

D&J Care Services Ltd

# BH House

## Inspection report

77A Lewisham High Street  
London  
SE13 5JX

Tel: 02036208383  
Website: [www.djcareservices.com](http://www.djcareservices.com)

Date of inspection visit:  
15 December 2016

Date of publication:  
29 December 2016

### 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

This announced inspection took place on 15 December 2016. BH House provides personal care and support for older people in their own home. At the time of the inspection 23 people were using the service.

This is the first comprehensive inspection of the service by the Care Quality Commission (CQC) since registration in April 2014.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Staff were trained in how to protect people from abuse and harm. Staff knew how to recognise signs of abuse and their responsibility to report any concerns. Staff assessed risks to people's health and had guidance to ensure they managed the known risks to protect people from harm. Risk assessments were reviewed and updated regularly to ensure they remained effective.

There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted when people's needs changed. The provider used an electronic system to monitor staff visits to people's homes and to minimise the risk of late or missed visits. The provider had robust recruitment processes. Staff were recruited safely and suitable to support people.

People received the support they needed to take their medicines safely. Staff had received training on managing and administering people's medicines.

Staff were competent to meet people's needs. Staff received ongoing training and had the skills and knowledge to provide care effectively. Staff had regular supervision to monitor their performance.

People were involved in decisions about their care. Staff understood systems in place to protect people who could not make decisions and followed the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff knew each person well and understood how to meet their needs. The provider tried to ensure the same staff looked after people to promote good working relationships.

Staff assessed each person's needs and preferences. Care plans were individualised and provided enough information for staff on how to support people. People were involved in the day to day care and support. People's care plans were reviewed with their involvement and their relatives where appropriate. Care plans were updated as people's needs changed. People received care that was responsive to their individual care and support needs.

People received the support they required with their eating and drinking. People were supported to access healthcare professionals when needed.

People were treated with dignity and respect. Staff promoted people's independence and encouraged them to do as much as possible for themselves.

People were provided with information about how to make a complaint. There was a complaints procedure as well as incident and accident reporting. Staff supported people to make their views about the service and wishes known.

There was a positive and open culture at the service. Staff had a clear set of values based on respect and choice for people.

People and staff were encouraged to give their views about the service and their feedback was used to make improvements. The registered manager used audit processes in place effectively to monitor the quality of care people received and used findings to improve care.

## 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. Staff understood how they could recognise abuse and their responsibilities to report any concerns to protect people from harm.

Risks to people were identified and managed appropriately.

There were enough staff to meet people's needs. Recruitment checks were robust to ensure the provider employed staff suitable to work with people.

People received the support they required with their medicines.

### Is the service effective?

Good ●

The service was effective. Staff had the knowledge, skills and support to enable them to provide effective care.

Staff had the training they required to carry out their role. Staff received regular supervision to monitor their performance and development needs.

Staff understood their responsibilities in relation to the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received the support they required with their food and dietary needs.

People's healthcare needs were monitored and referrals made when necessary to ensure their wellbeing.

### Is the service caring?

Good ●

The service was caring. Staff provided people's care with kindness and compassion.

People were involved in planning for their care and support.

Staff treated people with respect and maintained their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and responded to the changes in their health. Staff had support plans on how to deliver people's care.

Staff knew people's individual support needs, their interests and preferences and respected their choices.

People had information on how to make a complaint.

People were encouraged to have full and active lives and to be part of the community.

### Is the service well-led?

Good ●

The service was well led. Staff and people described the registered manager as approachable. Staff felt well supported in their role.

There was an open and transparent culture where good practice was identified and promoted.

The registered manager welcomed people's views about the service and acted on their feedback.

Audits and surveys were carried out to assess the quality of care and to drive improvement where necessary.

# BH House

## 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 15 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and to make sure that appropriate staff and managers would be available to assist us with our inspection.

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.

Before the inspection, we reviewed the information that we had received about the service including any statutory notifications received and used this to plan the inspection.

During the inspection, we spoke with six people who use the service. We also spoke with the registered manager, operations officer, administrator and three members of care staff. We reviewed eight people's care records and medicines administration records. We viewed eight records relating to staff including recruitment, training, supervision and appraisals. We reviewed safeguarding procedures and the complaints procedure. We looked at monitoring reports on the quality of the service.

After the inspection we received feedback from one healthcare professional.

# Is the service safe?

## Our findings

People were safe at the service. One person said, "Yes. I have had no problem with the [staff] that have been here so far. I feel safe." Another person said, "They [staff] are very good." One relative said, "[Relative] is safe, absolutely." Another relative said, "[Relative] is always safe with the [staff]."

Staff understood the safeguarding procedures to protect people from abuse. Staff were able to explain types of abuse and understood their responsibility to report any concerns if they felt people were at risk of harm. One member of staff told us, "Safeguarding is for the protection of vulnerable adults from any form of abuse." Another member of staff said, "It's about ensuring people in our care are not abused and informing the manager if something doesn't look right." Staff told us and records confirmed they had received training in safeguarding adults. Staff were able to explain how to whistle-blow to alert authorities of abuse cases when necessary. Staff were aware of the provider's whistleblowing procedure and told us they would not hesitate to report any concerns they had about poor practice.

People were protected from the risk of avoidable harm. Staff identified and assessed risks to people's health and safety. Risk assessments were comprehensive and contained clear guidelines for staff on how to manage and minimise known risks. For example, a person's records included information about how they moved around within the home and outside and the equipment they used to help with this. Risk assessments showed staff how to respond to people if they were anxious or became distressed. Care records showed staff regularly reviewed risk assessments and made changes when necessary.

People were being supported by vetted and suitable staff. The provider ensured people were safe by using robust recruitment procedures. Staff records contained application forms, employment history, two references, criminal record checks, proof of identification and eligibility to work in the UK. Records showed the provider had carried out appropriate checks before staff started work at the service.

Staff knew how to keep people safe in an emergency. There was an on call system in place to support staff. One member of staff told us, "You can call the manager if you are not sure about anything. There is always a manager on standby in case of an emergency." Staff could contact the on call manager if they required guidance. Staff told us they were aware of the emergency response services to call should they recognise sudden changes in a person's health which required immediate attention.

There were sufficient staff on duty to meet people's needs safely. People and their relatives told us they received support from a regular and consistent staff team. One person told us, "I get support from the same [staff]." One relative told us, "It was different [staff] at the start. Now it's the two familiar [staff]. We got to know them." People told us they were informed of changes made to members of staff who supported them. Staff told us and records confirmed people often had the same staff visiting them which enabled people to experience continuity of care from staff they were familiar with. One member of staff told us, "We have good time to travel between [people] we support. We don't feel pressured at all." The registered manager completed rotas in advance to ensure they were available for each shift. Staff rotas showed absences were covered appropriately.

People received the support they required to manage their medicines safely. Staff undertook assessments on people's support need in regards to medicines management. People's medicines were recorded in their care plans and on their medicine administration charts. Support plans contained clear guidance to staff about the management of medicines for each person. Care plans provided guidance for staff on when 'as required' medicines should be given and for what ailments. Staff supported those people who were unable to manage their medicines safely. The registered manager and staff confirmed staff were only allowed to administer or prompt people with their medicines when they had completed medicines training.

People were supported by staff who minimised the risks of infection through their practice. Staff understood their responsibilities to reduce the risk and spread of infection. Staff told us they followed the service's policy and procedures to prevent cross contamination and had access to protective clothing.



## Is the service effective?

### Our findings

People were supported by staff who had the necessary knowledge and skills to meet their needs. One person told us, "I believe staff know their job. They have been doing the things I have asked them to do quite well." One relative told us, "Staff are very good. They support [relative] well."

Staff received an induction before they started to support people to ensure they understood people's needs. There were processes in place to ensure new staff were inducted into the service to enable them to understand the needs of people they would be supporting. The induction included classroom based training, e-learning, work book completion and on the job observation by the registered manager. New staff shadowed more experienced colleagues before being allowed to work on their own. The provider had implemented the Care Certificate for all newly recruited staff. The Care Certificate sets out learning outcomes, competences and standards of care that are expected of all staff new to care. The registered manager closely monitored the performance of staff during their probationary period. Records showed staff completed training and observations on their practice before they were considered competent to support people.

Staff received the support they required to undertake their role. Staff told us and records confirmed they were supported through regular supervisions to look at people's care and identify training and development needs. Staff said they used supervision sessions to look at best practice and identify where care could be improved. One member of staff told us, "We discuss any areas of concern and where we might require additional support in our work." Another member of staff member said, "We talk about the people I support and any training necessary for my work. It helps me to understand my job better." Staff said they felt listened to in supervision and that the registered manager addressed any concerns they had. Staff records showed supervision was carried out in line with the provider's policy. The registered manager had scheduled annual appraisals to monitor staff performance for January 2017 as staff had been employed under a year.

Staff received on-going training to enable them to meet people needs effectively. Staff training records showed when staff had completed training and when it needed to be renewed. Records showed staff had received up to date training in manual handling, safeguarding adults, dignity and respect, equality and diversity, infection control, health and safety and dementia awareness. One member of staff, "We get regular training and can ask for additional courses relevant to our roles to improve the way we support people."

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training and supported people in line with the requirements of DoLS and the MCA. One member of staff told us, "We always assume people have capacity although they can have capacity in some areas but not others." Another said, "The manager would complete an assessment if we thought a person was lacking capacity." The registered manager and records confirmed relatives were involved in people's assessments and reviews. Where appropriate 'best interests' meetings were held. Care records also showed assessments were carried out to assess a person's capacity to make decisions. Team minutes showed the registered manager and staff discussed MCA policy in meetings to guide them in how they supported people to make decisions.

People were supported to eat and drink as required. Care plans showed if people required help with meal preparation when staff visited. One person told us, "Yes it is very helpful. I could warm my food myself but can't bring it in to the room." One relative told us, "[Staff] makes ready meals or sandwiches for [relative]." Some people were supported with serving of their meals and others required prompting to eat regularly. Staff had received training in food hygiene.

People received appropriate support when necessary to keep as healthy as possible. One person told us, "They [staff] organise appointments for me." Another said, "They [staff] once called an ambulance for me and a GP." One relative told us, "Staff text me or [another relative] to let us know if anything goes wrong." Records showed staff supported people to access appropriate healthcare services and contained details of healthcare visits, appointments and reviews. Staff monitored people's health and recognised when they were unwell. Staff were aware of how to refer people to healthcare services if they thought their health needed attention. Records showed when people's needs changed referrals were timely and recorded in their care plans. One member of staff told us, "I would tell the family if it was appropriate or contact the office for advice." Care plans showed staff followed guidance received from healthcare professionals.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring. One person told us, "[Staff's name] asks me when [he/she] comes around things like did I sleep well? Was I alright going to the bathroom? Things like that. They always go that extra bit." Another person said, "They're very good. Anything I want, they'll do." One relative told us, "I would say [staff] are caring. They are always attentive and do what we ask. They always ask how we are."

People told us staff respected and treated them with dignity. One person told us, "Staff are very polite." One relative told us, "Staff have enough time to talk to [relative]." Staff said they respected people's dignity by ensuring they treated each person as an individual and met their needs in a person centred manner. Staff promoted people's privacy and dignity by respecting their space. One person told us, "Staff enter my bathroom only after I have called for them". A member of staff told us, "We make sure the door is shut when we give people personal care. We also ask if they are ready for us to help them." One relative said, "Staff always treat [relative] with respect." Another member of staff said, "I don't discuss people's care with anyone unless they are involved in their care." People told us staff asked them what they preferred to be called and used the names they liked.

Staff encouraged people to be as independent as possible and to be involved in activities of their day to day living. Support plans detailed what people were able to do by themselves and what they needed help with. A relative told us staff enabled people to do things for themselves and supported them with their choices. For example, a person told us, "I need help with bathing. Staff lay out my clothes and I dress myself." One member of staff said, "[Person's name] needs a lot of support with personal care but we always make sure we fetch their clean flannel so they can wash their own hands and face." Care plans were person centred and aimed at ensuring people maintained as much independence as possible. Care records showed people were supported according to the support they needed in completing tasks.

People and their relatives were involved in planning and delivery of people's care. One person told us, "The manager came to speak to me about the support I need." One relative said, "We and [my relative] are asked about what they want and what they like. Communication is good. Staff tell us what's going on." Care plans stated how people wanted their care to be delivered. One person's care plan said, "Staff are to give me a cup of tea before my wash." Staff told us that they always did as the person preferred.

Staff told us they ensured they communicated well with people. For example, they were able to explain how they ensured a person with a hearing difficulty heard and understood them. Staff said they ensured the person could see them talking so they were more likely to hear them and lip-read and be able to communicate with them about their wishes. One relative told us staff were patient when giving information to their relative and when explaining their support.

People were supported by staff who knew them well. One person told us, "Staff ask if there is anything else they can do to help before they leave." One relative told us, "Staff keep [relative] informed and apologise for any delays. They know [relative] wants to be reassured if things are not going according to plan." Staff were

able to discuss people's life histories as well as their personal preferences. One member of staff told us, "I've been working with [person] for some time and I know them quite well. I understand their likes and dislikes." Care records showed staff had asked people about their preferences and life histories and supported each person as they wished.

## Is the service responsive?

### Our findings

Staff responded to people's needs. The registered manager involved people and their relatives and agreed on how they wanted their support delivered. One person told us, "Staff listen to what I have to say." One relative told us, "Staff support [relative] the way they want and help them with things they cannot do."

People and their relatives were fully involved in planning people's care and support to meet their individual needs. One relative told us, "Staff discussed with us the needs of [relative] and how we would like the support to be given. They took into account what we said." The registered manager assessed people's needs when they were referred to the service. People told us staff had met with them to obtain information to complete an assessment of each person's needs. One relative told us, "It happened when [relative] was in hospital. Social services told us what she should have and we agreed after discussing with the manager." People's initial assessment included physical care needs such as washing, meal preparation, medicines management and monitoring of their health. Care records contained details about people's background, health and preferences.

People received care and support appropriate to their needs. One relative told us, "The manager carries out reviews. We are there for some but if not, they will phone to tell us how things are and they keep us informed of the changes to [my relative's] support plan." Staff monitored changes in people's health and the support they required. Care records showed people's needs were regularly reassessed and when required staff updated their care plans. This ensured staff delivered appropriate care and support to meet people's current needs.

People received the support they required to meet their needs and as planned. There had been one recorded missed visit since the service started. The registered manager and records confirmed the missed visit was taken seriously and investigated. The provider used an electronic monitoring system to ensure that staff were punctual and attended visits as planned. Staff were required to log on to the monitoring system when they arrived and logged out as they left people's homes. The operations officer explained how they used the system to monitor whether staff were on time and spending the correct amount of time supporting the person as agreed in their care plans. This system was effective because the registered manager was alerted in a timely manner if people had not received care as planned and allowed them to respond to provide cover.

The service obtained people's views of the service. The provider was yet to send out the 2016 questionnaires to people and their relatives. The registered manager told us the information returned would be looked at and responses used as an opportunity to learn. The registered manager maintained records of weekly telephone calls and visits to people and their relatives requesting feedback about their care. People's feedback showed the service listened to them and responded to their concerns.

Relatives told us that they knew how to complain. One person told us, "I have the supervisor's number. Yes it is in their own interest that I tell them if anything is wrong." One relative said, "As far as I am concerned the manager seems helpful enough. I would talk to her if I had any concerns." The provider had a complaints

procedure in place which people said was provided in a format they understood. People were confident to use the complaint process and felt assured the registered manager would act on their concern. No complaints had been recorded since the service started providing support to people.

## Is the service well-led?

### Our findings

People, their relatives and staff told us the registered manager was focused on developing a person centred culture at the service. People were happy with the care and support they received. One person told us, "I can't fault the manager." Another person said, "I can get in touch with the manager very easily." One relative told us, "The manager calls and checks if the care being provided is good."

The registered manager and staff shared a clear set of values on how to provide people with good care. The provider promoted openness of communication. One person told us, "She is very nice. She comes to see me and listens to anything I want." One member of staff told us, "We help people to make their views known to improve our care." Staff said they understood the need to promote people's preferences and to ensure people remained as independent as possible and continued to live in their own homes.

Staff said the registered manager promoted team work and an open environment to learn and improve the quality of care people received. One member of staff told us, "The manager encourages the team to work together and to draw on our individual skills." Another member of staff said, "We support each other and share any concerns. The manager is very supportive." One relative said, "The manager is helpful when I call, she sorts out things." Staff were informed of any changes occurring at the service and any policy changes.

Staff attended regular team meetings to discuss people's support needs and training issues. Records showed regular team meetings were held. One member of staff said, "Team meetings are a time to come together and discuss things what's working and what's not. The manager always listens." Staff said they felt they could raise any issues and that the registered manager would listen to them.

The registered manager completed regular audits to promote improvement at the service. This included checks on accidents and incidents, managing of medicines, risk assessments, staff supervisions, staff training, team meetings and safeguarding issues. We saw action plans were developed where any shortfalls had been identified. Records showed any issues picked up on audits were discussed at team meetings. For example, the registered manager had put a system in place to identify people whose needs were high and with visits that could not be missed. There were contingency plans in place to ensure that people received care in case of an emergency.

The registered manager carried out monthly care plan audits to ensure they were up to date and that actions had been addressed. Records and care plans were up to date and detailed people's current care and support needs.

The registered manager monitored accidents and incidents and near misses as an opportunity for learning and to change practice or update people's care needs. Effective control measures were in place to reduce risks to people and the likelihood of incidents happening. Procedures relating to accidents and incidents were clear and available to all staff to read. Staff were able to tell us how they would report accidents and incidents. There were no accidents or incidents recorded since the service was registered.

People's care and support was subject to regular checks. One person told us, "The manager seems fine. She came and listened to what we needed and she took action so she seems to be doing well." The registered manager conducted random spot checks and regular visits to monitor the quality of care. The monitoring visits looked at how the person's care was being delivered including medicines management and if the person was treated with dignity and respect. Staff told us they received feedback from the registered manager on their practice and got the support they needed. One member of staff told us, "The manager reads people's records and asks people and their relatives on the quality of support they had received." Another member of staff said, "The spot checks make us keep the eye on the ball on our work." Staff told us that if an issue was identified it would be addressed in supervision and if the issue was serious then it would be addressed immediately. People were assured of appropriate support as the registered manager made follow ups if there were any issues which required improvement and acted on them.

The registered manager and provider understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager was clear about the duty of candour and emphasised openness and transparency in how the service provided support and care to people.

The provider worked in close partnership with organisations and healthcare professionals to support people's care provision and to develop the service. The registered manager fed back any concerns about people to the local authority who commissioned the service. This meant appropriate professionals were involved to discuss care needs promptly and ensure that referrals were quickly processed.