told us that their calls were regularly changed without any explanation so they did not get to visit people on a regular basis and develop a relationship with them. They told us that people did have care plans in their homes so they knew what was expected of them during the visit but consistency of staff was an issue. The registered manager told us that a deputy manager at the service carried out the planning and did change the rotas with little notice. Staff were unable to develop positive caring relationships with people as their regular calls kept changing.

People told us that they were actively involved in decisions about their care when staff were with them. They told us that these included decisions such as whether they wanted

to have a shower or wash when staff were with them and about what they had to eat and wanted to wear. People told us they did not feel rushed by staff and they confirmed that staff stayed for the amount of allocated time. Staff told us how they provided people with choices in relation to their care.

There was limited information in people’s care plans about their life history and likes and dislikes and there was no other way that support staff could know this information. This meant that support workers did not have all of the relevant information about how people liked their care and support provided.

People told us that staff respected their privacy. Staff members told us how they respected people’s privacy and promoted their dignity while providing care. One support worker told us, “I always ensure that people are covered up as much as possible and close the doors. At night time I always ensure that people’s curtains are closed.” Another support worker said, “It’s all about maintaining people’s dignity, service users always come first.” A relative of a person that used the service told us that they had initially had an issue with staff maintaining their relative’s privacy and dignity but as soon as they addressed it with staff it was resolved and it had not occurred again.

One person told us, “They [the staff] let me do what I can for myself and what I can’t do they help me with.” Staff provided us with examples of how they were able to promote people’s independence while they were assisting them with personal care. This included providing people with all of the required items to enable them to do as much as possible for themselves.

Is the service responsive?

Our findings

People told us that either before they started to use the service or when they first started a member of the management team visited them and talked through the details of their care. The majority of people told us that they had been asked about their preferences such as the time of their call and the gender of their support staff although, some people were unsure whether this had taken place. People told us where they had made requests about the gender of their support workers that these had been respected. One person told us, “The manager came and asked me all the questions and I picked my time.” Another person said, “The manager came out to meet us and told us about the service and explained what we could expect from them”.

The registered manager explained that whenever possible, people’s care and support needs were assessed prior to their care package starting. We were told that the exception to this rule was when a care package had been taken on in an emergency, such as a hospital discharge where their initial care package was based on the information received from the hospital. Records that we saw confirmed this.

We looked at a total of eight people’s care records. We found that people’s care plans provided details of the call times, the length of the visit and a description of the care that staff were to provide. We found there were some inconsistencies in this information. For example we found that for two people it was documented on their care plans that staff should prompt them to take their medicines but when we spoke with staff they confirmed that this was not

required as both people were able to carry this out themselves. We found that another person’s care plan instructed staff to prepare the person’s breakfast. Due to a change in circumstances this was no longer required of staff but the care plan had not been amended. There was a risk that people may not have received the care that they should have received as some care plans had not been updated to reflect people’s changing needs. This was particularly heightened as people did not receive care from the same staff.

People told us that they felt able to phone the office and raise any concerns with the office staff or the manager of the service. One person told us, “I’ve got the manager’s personal number, if I have any problems I contact her and they are sorted out.” Another person said, “They [the staff] respond if you do phone the office, they’re polite and it gets resolved.” People went on to tell us that they were able to raise any issues with the office and things appeared to be resolved for a while afterwards before their concerns started again.

There was a complaints policy in place and people had this information available to them that provided details about how they were able to make complaints if they were dissatisfied with their care. We saw that the complaints policy provided details of how a complaint would be investigated and the timescales in which people could expect a response. The registered manager advised us that they had received some complaints within the last 12 months and that they had investigated them and responded to the complainants although no record of these had been kept.

Is the service well-led?

Our findings

People told us that there were times when nobody had attended their calls and their care calls were frequently at times other than those agreed. At these times people had to phone the office to enquire where their support worker was. There was a risk that people were being left without sufficient care to meet their needs and without people phoning the office themselves there was no system in place to identify that this was happening.

Staff told us that the registered manager was supportive and they felt able to raise any concerns with her. Staff went on to tell us that they did not feel assured that appropriate actions would be taken in response to their concerns. Staff told us that they had raised concerns about the timings of some people's calls and about missed calls that had occurred. They felt the registered manager had listened to them but no action had been taken in response. We discussed this with the registered manager who advised us that at the present time there was no way of identifying missed calls unless the person informed them or if staff reported that the person's daily notes had not been completed at the next visit. The registered manager did tell us that there was a computer system which could be used to allocate work and any missed calls would be identified but the deputy manager at the current time was choosing not to use this system. There was a risk that people were not receiving the care that they required and this was not being identified as there was no system in place to ensure that people's care was being provided.

There were a number of gaps in Medication Administration Record (MAR) charts where it was not possible for the provider to determine whether or not staff had prompted people's medicines. They had not identified this issue. There was a risk that people may not have received their medicine as they required and there was no system in place to identify this.

There were inconsistencies in people's care plans and some had not been updated to reflect people's changed needs. This meant that there was a risk that people may not receive the care they required. There was no system in place to identify the inconsistencies or inaccuracies in the records and address them.

The provider had not ensured that that all staff had received the training they needed to enable them to fulfil their roles effectively and safely. There were e-learning training packages available for staff but the provider was not monitoring their uptake or completion.

We discussed these concerns with the registered manager who explained that the business was undergoing a period of rapid expansion and they were regularly providing hands-on care. As a result the quality audits of the service had slipped. They advised us that they were going to take action to ensure the concerns identified were addressed.

People also told us that their requests to have regular consistent care staff had not been acted upon. There was a complaints policy and procedure in place but complaints, investigations and responses were not recorded to show what action had been taken. The provider was not using this information to assess and develop the quality of the service.

The registered manager did not have effective systems in place to assess, monitor and improve the quality of the services provided. To ensure that people were protected from inappropriate or unsafe care. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which following the legislative changes of 1st April 2015 corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was aware of their responsibilities but as they were also covering care calls they had limited time dedicated to their manager role. This enabled the registered manager to be in regular contact with support staff. However, the registered manager had not notified CQC of an allegation of abuse to service user that had been investigated by the local authority. The local authority have the lead responsibility to investigate safeguarding allegations. The local authority had been involved with the investigation but it is a requirement that the service notifies CQC of any abuse or allegations of abuse that relate to service users. We discussed this with the registered manager of the service who assured us that they would report all future safeguarding incidents and allegations to us.

Is the service well-led?

We saw that where issues had arisen in relation to the standard of care the registered manager had held a staff meeting and addressed the issues with the staff. Staff told us they were clear about the expectations on them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 which following the legislative changes of 1st April 2015 corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People who use services and others were not protected against the risks associated with inappropriate care as there was not an effective system in place to assess, monitor and improve the quality of the service. The registered manager had not had regard to views expressed by service users. Regulation 10 (1) (a) and (2) (b)(i).</p> <p>Regulation 17 (2) (a).</p>