

B S Care Limited

BS Care Limited

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

BS Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults. 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 the inspection the registered manager told us they were providing personal care to 160 people across Portsmouth, Hampshire and West Sussex.

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

Feedback from people who were supported by BS Care Limited, about the service they received was positive. People spoken with told us they felt safe and did not express any concerns about their safety.

Although the provider had invested in new systems to support the monitoring of the service and the registered manager had introduced new paperwork to ensure risk management was clearer and records were person centred, we could not be assured they would be effective as they had not yet been fully rolled out and embedded. In addition, auditing failed to identify the improvement needed to recruitment records which resulted in a breach of regulation.

Enough staff were available to meet people's needs and they showed kindness, compassion and respect towards people. People could be confident they were supported by staff who had access to appropriate guidance and understood how to keep them safe. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with their care and how to minimise these. Where staff were responsible for supporting people with their medicines, suitable arrangements were in place to do this safely and in accordance with best practice guidance. Staff had been trained and understood their responsibility to safeguard people. People were protected from the risk of infection because staff used protective equipment. Incidents were used to identify improvements that could be made to people's care and support.

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. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People knew how to raise concerns and told us how things had changed for the better when they had needed to do so.

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

Rating at last inspection: The last rating for this service was requires improvement (published 24 December 2019)

2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our 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 responsive.

Detailed are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Requires Improvement ●

BS Care 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Experts 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.

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 a short period notice of the inspection as 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

Before the inspection we reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and previous inspection reports. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 25 people who used the service and 21 relatives about their experience of the care provided. We spoke with nine members of staff and the registered manager.

We reviewed a range of records. This included six people's care records and 33 medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

People told us they felt safe with the support provided by BS Care Limited. Comments included; "The carers are fantastic, I feel very safe with them, they've never let me down. They wear aprons and gloves when they help me in the bathroom and help me with my medicines if the family haven't done it."; "I feel really safe with my regular carer, we have a good relationship, I can talk to her about anything, I miss her when she's off because she sits and chats to me, it's company."; "Absolutely, very safe with the carers. I've never ever had an accident with them."; "Yes, I feel safe with the carers, when they come to help me get up they always check that I'm steady on my feet before we go off to the bathroom. If I'm not they'll help me wash at the bed."

Staffing and recruitment

- There were clear recruitment procedures in place to help ensure staff were suitable for their role. These included reference checks and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions.
- However, the recruitment records for three staff did not include a full employment history. This meant the provider was unable to confirm whether further references should have been sought from previous employers that might have impacted on the staff member's suitability.
- In addition, the provider had not sought a reference from a care provider a staff member had worked for within the previous year, to satisfy themselves as to their conduct in that employment and to verify their reason for leaving it.
- We discussed this with the registered manager, who acknowledged the oversight and assured us they would tighten their procedures in the future.

Failure to ensure that Information about candidates set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was confirmed before they were employed was a breach of Regulation 19.

- Staffing was provided to people in line with their preferences as much as the agency were able to. Before the package of care began people were offered a visit between two-hour slots as the provider was aware they could not always guarantee a specific time.
- Everyone receiving support were satisfied with their visits. Although some people told us staff could run late on occasions they were not concerned about this. Comments included; "Yes, I think they are pretty good with their timekeeping"; "Most of the time the carers are on time, sometimes they get held up in traffic or get asked to do another call unexpectedly. It's not their fault and they are always good to me."; "On the whole they are very good. Sometimes they are a bit late but only now and again. They might have had to wait with

the previous person who was ill, so I don't mind".

- However, relatives indicated that at times some visits were not always managed in a timely way. One relative said, "In the original care plan the morning visit was supposed to be between 7 - 9 now its anytime after 10 so we sometimes end up cancelling the lunchtime one because the morning and lunchtime are too close together." A second relative said, "We have had some issues with the weekend visits being late", however this relative also told us the morning call had been adjusted to suit the person's needs. Some staff comments supported this.
- The provider had invested in a new electronic system that would enable them to plan people's visits and monitor the staff arrival and departure times. The registered manager informed us that this system had an alert set up recently so that if staff hadn't arrived 20 minutes after the allocated time the office staff would be alerted so they could address this. This system had only been operated since November 2019 and therefore still needing embedding.

Assessing risk, safety monitoring and management

- At the last inspection the recording about risks to people and how to minimise these was inconsistent. At this inspection the provider was in the process of transferring care plans from paper format to electronic but had also introduced a new format to ensure they captured the risks to people more clearly.
- For those people whose records were in the new format we found the guidance to staff about people's risks was clear and provided sufficient information to minimise the risks as much as possible. This work was being completed for everyone that received support from the service.
- Assessments covered risks associated with people's mobility, skin integrity, eating and drinking where required, their environment and health conditions.
- For example, one person was living with diabetes and although care staff were not involved in the management of this, the risk had been identified and recorded. Information had been provided to staff to guide them in identifying if the condition was affecting the persons health and the action they should take.
- Staff's knowledge of the risks associated with people's support was good.

Using medicines safely

- Where staff were responsible for supporting people with their medicines, suitable arrangements were in place to do this safely and in accordance with best practice guidance.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- When errors occurred we found appropriate and prompt action was taken. For one person, staff acted promptly when they discovered a family member was no longer able to manager their relatives' medicines. With the consent of everyone involved, they agreed to take over responsibility for ordering, obtaining and administering al of the person's medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the potential signs and forms of abuse and told us, "If I have any concerns, I raise them with [the registered manager] straight away and with social services."
- Concerns were reported to the appropriate external agencies where required and investigations completed to establish facts and make improvements if required.

Preventing and controlling infection

- Staff had been trained in infection control techniques. They had access to personal protective equipment, including disposable gloves and aprons, and assured us they used these whenever needed.

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. Where individual accidents or incidents required further investigation, this was carried out and the registered manager identified further learning or improvements that were required. For example, following a recent incident the registered manager had ensured alerts were set up on the computerised rota system which would send a message to the office staff if a care worker had not arrived 20 minutes after the allocated time.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Comprehensive assessments were completed before people started receiving the service. Care plans were then developed to include people's identified needs and the choices they had made about the care and support they wished to receive. People and their relatives confirmed this. A person told us, "The company did a full assessment of my needs when they started helping me. The carers follow it". One relative said, "We were involved in the assessment of her needs and it takes the pressure off us."
- A staff member told us, "They are different people and we ask them how they want things done. Everyone is different and that should be reflected in the care plan."
- The provider was implementing an electronic care planning system. This enabled staff to access and record key information about people on hand-held devices they carried with them on care visits. It also alerted supervisory staff if a care worker did not arrive at a visit as expected or did not complete all the specified tasks at each visit.
- This provided an extra level of security for staff who worked alone and helped ensure that care visits were not missed.

Staff support: induction, training, skills and experience

- Positive feedback was provided about the skills of staff. Comments included; "They give me confidence because they always seem to know the right way to tackle things. They are very friendly and always ask if there's anything else they can do for me before they go."; "They are well trained and wonderful. Absolutely gorgeous, I can't fault them."; "I think they are well trained, they all seem to know what they are doing. They chat with me and explain things as they go along."
- Family members commented; "Yes I think they are well trained, they seem to have a good attitude and a good rapport with her."; "Yes I think they are good, well trained and at the moment things are working absolutely fine."
- Staff completed a comprehensive range of training to meet people's needs, which was refreshed and updated regularly. Staff were also supported to gain vocational qualifications relevant to their role.
- New staff completed a programme of induction before being allowed to support people on their own. This included a period of shadowing more experienced members of staff.
- Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff felt supported in their roles and received regular one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff and any

development needs.

- Comments from staff included, "I get supervisions and appraisals regularly; they are good and motivate you" and "I feel very supported in terms of opportunity, they are there for you. We discuss problems and there is a lot of support".

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

- Where people required support with meals and drinks this was provided and care plans contained sufficient guidance for staff.
- A relative told us, "We leave meals ready for them to heat up for her but if she doesn't fancy it they will offer to make a sandwich or some soup and they always leave her with a drink before they go." A person said, "They always ask me if I'd like a drink and make one for me. I can manage to heat my lunch though".

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

- Where people required support to access healthcare professionals this was organised and staff followed guidance provided. One person told us, "If they notice anything that concerns them they do suggest to me that I should see the doctor." A second person told us, "I had big bed sores after a stay in hospital but they found that and called the doctor in. It's getting better now."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within good practice guidelines. At the time of the inspection none of the people supported by the service had a Court of Protection Order in place.
- People had signed to indicate their consent to their care plans where able. People told us care workers consulted them and asked for their consent before providing care and support. A relative told us, "I'm happy with the way the staff are with her, they always ask if it's ok to help her so she feels she is in control".
- Support staff had received training in the MCA. Staff described how they promoted people to be as independent as possible and to make decisions for themselves.
- One staff member told us, "MCA is about the rights of people, for example people with mental health issues if they can't make decisions, and we have to consult with their relatives. Even people who can't express themselves have rights. The training covers all that."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 relatives made positive comments about the care staff. People described their care as "just right and perfect."
- Comments included: "All the staff are very kind and patient with me. They look after me just right, I wouldn't want to be without them."; "The carers are lovely, I can't speak highly enough of them. They treat me with great respect, they are like friends, very caring."; "They are amazingly kind, if they have time they will sit and chat to me and they do listen to me as well. I love seeing them."; "They are perfect, I couldn't be better looked after. They've always got a smile and a kind word. I don't know how they manage it, I wouldn't want to do their job."; "I think they are very compassionate. They work so hard, they are always busy but they never rush me. They always chat to me about what they are up to, I feel involved and that I matter to them."
- A relative said, "The ladies are lovely. They're friendly, really warm and they chat to mum which she likes, it gives me peace of mind." And "It's not just a job to them they care about their people."

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

- People were supported to be involved and make decisions about their care. At their initial assessment people were given information about the times the agency would be able to provide care staff. They sought information about what the person needed support with as well as their preferences.
- One person told us, "I've specified that I have a lady come in and not a man. I don't know why but I just prefer female carers."
- Relatives confirmed they were involved in this process and in regular reviews of care packages. One person said, "Yes someone from the office assessed me, not that long ago" and a relative told us, "Yes I was with mum when they assessed her and we had a review meeting 6 months ago."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.
- A staff member told us, "[Dignity] is about being respectful to the person. We accommodate them not them to us." A supervisor told us, "[When I do spot checks of staff] I check they close curtains, keep the client covered with towels, check the temperature of the room and the water. They are vulnerable people and we need to protect their dignity."
- Feedback from people and their relatives suggested that staff promoted people's dignity, privacy and

independence. One person said, "They cover me up with a towel when they are washing me so that I don't get cold." A second person told us, "I'm a lot better now and need less visits. However, one lady has taken me shopping which is lovely for me to be able to go out. They're superb girls, absolutely fantastic."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans had been developed for each person and provided sufficient information to enable staff to support people in a personalised way. These were reviewed after the first six weeks and every six months thereafter, or when people's needs changed.
- All reviews of care included a discussion between the person, and their relatives where appropriate.
- BS care limited continued to aim to provide consistent carers to people to enable them to build relationships and understand people's needs.
- Staff understood people's needs, wishes and preferences and could explain them to us. A staff member told us, "Every visit is like a first visit for me. No two should be the same."
- People were empowered to make their own decisions and choices. A staff member told us, "We always advise, but never tell them what to do." Another staff member said, "Even if someone can't verbalise, they can show us when they're not happy by their body language."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and highlighted in care plans. Staff knew people well and how they communicated.
- The registered manager told us the service could provide information in different formats to meet people's needs if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people and their relatives knew how to raise concerns.
- People told us they would contact the office if they were unhappy about something and some gave us examples of how the agency had responded to their concerns.
- One person said, "A long time ago I was having different carers coming, I didn't like it. So, I rang and now I mostly have the same carer all the time. They were very good at listening to my complaint". A relative told us, "It wasn't a complaint but I did write to the manager and asked for an earlier timeslot. They are coming in earlier now "

End of life care and support

- No one was receiving end of life care and support at the time of our inspection. However, the provider had a policy, based on national guidance which provided support to staff about the actions to be considered when a person was approaching the end of their life. In addition, the provider had ensured all staff had received training in end of life care and support.
- The registered manager told us they would work closely with the person, their family and other professionals to ensure the persons needs were met and their wishes respected.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- At the last inspection further work was needed to improve the monitoring and auditing systems in place. Since then new systems had been implemented but they needed more time to be fully embedded and sustained.
- The provider had sourced an external company to provide them with an electronic system that would enable the agency to plan and monitor people's care visits more effectively. In consultation with people, the system had been added to people's homes and provided care staff with their schedule of visits in real time. In addition, the system used told staff what the person needed them to do and did not allow them to log out until they had signed to say they had completed what was required of them. It also enabled the office staff to communicate via message to care staff and the registered manager to monitor arrival times of staff and how long they stayed for. This had only been introduced in November and as such needed more time to be fully embedded and to gather data which would help the register manager evaluate the service.
- In addition, the provider had implemented new first visit paperwork, 'all about me' documents and screening tools which provided direction to the assessor. This had not been completely rolled out at the time of the inspection and was ongoing. This had meant reviews and audits of care plans were delayed while the new documentation was being implemented. The registered manager was aware of this but we could not find a plan had been developed to roll this out for everyone using the service using a systematic and risk based approach.
- A new system had been introduced during November to enable staff to record the administration of medicines on an electronic device. If medicines were not given, an alert would be sent to a supervisor in the office. However, we found medicines for four people had not been recorded on the devices and this had not been picked up by supervisors. This showed the new system was not yet working effectively and needed more time to become embedded, which the registered manager acknowledged. Once staff were familiar with the system, it should help ensure that any errors were identified quickly, so remedial action could be taken.
- The provider continued to have numerous systems in place to monitor and assess the safety and quality of the service. However, the systems had not identified that records relating to recruitment were not satisfactory. Although the auditing records showed immediate action taken to address individual issues and we saw some wider organisational learning took place, this was not always recorded.
- Although the provider had invested in this new system and the registered manager had introduced new paperwork to ensure risk management was clearer and records were person centred, the service overall rating remained at requires improvement. This was because we could not be assured the new systems

would be effective as they had not yet been fully rolled out and embedded. In addition auditing failed to identify the improvement needed to recruitment records which resulted in a breach of regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place consisting of the provider, the registered manager, the assistant manager, care coordinators, team leaders and senior care workers.
- Each understood their roles and were provided with clear guidance of what was expected of them. They communicated well with each other to help ensure people's needs were met.
- To monitor staff practice, supervisors conducted 'field observations' and 'spot checks' to assess the quality of care being delivered by staff.
- As well as a number of auditing systems, the registered manager met with the provider every week. During these meetings discussions took place about the overall service, concerns and plans moving forward. The registered manager told us actions were set however, no record of these meetings were held.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had clear expectations about the values staff should work to and these were set out during their induction. These included providing high quality, person-centred care. These values were reinforced during one-to-one conversation and in staff meetings.
- From our discussions with staff, it was clear they understood these values and were committed to meeting them in their day to day work. Comments included: "Everything we do is person centred", "The ethos is all about the quality of care we provide" and "I like everything to be person centred. A friendly face for them to know right from the beginning. It's what BS Care is all about".

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 registered manager understood their responsibility under the duty of candour. They had procedures in place to respond promptly and appropriately if things went wrong.

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

- Staff told us they felt engaged in the way the service was run and that morale was good. They said they enjoyed a good working relationship with their colleagues and felt they worked well as a team. One staff member told us, "We are like a family team, we help each other."
- Staff spoke positively about the registered manager, describing them as "approachable" and "supportive". Other comments included: "The management and the level of support and understanding you get is good, both professionally and personally", "I feel very well supported, especially by [the registered manager] She has done a lot for me and always listens" and "It is the best place I've ever worked. You are listened to and managed properly".

Working in partnership with others

- The service worked with other agencies such as the local district nurse, social workers and clinical commissioning groups who commissioned care for some people using the service.
- The registered manager was part of the Skills for Care registered managers forum.
- In addition BS care were members of Hampshire Domiciliary Care Providers, West Sussex Partnership in Care, and UK Home Care Association. These working relationships supported BS Care's management team to learn from others and keep updated with practice changes.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Failure to ensure that Information about candidates set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was confirmed before they were employed was a breach of Regulation 19.