

3BN CARE LTD

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Inspection report

Corby Business Centre
Eismann Way
Corby
Northamptonshire
NN17 5ZB

Date of inspection visit:
30 June 2023
12 July 2023

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24 July 2023

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

3BN Care Ltd is a domiciliary care agency providing personal care to people living in their own homes.

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. At the time of our inspection there were 10 people being supported with the regulated activity of personal care.

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

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. People received their medicines safely and as prescribed. People were supported by regular, consistent staff who knew them and their needs well.

The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the care people received.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People's needs, and choices were fully assessed before they received a care package. People's care plans included information needed to support them safely and in accordance with their wishes and preferences. Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs.

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 and their families were involved in the care planning and reviews of their care where possible. The provider had a complaints procedure which was accessible to people and relatives, so they knew how to make a complaint. Systems were in place to address and investigate complaints.

The service had good governance systems in place to ensure all aspects of the service and people's care were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision. Feedback was sought from people using the service and relatives to drive

continuous improvement at 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 30 May 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This was a planned inspection following registration.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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 30 June 2023 and ended on 12 July 2023.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with 2 people using the service and 2 relatives for feedback on their experience of the care provided. We had discussions with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback via email from 4 members of care staff.

We reviewed a range of records. This included 3 people's care records, risk assessments and medication charts. We looked at 3 staff files in relation to recruitment, training, and supervision. A variety of records relating to the management of the service including audits, feedback from people, 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 using the service were protected from the risk of potential harm. One person told us, "I am very safe. They know how to look after me safely and they are always very careful to make sure I don't fall." A relative commented, "This is the safest [family member] has been in a long time. I can finally relax knowing [family member] has carers who do their best to keep them safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. Staff told us and records confirmed they received safeguarding training and knew how to recognise and report any concerns of abuse. One staff member told us, "I would feel comfortable to report anything worrying. [Registered manager] is always encouraging us to speak up."
- Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- People told us staff knew how to keep them safe. One person said, "My carers really help me with my mobility. They make sure there is nothing for me to trip over."
- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk. For example, risk management plans were in place regarding falls and how to mitigate those risks.
- Staff informed the registered manager when they had concerns about people's health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed. Care plans were reviewed regularly so any changes to people's needs, and risk management strategies could be implemented swiftly.

Staffing and recruitment

- People and their relatives told us they were happy with the staff who provided their care and support. One person told us, "I see the same carers and that's important to me. They know me well and they know what I need before I have to ask."
- People and relatives said the carers were reliable, punctual, and always stayed for the amount of time they were expected to. One person told us, "I could set my watch by them. They often stay a bit longer and do little odd jobs or they stay for a chat which is lovely."
- We also received positive comments from staff about staffing numbers. One told us, "There is enough staff, and we have enough time to give care that is not rushed."
- Staff were recruited safely into the service. This included ID checks, previous employment references, and Disclosure and Barring Service (DBS) checks. DBS 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

- Systems and processes were in place to ensure staff supported people to take their medication consistently and safely. One relative told us, "The carers remind [family member] to take their medicines. We have never had any problems."
- Staff had received training in the safe handling and administration of medicines and their competencies were regularly assessed. We looked at medicines administration records (MAR) which had been completed accurately.
- Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff completed training in relation to the control of infection and they had sufficient personal protective equipment (PPE).
- People and relatives told us staff always washed their hands and wore PPE when carrying out personal care. One person said, "The carers are careful about hygiene. I feel safe knowing they always wash their hands and wear their gloves and aprons."
- The provider had an infection control policy in place that was up to date and accessible to staff.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety.
- The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.

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

- An assessment of people's needs was completed before they started to receive care. These were used as a foundation for people's plan of care. Care plans provided staff with the guidance they needed to meet people's needs.
- People and relatives confirmed they had been involved with their care planning to ensure they received the care they wanted. A relative said, "We have been involved every step of the way. Everything is discussed before it's put into action."
- The assessment tool covered all aspects of a person's needs including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's spiritual and cultural needs.

Staff support: induction, training, skills, and experience

- People and their relative's felt staff were well trained. One person said, "They are a handpicked team who have been well trained, and you can see that in how they care."
- Staff were sufficiently qualified, skilled, and experienced to meet people's needs. Records confirmed they had received an induction and on-going training relevant to their role. One staff member commented, "The training was very good and provides us with the skills we need to do the job. We have regular supervision meetings as well so if I need more training I only need to ask."
- There was a rolling programme of supervisions and direct observations. The registered manager monitored this to ensure staff were working in line with best practice.

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

- People were supported to eat and drink enough to meet their dietary needs, and this was done in a safe way. One relative said, "[Family member] was a bit underweight but the carers have been lovely, making sure they eat and drink enough."
- Staff training records showed staff had completed food hygiene training and nutrition, fluids and hydration training so knew how to manage food safely.
- We saw people's nutritional and hydration needs had been assessed and guidance put in place for staff to follow.

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

- People were supported with their healthcare needs and staff worked with families to ensure people received the care they needed. A relative told us, "Communication is very good. The carers will contact me if [family member] appears unwell and will call the doctor."

- Staff knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns. Care plans provided an overview of people's health needs and the involvement of health care professionals where applicable.

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's mental capacity had been considered in line with guidance for relevant decision-making processes.
- Staff had completed training in relation to MCA and people told us they always asked for permission to undertake a task first before they went ahead.

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 were treated with kindness and compassion. One person told us, "I only have 2 words to describe them. Excellent and brilliant." Another person said, "They are all very kind. They were made for the job."
- Relatives were equally complimentary in their feedback. One told us, "Staff go above and beyond. I know they sit with [family member] for a chat. It's very personable." Another commented, "I can't fault the carers. Each and every one of them is kind and caring and show [family member] compassion."
- Records included information about people's preferred name and other key details about their spiritual and cultural beliefs where required.
- Staff had received training in equality and diversity, they demonstrated an understanding of people's care needs and the importance of respecting diversity. One person told us how the carers and the registered manager played with their pet when they came to their home, which they said was important to them.
- Care plans described people's individual daily routines, cultural needs, and personal preferences.

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

- People and relatives confirmed they were involved in making decisions about their care. A relative said, "Yes, I am very much involved. The communication is excellent. After the first 6 weeks the manager called me to check how everything was and if we were happy."
- People's communication needs were assessed before they started using the service. This detailed the person's preferred way of communication to ensure information was shared effectively.
- Records showed that people's care was reviewed regularly and that people and relatives where appropriate, participated in the process.
- The registered manager said they would support anyone who wanted to use the service of an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity, and independence

- People were encouraged to maintain their independence and do as much as they could for themselves where appropriate. One person gave us as an example, "They have given me a bit of independence back. All those little bits I can do for myself like preparing lunch I do now, and the carers encourage me to do what I can."
- People told us that staff treated them with respect and always made sure their care was carried out in private. One person said, "My carers are very respectful. They are polite, gentle, and caring and they always treat me with dignity. They are top notch."

- A confidentiality policy was in place. The registered manager understood their responsibility and ensured all records were stored securely.

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 and support was planned in partnership with them and their families. Without exception everyone told us they had been involved in their care from the beginning and that if something wasn't working the registered manager was quick to act. A relative said, "[Registered manager] listens and acts quickly when something is not working as it should. You don't have to hand around for days and nothing happens. It's acted on quickly."
- A needs assessment was completed and used to develop a plan of care for each person. Care plans contained person-centred information, for example their likes, dislikes, and individual preferences. Care plans had been reviewed regularly or when people's care needs changed.
- The care and support plans we looked at were reflective of people's current needs and provided staff with information they needed to provide care and support in line with people's preferences.

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 assessed, and details of any specific needs were recorded. Care plans showed that 1 person was supported with their communication via a soft toy. This had improved communication for the person and had resulted in the person allowing staff to support them more.
- The registered manager said they would consider each person individually and would provide any support they needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and policy in place that had been provided to people and their relatives, so they knew how to make a complaint. A relative said, "I have information on how to make a complaint. However, communication is always open so I don't think it would get to that stage. Concerns are always nipped in the bud because we are listened to."
- Complaints were thoroughly investigated, and actions taken where required to ensure people felt listened to and their concerns were acted upon.
- The provider had systems in place to learn lessons from complaints to drive continuous improvement at the service. This oversight allowed for the embedding of learning from incidents and accidents.

End of life care and support

- At the time of our inspection staff were not providing end of life care to anyone. The registered manager told us that staff had received the appropriate training in relation to end of life care and records we looked at confirmed this.
- There was an end-of-life policy in place that staff could refer to if they needed.

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

- The registered manager was committed to delivering good quality care to people in their homes. Everyone spoke positively about the approachability, availability, and caring personality of the registered manager. One person said, "The manager is fantastic. They are like a son to me." A relative said, "The manager is particularly good and very approachable. They run a tight ship and it works well."
- Staff told us they were happy working at the service and felt valued by the registered manager. One staff member said, "Yes I feel very much valued because I receive recognition and appreciation for my contributions, and the organisation has supported and stood by me in challenging situations."
- There was a positive culture that was open and transparent where people using the service and staff felt empowered, respected, and supported. One staff member said, "The culture of the service includes treating individuals with empathy, respect, and dignity. The service strives to create a positive and inclusive environment for both staff and service users, where everyone is treated with kindness and compassion."
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated, and skilled staff team. Staff told us this made them feel valued and appreciated.

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 manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- Staff informed us they felt well supported, listened to and the manager was open and contactable. One staff member commented, "The management team is very approachable, friendly and a joy to work with. They make the work environment enjoyable therefore making it easy to work as a team and achieve our goals in a positive way."
- The provider had a system of checks in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff. One staff member commented, "Changes are typically communicated through regular staff meetings, training sessions, email updates, or notifications on notice boards. Open communication channels and clear dissemination of information ensure care workers stay informed and can adapt their practices accordingly."

- Systems were in place to manage staff performance including supervisions, appraisals, and a training programme.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.

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

- Team meetings took place regularly and these provided opportunities for staff to receive information and discuss topics relevant to their roles. A staff member said, "Our regular staff meeting is every week. If it's postponed, we are normally updated on time. These are used to provide good communication, collaboration, professional development, problem-solving, feedback and support."
- Surveys were used to invite feedback from people using the service and relatives about the support received. We saw that feedback was positive and included the following comments, 'Your service is outstanding. [Name of staff] has been so good to [family member] and your carers are gentle and loving.' Another comment read, 'It's been close to a year now since you took over our care and you have been outstanding.'
- Staff understood their role to provide quality care and report concerns to the management team. Staff were aware of the whistleblowing procedure and were confident, any concerns and suggestions made would be listened to and acted on.

Continuous learning and improving care; Working in partnership with others

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality-of-care people received.
- There were systems in place to learn lessons when things went wrong, so improvements were made to enhance the care people received. For example, the registered manager had provided company vehicles following feedback about timings of calls. This had increased efficiency and ensured completion of calls without incidents of missed or late visits.
- The registered manager and staff team worked with health and social care professionals and responded to people's changing needs. For example, staff liaised with nurses, the local district nursing team (SPOA, Single Point of Access), diabetes nurses, intermediate care team and adult help line.