

BS24 Limited

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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?

Good ●

Summary of findings

Overall summary

About the service

BS24 limited is a domiciliary care agency providing personal care to people living in their own houses and flats in the local area. The service provides support to older people with physical support needs, some of whom experienced a recent change in their health and required support after hospital stay. At the time of our inspection there were 20 people using the service.

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

People and their relatives told us they felt safe with staff visiting them and received flexible support which met their needs and expectations. Staff supported people in a person-centred way and safely, around their needs, individual risks, or medicines when required.

People told us staff were kind, caring and compassionate. One person said, "It is quite a personal agency. They are quite amenable. I can always get hold of them if I need to. Overall they are a good crowd." Staff knew how to support people so they felt respected, listened to and involved in their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personal support tailored for their individual circumstances. There were enough staff employed and visits were happening as planned. New staff were employed safely. Staff felt supported by the management and received support to be competent in their roles.

The management team presented with caring values and created an open and inclusive culture in the service. The registered manager monitored the quality and safety of the care people received and was personally involved in overseeing the day to day running of the service and implementing improvements. People, their relatives and staff felt involved and complimented the communication in the service.

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

Rating at last inspection

This service was registered with us on 04 June 2013 and this is the first inspection. This is because the service was not providing support with personal care to any persons until late 2021.

Why we inspected

This inspection was prompted by the length of time the service was providing support to people with the regulated activity of personal care since it started to do so.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

BS24 limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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 people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives of the people about their experience of the care provided. We spoke with five members of staff including the registered manager, the care coordinator, business manager and care staff.

We reviewed a range of records. This included three people's care plans and multiple medicines records for people supported with their medicines. We looked at recruitment checks and training records for two staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. People's relatives confirmed this. One relative said, "Mum feels very safe and very secure with them."
- Staff knew how to report and escalate any concerns and were trained in safeguarding people from abuse. One staff member told us what they would do if concerned, "I would tell the manager (and they would investigate). We do have contacts to social services."
- The provider had a robust safeguarding policy in place and the registered manager was aware of their safeguarding responsibilities. There were no safeguarding concerns since the service started supporting people.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt staff were able to support them safely around their individual risks. One person using equipment to mobilise told us they felt "perfectly safe" when staff supported them. A relative of a person said, "I have no worries because I know they are taking good care of [person], and I know they would contact me if there were any problems."
- Staff knew how to raise any concerns around changes of people's needs. One staff member said, "I have to document everything and let someone know. First thing I would call office for help, so they can advise what to do next, they are always there for us."
- People's care plans included information around their individual risks and needs and how the care visits were to address those. For example, people's needs around mobility support, skin integrity, personal care or home environment were assessed in their care plans.

Staffing and recruitment

- People and their relatives told us staff overall visited them on time and stayed as long as planned. One person said, "They come between seven and half past seven. They have only ever been late once and that was because the person they had been with before had an accident." Another person said in case of emergency the agency has "someone else to step in" and they were never left without care.
- People told us they received care from a consistent staff team and knew who was coming to visit. One person said why this was important to them, "I have continuity. They seem to try and keep the same group of [staff] who come to see me, which is good because with some agencies, you don't know who is coming through the door." Another person said they liked the continuity as they "have got to know all [staff]."
- Staff told us they had clearly planned rosters, were supported with travel in between visits and there was enough time provided for care. Staff knew what to do if people's needs changed. One staff member said, "Some [people] who we don't have enough time for, I would tell the office and they would sort it out." The agency operated safe systems of scheduling and real time monitoring attendance of staff on care visits

which were enabled via an electronic system. Staff could access on call management support.

- New staff were recruited safely. They underwent an application and interview process and pre-employment checks. Those checks looked at professional references, identification, right to work and Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Not all people were supported with their medicines. Where people received support in this area, this was done safely. Staff were trained and their competency in supporting people with their medicines was monitored.
- Staff completed medicines administration records when supporting people with their medicines. The registered manager monitored that support during ad hoc visits and planned to implement more robust and structured medicines audits.
- People's needs around their medicines were assessed in their care plans and additional support was offered by staff when needed.

Preventing and controlling infection

- People told us they felt safe with staff who wore appropriate personal protective equipment (PPE) when visiting them. Staff knew what items of PPE were required in what situations, received appropriate training in infection prevention and control and told us they had ongoing support to access PPE and testing.
- The service had a clear infection prevention and control (IPC) policy and risk assessment around COVID-19. The registered manager had overseen staff compliance with good practice in IPC.

Learning lessons when things go wrong

- There were no incidents, accidents or safeguarding concerns since the service started supporting people. The registered manager was aware of how to analyse any adverse events to identify areas for improvement and lessons learnt.
- Despite no incidents or accidents, the registered manager monitored other feedback around the service and used it to improve people's care and learn lessons. For example, they actioned improvements around systems used to support people with their medicine orders.

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

- People's needs were assessed in detail with them and their representatives involved. People and their relatives told us the agency carried out an assessment before they had begun to receive care. One relative said, "I was here with my father. They listened to what we had to say."
- People's initial needs assessments were person-centred and detailed enough to ensure safe care. People's personal goals, preferences and health and other needs were discussed with them and their representatives and included in their care plans.
- The registered manager took part in webinars, engaged in the local social care networks and kept themselves up to date around changes in national guidance. They were supported by the provider to ensure they worked in line with the regulatory requirements and best practice.

Staff support: induction, training, skills and experience

- Staff received mandatory training and support on a daily basis. People told us they felt staff were competent for their roles. One staff member said about their training, "I did the medication, about the hoisting (use of moving and handling equipment), care. [Management] have shown us what to do. I did shadowing (working with more experienced members of staff) and met clients. I know I can call the office (for support)." Staff records confirmed this.
- Staff told us they felt supported by the management team. One member of staff said, "I am supported. I feel safe as all office staff answer the phone if you need anything, help or advice -they are there." Another member of staff said, "It is good. I enjoy working with [registered manager], she is understanding."
- Staff told us they had ongoing opportunities for training, were encouraged to complete qualifications in social care and were supported by the registered manager to discuss any issues and support needs on a regular basis. One staff member said, "Yes, I do have support. This is one of the things why I really enjoy working here."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's support needs around nutrition and hydration were assessed in their care plans. One person said, "I have control over my menu. My [family] do the shopping online. It is cooked and served by my care staff." A relative of a person said, "[Staff] do check and make sure they have eaten. The one that goes in in the evening will make [person] a snack if she wants one."
- Where needed, staff ensured additional support was provided to protect people from risk of malnutrition or dehydration. For example, they implemented a food and fluid intake chart for a person who was at

increased risk.

- Staff supported people to access emergency and healthcare services when needed. One relative said, "[Staff] monitor everything. They have a folder and they write everything down. I have total confidence in them. I know they keep an eye on her. They contact me to keep me updated, and they have contacted her GP if they think a visit is needed." Another relative said, "They have called the doctor or the district nurses if they are concerned about something." We saw people's records confirmed this was the case.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their choices and respected their decisions. Staff knew their responsibilities around the MCA. One staff member said, "I just ask questions, you communicate to make sure (care provided) is what [people] want."
- The management team understood the principles of the MCA and people's records included information around the MCA. A management team member explained to us, "I think first we have to treat everyone as having capacity until attested otherwise. We have to respect them, treat them with dignity and give them time to express their feelings, views and values. You can't make decisions for them. Even when someone is deemed not to have capacity, it doesn't mean they don't have a say in their care."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were caring and respectful. One person said about staff, "I have got on well with all the girls (staff). They are lovely. They are all very cheerful." Another person commented, "They are all chatty and friendly."
- Staff built positive, caring relationships with people. One person said, "I have got a consistent carer who is very caring. Generally it is the same carer twice a day." Staff knew how to support people to feel at ease. One staff member said, "Communication is key to be caring, to make people comfortable. I would ask if [person] needs anything else, if there is anything I could help with."
- Staff were compassionate when people might have struggled to accept help and showed understanding and respect. A relative of a person told us, "[Person] has a lot of anxiety, so the carers have had a real job with them at times. They sometimes try to 'fight' them when they are trying to provide their care. They are very calm and collected. And if they felt they could not help them, they would leave it and try again the next day."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they felt involved in their care and listened to with their choices being respected. One person said, "[Staff] changed the care plan because I became a bit more capable. If there are any changes, I let them know." People's records confirmed they were consulted around their care.
- People told us they felt staff treated them with dignity and respected their privacy and their homes. One person said when we asked if they felt staff respected them, "Very much so. All of them are very pleasant."
- People told us they felt their independence was promoted and respected by staff. One person said, "Yes or they would not be here. I have full capacity mentally and I can tell them what I want." Another person added, "They do whatever I ask. They are a great help."

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

- People's care was personalised, well-planned and regularly reviewed with them. People's individual wishes, goals and preferences were included in their care plans and people felt able to express those. One person told us, "They know how I like things done." People's care plans included information on things important to them, their identity and lifestyle.
- When people's circumstances and needs had changed, the agency was responsive in adjusting the care they received. One relative explained to us, "We started with four visits but it was not working with [person], so they changed the times to suit what [person] needed and reduced it to three visits."
- Staff were supported to get to know people well and support them in person-centred way. One staff member told us how the weekly meetings in the office supported them to do so, "We have once a week meeting and go to the office and talk about clients (people)"
- The management team valued a person-centred approach to care and support provided to people. A management team member told us, "For me it is important personal care is personal and care plans are person-centred. It is all about the individual, not a tick box exercise."

Meeting people's communication needs

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

- People's communication needs were addressed in their care plans. Staff knew how to communicate with people well and people told us they felt listened to and encouraged to express themselves.
- Staff were aware of any specific needs of people, for example when people needed reminders, simple language to be used or for them to speak clearly and louder than usual so people could understand.
- The registered manager was aware of their responsibilities in regard to the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although most people did not require support with social aspects of their lives, staff were ready to offer that when needed. Staff knew people's emotional needs and supported them to maintain the relationships important to them, for example by communicating frequently with their families.

- People told us staff supported them to avoid social isolation and they enjoyed their company. One person said, "They are very pleasant girls. They are very caring. They try and cheer me up. I get on well with them."

Improving care quality in response to complaints or concerns

- People and their representatives knew how to raise any complaints and trusted the provider would address them appropriately. One person said, "There was information on how to complain in the service user guide."
- Staff knew how to enable people to raise complaints and work in an open and transparent way, aiming for prompt resolution of any issues. One staff member said, "First of all you have to apologise and explain so they can understand what happened. I would know how to advise on complaints (how to raise it in the agency)."
- The provider had a complaints policy in place. There were no complaints since the service started supporting people but there was a clear process on how people could raise complaints and what the management would do to address them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People, their relatives and staff told us the service had a positive culture promoting inclusion and openness. One person said, "I am very happy with them. Generally they are very good in all aspects." Another person commented, "It is quite a personal agency. They are quite amenable. I can always get hold of them if I need to. Overall they are a good crowd."
- People's care achieved good outcomes for them and their loved ones. A relative of a person said about how the care affected their family, "Initially I was worried, but it is the best thing that could have happened. This team are more professional, more consistent, more caring. Nothing is too much trouble for them. They do an amazing job."
- The registered manager was involved in the day to day running of the service hands on and passionate about the care provided to people. Staff told us they felt listened to and supported. One staff member said, "What I would say what works very well is the open-door policy we have. Everyone is able to come in and express their feelings, is given a chance and listened to." The registered manager knew people and their needs and preferences well.
- The service worked with community nurses, people's doctors, pharmacist, relatives, social services and others to provide people with timely and person-centred care.

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

- The governance systems and structures were at early stages of development and there was no formal auditing structure due to the size of the service. However, the registered manager personally supervised people's care, was visible and monitored the quality and safety of the service on a daily basis. They also upskilled a staff member to ensure there was ongoing and effective management support available for staff at all times.
- People told us they felt the registered manager had a good oversight of the service they received. One person said, "Oh yes. [The registered manager] pops in herself sometimes; she came not so long ago. She came to chat with me to see if everything was all right."
- The registered manager personally checked all care plans, assessed people's needs and gathered their feedback. They also worked with the provider and other management team members to establish required improvements and to implement them.
- For example, they recognised the need to improve recording systems and were implementing an electronic system to streamline records and enable more effective real time monitoring. They also planned

to introduce more formal auditing structure as the agency grew. One staff member said the registered manager monitored the quality of those records and advised staff on an ongoing basis, "[The registered manager] comes and checks (care plans) and advises me where I should change. I have support and do all the things, she always listens what is needed."

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

- People and their relatives told us they felt engaged in their care and asked for their opinions which were listened to by the management. One person said, "I can speak to [management] whenever I need to and they ring up regularly just to check on things."
- Staff told us they had regular opportunities to share their views and ask for support, via contact with the office team via phone or when attending the office to meet with the managers. People's records confirmed the management team took action based on staff feedback.
- The management team understood their responsibility to work in an open, honest and transparent way. One manager said, "Being open and honest is practiced automatically here. It is one of those policies that keeps happening (on a daily basis)."