B2B Independent Living Ltd

141 Whitworth Road

Inspection report

141 Whitworth Road
Rochdale
Lancashire
OL12 0RE

Tel: 01706751599

Date of inspection visit:
21 March 2019
26 March 2019
27 March 2019

Date of publication:
23 May 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: 141 Whitworth Road is a domiciliary care agency. The service provides care to people living in their own homes. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, eighteen people were receiving personal care as part of their care package.

People's experience of using this service:
There was a high level of satisfaction with the service. The director told us they did not need to advertise as they received new referrals by word of mouth. People had confidence in the service and felt safe and told us that staff were kind and caring. The service was relatively new and this was their first inspection. The service plans a management restructure. This will help to prioritise the further development of the service.

Rating at last inspection: This was the first inspection of 141 Whitworth Road since their registration with the Care Quality Commission in March 2018.

Why we inspected: This was a planned inspection based on the current timescales for inspecting newly registered services.

Follow up: We will continue to monitor the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

141 Whitworth Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one adult social care inspector and one 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; in this case they had experience of older people and people living with mental health issues.

Service and service type:
141 Whitworth Road is a domiciliary care agency and provides personal care to people in their own homes.

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:
We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 March 2019 and ended on 27 March 2019. We visited the office location on 21 and 27 March 2019 to see the registered manager and to review care records and policies and procedures. We made calls to people using the service and relatives on 21 March 2019 and visited five people in their own homes on 26 March 2019.

What we did:
Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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 the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised about the service.

During the inspection we spoke with eleven people who used the service, five relatives, five care staff, the registered manager, the director and the nominated individual. A nominated individual has responsibility for supervising the way that the regulated activity is managed.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, five staff recruitment files, training and supervision records, eight care plans, satisfaction surveys and a range of auditing tools and systems and other documents related to the management and safety of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse
- Policies and procedures for safeguarding people from harm were in place. These provided staff with sufficient guidance on identifying and responding to signs and allegations of abuse.
- Staff had undertaken safeguarding training and safeguarding was covered in the induction for new staff.
- Staff were aware of how to recognise a potential safeguarding issue and understood it was their responsibility to report any concerns. They were confident the registered manager would respond appropriately. The registered manager made referrals to the local safeguarding authority when required.
- People and their relatives felt safe using the service. People told us, "Yes I feel very safe". Relatives told us, "These carers are wonderful. Their approach puts you at ease".

Assessing risk, safety monitoring and management
- People's properties were assessed to ensure staff were able to support people safely. This included smoke alarm checks and identifying any potential hazards at the property.
- Individual risk assessments focused on issues such as mobility, moving and handling and medication.
- Risks were being managed in practice. People and their relatives told us during home visits that they felt safe and reported no concerns.

Staffing and recruitment
- Staff were recruited safely and the provider carried out appropriate pre-employment checks prior to them commencing their role.
- There were enough care staff to meet the needs of people and to deliver the service safely.
- People, relatives and staff told us that there was continuity of care. People had visits from regular care staff.
- People told us they had not experienced any undue waiting, lateness or missed visits. Comments included, "My carers are never late", "They are always here when they are due" and "[Relative] is very particular about time, they are very good at respecting this."
- Staff told us they had time between calls to travel from property to property and had time to complete the care and support people needed including time to talk to people.

Using medicines safely
- There was a medicines policy and procedure which contained sufficient guidance for staff about the safe storage, administration and disposal of medicines.
- Staff were trained in medicines administration. Care staff shadowed senior staff and competencies were checked before staff were allowed to administer medication unsupervised.

● Medicines were stored securely in people's homes when this was necessary.
● A medication assessment detailed how much support was required. People's independence to manage their own medicines was supported if safe to do so. Where people required support with medicines, this was captured in their care plan.
● People's medicines records in their care files were not always up to date. We reviewed this with the registered manager and could find no impact. People received their medicines as prescribed. It was agreed that robust systems must be in place to keep records up to date to reduce the risk of errors occurring.
● The medication administration records (MARS) were audited monthly and action taken to resolve any concerns.

Preventing and controlling infection
● Staff had received training in infection control and understood their responsibilities when we spoke with them.
● Personal Protective Equipment (PPE) such as gloves and aprons were available at people's properties.
● People we spoke with told us that care workers followed procedure and used disposable PPE such as gloves and aprons when providing support.
● No concerns were raised about infection control during the inspection.

Learning lessons when things go wrong
● Accidents and incidents and any actions taken were recorded. We recommended that the service records any lessons learnt and carried out a monthly analysis to look for patterns and trends to mitigate further risks.
● Staff were confident to report incidents. There was an open culture and an open-door policy.

Good

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

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 received a full assessment of their needs prior to using the service. This helped to ensure that people's needs could be met.
- There was constant communication with people and their families through WhatsApp groups to agree visits and tasks to be completed. This technology was used with the consent of the people who used the service.
- People told us their needs were met effectively and this included their choices and preferences, "Whatever I need staff to do, they help me with, it's amazing", "Like I said before, carers do their job well, otherwise I will not use their services", Relatives told us, "I am happy to say this company has looked after my husband's needs very well", "[Relative] was at a low point when they started. They have turned it around."

Staff support: induction, training, skills and experience
- Staff received an induction and shadowed more experienced staff members until they were assessed as being able to wrok alone.
- Staff received training to enable them to meet people's needs. Additional training was available to meet specific needs.
- Staff could describe how to support people with different needs, for example where people needed support with moving and handling or eating and drinking.
- Staff told us that they felt valued and that the support and training was good, "Training is always ongoing, including first aid, mental capacity act and palliative care for example. I have definitely had the training to carry out the role. If I need extra I can access it" and "Yes, definitely I have done a lot of courses since I've been here including level 3 in health and social care".
- People using the service felt staff were competent. People told us, "I am happy that they are well trained" and "They know what they are doing, I don't need to correct or follow them around".

Supporting people to eat and drink enough to maintain a balanced diet
- Staff told us they had time to spend with people at mealtimes to ensure their nutritional needs were met.
- The people we spoke to were happy with the support they received. One person told us, "The carers are very nice, they taught me how to make a scrambled egg using the microwave".
- People's likes and dislikes in relation to food and drinks preferences were not always recorded. People told us that good communication with their carers ensured that their preferences were adhered to.

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

● Any concerns around supporting people were reported to the GP, the local authority or other relevant professionals.
● All the staff we spoke to told us that communication was effective and that they were well informed about people's needs and the tasks that were required to complete at each visit.
● Relatives/people told us, "They are very good at keeping us up to date. They update us all of the time", "Yes, they communicate well with my daughter", "There is good communication including a WhatsApp group".

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 made in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through an MCA application called the Deprivation of Liberty Safeguards (DoLS). When people are living in their own homes, they can still be deprived of their liberty but an application needs to be made to the Court of Protection (CoP).

We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and if any conditions of the authorisation were being met.

● No one being supported by the service was in receipt of any authorisations from the CoP.
● Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment where possible.
● Staff we spoke to understood the importance of gaining consent from people. The people we spoke to confirmed this, "They ask what I need and how I need it".
● The way in which people's lack of capacity was recorded was not always clear. We did not find any negative impact where people were not being empowered or protected in practice.
● Any concerns around capacity to consent were referred to the local authority for further input.
● Staff had received training in the mental capacity act and understood the requirements of the act.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were supported by a dedicated and caring staff team who knew them well and treated them with respect. Staff told us, "I see the same people on a regular basis and I know their needs well" and "Yes, I see the same people. We always shadow before we see someone new".
- We observed kind interactions between staff and the people they were supporting which included appropriate humour and responses to the person's needs.
- People and their relatives told us people were treated with kindness and respect, "I have seen carers engaged with my mum, they are lovely and kind" and "They are pleasant, respectful and caring, they don't only care for my mum, they do care about how I feel, they don't have to, but they do".
- Through talking to people, staff and relatives and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care
- People and their relatives felt involved in their care and confirmed care staff listened to them, involved them in decisions and respected their views. People and relatives told us, "They are very involving", "Staff are very communicative" and "Yes from the first meeting they have involved us and have considered the family's needs as well".
- The provider promoted local advocacy organisations but no one required this support at the time of the inspection. The advocate acts as a safeguard of people's rights in accordance with legislation by supporting people to express their views and upholding these rights.

Respecting and promoting people's privacy, dignity and independence
- People and their relatives told us that staff respected their privacy and dignity. One person told us, "I am big on dignity and I know that carers have been very respectful, I am not just saying it for you".
- A relative described how staff supported their relative to engage with personal care when this had proved more difficult in the past. They had built a relationship based on trust and had established when was the most convenient time to carry out personal care.
- Staff told us how they promoted people's independence by letting them do as much for themselves as possible. People told us, "The four carers that come here regularly know what I can and cannot do" and "We work well together, it doesn't matter which carer is here, they all very supportive of my independence".

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. New staff shadowed staff who knew the person well before providing care alone. One relative told us, "They know [Relative] well, they have helped her and laugh with her, as well as provide care".
- Care files contained information on people's life history. This provided a platform to support genuine engagement with people.
- People told us that they received person centred care that met their needs. One person told us, "They ask what I need and how I need it" and "They listen to me and take it on board".
- Staff told us they were well informed about changes to people's care and that communication was good and that they had a clear schedule of tasks for each visit.
- The care files were not up to date and were not detailed enough to support person centred care. In practice the WhatsApp groups involving people, families and care staff, whilst aiding good communication, had distracted the provider from meeting the requirement to maintain accurate, complete and contemporaneous records in respect of each person using the service. Good record keeping improves communication and accountability and reduces the likelihood of errors occurring. Despite this shortfall we did not find any negative impact on people during the inspection. The provider agreed to correct this to ensure that care file records met the required standards.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints system in place. This included the requirement to highlight any improvements made, as a result of any complaints, in the annual report for the service.
- Information on how to complain and how to contact external agencies such as the local council and the CQC was in people's care files in their homes.
- People and relatives were aware of the process should they wish to make a complaint.
- The service had not received any complaints. People told us, "Everything seems to be going well, there is no need for complaints", "The managers are always here, they get things sorted quiet quickly" and "We got the complaints procedure with the information pack".

End of life care and support

- Staff had received end of life palliative care training through the local hospice.
- The local hospice had given an award to the service for dignity and compassion in end of life care.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The director, the nominated person and the registered manager were all hands on and provided care to people in their homes. They had identified a need for a management restructure prior to the inspection. This was required to ensure that priority was given to quality assurance and service development and to ensure that the lines of responsibility for each management role was clearer.
- We received positive feedback about the service from people and their families. This included good communication and the service being responsive to their needs. People were safe and risks were managed appropriately. The records in place did not always reflect this. Some care plans lacked sufficient detail, were incomplete and were not up to date. The director explained that there was constant communication with people and their families through WhatsApp groups to agree visits and tasks to be completed and diaries were used in people's houses to aid communication. Both the diaries and the WhatsApp groups were used with consent of people who used the service. The care files had not been updated to reflect what had taken place in these groups. This falls short of the required standard for record keeping. Medicines records in people's care files, for example, were not always dated and were also not up to date when we checked. The director agreed to rectify these issues to ensure that Whatsapp records are transferred to care plans and to introduce regular audits, as part of the management restructure, to ensure that the paperwork was correct.

This demonstrates a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback from all stakeholders about the management culture. They told us the managers were approachable, supportive and proactive at dealing with any issues that arose. Staff told us, "Yes they sort problems out quickly, especially if it's to do with clients. They have good relationships with families". People told us, "They are hands on, they occasionally come in when they are short staffed" and "They are doing a good job, they are first class".
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was aware of the statutory Duty of Candour which aims to ensure that providers are open,

honest and transparent with people and others in relation to care and support.
● There was a clear vision for the service which prioritised safe, high quality, compassionate care.
● There was an open, transparent and inclusive atmosphere where people, their families and staff felt include and involved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff and families told us there was good communication in place and that they felt involved in the service. There were regular spot checks and surveys to find out people's views and there was evidence that any issues raised were responded to. People told us, "I completed a few questions and answers and I just don't find anything wrong with their service" and "They came a couple of time to ask me how I feel".
●People received an information pack when they started to use the service and people found this useful. Comments included, "I got my Support pack from the agency, it is very useful" and "I got every information I need in my drawer about the agency and who to call".
● Staff reported high level of satisfaction with their jobs and highlighted that the service was person centred. Staff told us, "Yes, I love caring and the culture of the company is excellent" and "Staff are supported in every aspect of the job…the managers are also part of the front-line caring team, they wouldn't ask you to do anything that they wouldn't do themselves".

Working in partnership with others
● The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and commissioning group who commissioned the care of some people using the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care records were not always completed or up to date.