

Biology Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Biology Healthcare Limited is a domiciliary care agency. It provides personal care for older adults living in their own homes, some of whom were being cared for at the end of their lives. 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 there were two people who received personal care.

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

People told us they felt safe; care plans and risk assessments promoted their safety and reflected their wishes. One person told us, "[Staff member] makes me feel safe as they know me, I believe they have been doing this for years."

People were protected by staff who were knowledgeable about safeguarding and understood the prevention and reporting of abuse. Practices and policies promoted safety in response to the COVID-19 pandemic. Staff received training, had appropriate personal protective equipment and underwent a regular COVID-19 testing regime to minimise the spread of infection.

People were supported by staff who were trained and competent in their roles. Staff were supported by the registered manager who had developed a programme of ongoing training in response to people's conditions. One staff member told us, "We are progressing with more care and I get more training as people's needs change."

People were involved in their assessment process with the registered manager, care plans were written to enable people to have full control of the support they received. One person said, "I told them what I wanted from the start and so far, everything has been perfect, I can't complain."

People were cared for by empathetic and compassionate staff. People confirmed staff always asked consent before offering support. People told us staff respected their individuality and spoke about the friendly nature of the staff. One person told us, "[Staff member] is hilarious and very capable, they are funny and gets on with everybody. I can't imagine anybody more perfect."

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 knew who the registered manager was and spoke highly of their management skills. People and staff told us the registered manager was approachable and they would be listened to when making suggestions, comments or complaints. One staff member told us, "They are constantly there for me and I love that. I think you need to have a positive connection to your boss; it helps you to be transparent and open."

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 10 February 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

Biology Healthcare 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 undertaken by one inspector.

Service and service type

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

Notice of inspection

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

Inspection activity started on 10 January 2022 and ended on 12 January 2022. We visited the office location on 10 January 2022.

What we did before the inspection

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 reviewed information held on the service. We used all of this information to plan our inspection.

During the inspection

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

nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at one staff file 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. We spoke with two healthcare professionals who has contact with the service.

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 for 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

- Systems and processes were in place to protect people from harm or abuse; People told us they could speak with the registered manager or staff if they did not feel safe. One person told us, "If I had any concerns, I would feel comfortable to speak out."
- Staff received safeguarding training and were able to access the safeguarding policy at any time using the provider's electronic policy system. Staff demonstrated their knowledge on the types of abuse and how to recognise signs of abuse. Staff knew how to escalate concerns internally and to external bodies should this be needed. One staff member told us, "I would report to the manager first and foremost, if I got no response, I would go straight to the authorities. Nothing can be hidden in this industry, it can't be."
- People were supplied with the provider's brochure which included the safeguarding policy. The policy contained contact details so people could raise concerns with the service or directly with the local authority if needed.
- There had been no safeguarding concerns since the service commenced. The registered manager demonstrated their knowledge of reporting safeguarding concerns externally where appropriate. The registered manager explained how investigations would be completed and how learning would be taken forward to minimise reoccurrence.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health were assessed and managed safely. Care plans detailed people's individual risks and guided staff on how the person should be supported. For example, to maintain people's skin integrity, the service used a universally recognised tool called the Waterlow tool to assess people's risk of developing pressure ulcers.
- Risks to people, such as, risk of falls had been assessed and mitigated. Environmental factors, medicines and health conditions were considered to inform staff on how to safely support people and minimise falls.
- Environmental risk assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered.
- At the time of inspection, there had been few adverse events to learn from. Incidents and accidents were recorded and individually responded to. For example, a person experienced a fall, the registered manager undertook a review of their environment and identified the cause. Following discussions with the person and their family, works were carried out in the household to minimise further falls.
- A log of incidents and accidents was kept to identify emerging trends and patterns. The registered manager described how learning from events would be taken forward. For example, if a person had reoccurring falls further interventions could be explored such as referrals to the falls team or a review of medicines.

Staffing and recruitment

- There were enough staff to support people safely; people told us staff were always on time and they had not experienced any missed calls. People told us staff always stayed for their allocated time and they did not feel rushed. One person told us, "We have a nice chat as we go, I don't feel like they want to run off."
- Staffing levels were calculated by the number of people using the service and their needs. Our observations were there were enough staff to safely support people, this was reflected in the staff rota and feedback from people. In the event of staff shortages, the registered manager was available to provide assistance for people when needed.
- Staff were recruited safely. Employment histories and any gaps of employment had been discussed at interview and documented. Pre-employment checks such as references and Disclosure and Barring Service (police checks) were obtained prior to employment to protect people from the recruitment of unsuitable staff.

Using medicines safely

- At the time of inspection, the service was not supporting anyone with medicine administration.
- Where people had previously had their medicines administered, this had been completed by trained staff. We saw examples of audits and risk assessments carried out by the registered manager to ensure administration and storage was safe and appropriate. Further audits had been undertaken to check medicine administration records (MARs) had been completed correctly.
- The service had a detailed medicine policy in place.

Preventing and controlling infection

- Staff had received training in infection prevention and control (IPC). This included the use of personal protective equipment (PPE). Staff told us there were ample stocks of PPE and this was readily available to them.
- The registered manager was the service's IPC lead. They carried out spot checks on staff to ensure they were wearing appropriate PPE and undertook audits of practices to ensure people were kept safe from the transmission of infections.
- Staff were regularly testing for COVID-19 in line with government guidance.
- The provider's infection prevention and control policy was up to date and accessible to staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010. People were assessed for all aspects of their health and support requirements to ensure their needs could be met. The nominated individual described how they tried to match the person with staff. For example, upon meeting staff, people would state a preference and efforts would be made for the staff member to continue to support the person at request.
- Initial assessments were completed by the registered manager; people were involved with the assessment process. One person told us, "[Registered manager had a form with a whole host of questions to complete. We went through them to see how I could be helped.]"
- During the assessment process, people's personal traits were explored along with how they wished to be supported. The registered manager told us, "I look at people's past histories, goals and ambitions, and what they want from the care package." This ensured people's preferences were taken into consideration when planning personalised care.

Staff support: induction, training, skills and experience

- Staff had the knowledge and experience to support people effectively. People were supported by staff who received training relevant to their role. One person told us, "I think [staff member] is highly trained as they get on with things professionally."
- Staff received an induction and had completed the Care Certificate. This is a work-based, vocational qualification for staff. Newly recruited staff shadowed the registered manager until they were assessed as competent to work alone. Feedback received from people was staff had the right skills and experience to provide effective support.
- Staff received supervisions and were comfortable to contact the registered manager to discuss arising issues when needed.

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

- People received appropriate support to ensure their nutritional requirements were met. Staff would ensure choices were offered to people.
- Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared breakfasts and snacks for people according to their wishes. This ensured people were supported to maintain their nutritional intake.
- People's care plans identified people's intolerances, likes and dislikes and the level of support needed to maintain a healthy fluid intake and balanced diet.

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

- People had access to healthcare agencies and support. We saw evidence of staff working with agencies such as palliative care nurses and GPs to provide good outcomes for people. One healthcare professional told us, "From what patients have told me, they are caring and know what they are doing."
- Where appropriate, healthcare professionals had consulted with people and staff to develop their end of life care plans. This included medicine reviews and sourcing equipment to ensure safety and comfort.
- Where required, the service sought professional involvement for people. For example, a person experienced a fall, the registered manager identified the root cause and spoke with an occupational therapist (OT) to obtain equipment for the person.

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.

- Staff received MCA training and understood how to work in the least restrictive way for people. Staff described ways they supported people using the principles of the MCA.
- Staff told us of the importance of gaining consent from people before providing any assistance. One staff member told us, "I ask for consent for everything, even if it's just prompting, we talk through what's happening."
- People told us staff frequently asked for consent when helping them. One person said, "[Staff member] always asks for my agreement before anything, they are very respectful."
- Records showed people were involved in decisions relating to their care and support, and their choices were respected. We saw consent forms had been completed where appropriate. The provider's policies and systems in the service supported this practice.

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 supported by staff who were respectful of their needs. Staff had received equality and diversity training which was reflected in their practice. For example, staff documented people's feelings and opinions as well as the care delivered. We saw examples of where a person requested specific equipment, staff supported them to obtain it.
- People were enabled to maintain their identity and personal appearance, in accordance with their own wishes. One person told us, "I select my clothes and [staff member] helps me with them."
- Staff knew people well and described people's routines and personal preferences. Staff explained how their approach differed to suit people. One staff member told us, "I am constantly finding out people's likes, dislikes, comforts and discomforts."
- People and their relatives provided positive feedback about the care they received. One relative told us, "Since [staff member] has come in they are like part of the family. Not just providing the care, at the stage my relative is, they have a sharp mind, it's about the personality, companionship and lightening the mood."

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

- People were supported to make decisions to have control over their lives. The registered manager carried out care plan reviews and empowered people to contribute to any changes. One person told us, "I have been able to make changes over the months, I have made a lot and they have always been accommodated, this is important to me and I have been involved every step of the way."
- People's care was reviewed weekly or more often where required, staff were flexible in their approach. A relative told us, "Care has increased since we started, the manager and staff discussed this with mum. They are spot on." We saw example of where adjustments had been made in care records in response to changes of people's needs.
- Staff told us they made sure choices were consistently given to people. For example, when assisting people with showering they would ensure the person checks the water is the right temperature for them and would communicate continually during assistance.
- People told us they felt listened to by staff and management and were encouraged to make decisions about their support. Staff told us they had time to get to know people and their families which was important to people's well-being.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People spoke highly of how staff promoted and protected their dignity. People gave examples of how staff respected privacy and encouraged independence whilst assisting with personal care. One person told us,

"When helping me with a shower, they make sure I have dignity, they don't do things for me if I can do them myself. They make sure I am safe."

- People's independence was encouraged and respected by staff. One staff member told us, "I assess to see what people can and can't do, talk through the process, ask people to show what they are capable of doing so I don't take away their skills."
- Staff received training in privacy and dignity and had access to the service's policy. Positive feedback from people and their relatives evidenced staff put their learning into practice.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned and personalised to their individual preferences. People told us they were involved in planning their support and felt in control. One person told us, "I have a support plan, I am given my care in my preferred way, I don't read it to be honest, but I was involved."
- People told us they were frequently given choices, one person said, "[Staff member] always gives me choice, I choose what to wear and what to eat."
- People were empowered to make decisions to suit their needs and lifestyles, for example, times, frequencies and lengths of visits. People told us changes had been made and accommodated, comments included, "I think the agency is well managed, everything seems in order, [registered manager] has checked with us that we are happy and they have been happy to make changes to suit me." Another relative told us, "They are happy if we need to change things, they are flexible."

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 assessed and met. The registered manager advised all documentation could be produced in large print and an easy read format if required. If needed, the registered manager would arrange a staff member to read documentation aloud for people to aid their understanding.
- Where people needed assistance with hearing or sight, this was documented. Care plans guided staff where people had communication needs. For example, if people required support with glasses or hearing aids.

Improving care quality in response to complaints or concerns

- The registered manager encouraged people to give their feedback on the service. People and their relatives confirmed they would be comfortable to approach the registered manager or staff to raise a complaint, concern or make suggestions. One person told us, "I think I would tell [registered manager] if I had complaints but I don't, they would sort things." A relative told us, "No cause to complain, If I had concerns, I am confident in [registered manager] if we had anything to bring up."
- The service had not received any complaints. The registered manager told us they would be open to complaints to drive service improvement. The registered manager explained what actions they would take in the event of receiving a complaint, how they would investigate and respond. The registered manager

advised they would look for trends or patterns of any complaints received and if needed, arrange further training or look to see how systems could be adapted to minimise further concerns.

- People confirmed they were supplied the complaints procedure which was in the provider's brochure. The procedure included response timescales and where to escalate concerns if the complainant was not satisfied with the outcome.

End of life care and support

- The service supported people when at the end of life, staff were skilled to provide safe and compassionate care to people. People received planned and personalised support in line with their wishes from empathetic staff who knew them well. A relative told us, "I am usually here when [staff member] arrives, I hand over to them, they come in the day as well, additional care has been arranged in response to my relative's needs."

- People were involved in planning their end of life care to ensure their wishes were respected. Where additional support was requested, this had been accommodated by staff. The registered manager carried out regular reviews and this ensured people's support plans remained up to date and reflected people's end of life wishes and care needs.

- The service worked alongside healthcare professionals to provide timely and safe support. A relative told us, "We have the local hospice nurse, they have been involved with equipment and was liaising with [registered manager] on that, it's all working well, they are all talking to each other."

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

- The service promoted a positive and inclusive culture for people. The registered manager regularly visited people to carry out care reviews and gain their feedback. People knew who the registered manager was and were comfortable to approach them. Comments included, "We've known [registered manager] a long time and they listen." And "[Registered manager] has been up and we have needed to alter times, they said it's not a problem."
- We reviewed the outcomes of feedback gathered from people about the service. Most people gave very positive feedback, a suggestion was made for staff to be introduced to people prior to the commencement of service. The registered manager accepted this feedback and agreed to introduce staff members. One staff member told us, "Every client that is new to me, I have been introduced to by [registered manager]."
- The registered manager spoke of plans to expand the service; a new staff member was due to join in the coming weeks. They told us further recruitment would be in response to people's needs and considering any protected characteristics. For example, if there was a request for a specific gender of staff to support a person.

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 registered manager had day to day oversight of the service and personally carried out visits to people. During visits the registered manager undertook quality audits including, checks on documentation such as diary notes and care plans.
- Quality audits were documented, and monthly action plans were developed based on any shortfalls identified. We saw actions had been completed, for example, a person's lasting power of attorney documents were noted to be required; they had been obtained shortly following the audit.
- People and their relatives spoke highly of the registered manager. One person told us, "[Registered manager runs a tight ship, we have had a reliable and impeccable service so far.]"
- Staff gave positive feedback regarding the registered manager and told us they were able to contact them any time day or night for advice. One staff member said, "[Registered manager] is such a lovely person, when I was offered the job I didn't hesitate. They are lovely to work for. If I'm not happy in a job I would not work there, such as, if I was uncomfortable with ethics and policies."
- The registered manager displayed a passion for the quality of the service and the training of staff. They

told us, "I am hot on training and encouraging people to do their best, to make the job their own. It's not an ordinary job. I am on the front line I am out there every day, if a carer needs more support, I will be with them until they are competent."

- The registered manager and nominated individual held meetings on a three-monthly basis to discuss service development. The mission statement for the service is 'To provide outstanding quality care across the UK.' The nominated individual told us they were developing a pathway to achieve this and had business continuity plans in place.
- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service and gave examples of when this would apply.
- The registered manager understood their duty to be transparent and honest when something was to go wrong. They described the duty of candour as being truthful and open, and to provide an apology to people and relatives.

Continuous learning and improving care; Working in partnership with others

- The registered manager continually assessed the service to drive improvements. They had identified the service's electronic care system was not as user friendly as they wished. The registered manager was developing their own system to allow flexibility.
- The registered manager was a member of a leadership for business group and had links with other care providers. They told us this provided a networking opportunity where knowledge, best practice and mutual support was shared.
- The service worked partnership with external agencies to ensure timely healthcare for people. We saw evidence where staff and management had recognised changes in people and have contacted their GPs for medical intervention.
- Healthcare professionals including palliative care nurses and GPs were involved to provide advice in response to people's changes in needs. One healthcare professional told us, "They have made helpful suggestions to the family which I have been able to assist with. The way my patient talks, they have been responsive and helpful."