Body & Soul Assistance Limited

Body&Soul Assistance, Admin.

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

Our inspection of Body & Soul Assistance took place on 24 July 2017. The inspection was announced since the provider operated a domiciliary care agency and we needed to ensure they were available. This was the first inspection of the service at the current premises.

Body and Soul Assistance is a small domiciliary care agency based in Addingham, near Ilkley. It offers 24 hour care to people with a physical disability.

There is currently one person receiving care and support who is also the provider and registered manager.

There is a registered manager at the service. 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.

On the date of the inspection, the service was providing limited personal care to one person. We spoke with this person. They told us they were very happy with the care provided and felt safe. They said staff offered good and effective care and support.

Safeguarding policies and procedures were in place. Staff understood how to recognise signs of abuse and had received safeguarding training. Procedures were in place for reporting of incidents/accidents.

Relevant risk assessments were in place and care records were person specific with a focus on maintaining independence and respecting personal preferences.

Sufficient staff were deployed and training was in place so staff had the required skills to provide safe and effective care and support. Safe recruitment procedures were mostly in place. Staff appeared caring and kind and knew the care needs of the person they were supporting.

Informal staff meetings took place although these were not documented. Supervision and spot checks took place on an on-going basis due to the unique nature of the service, although these were not documented. Staff confirmed these took place. Annual appraisals were to be implemented when staff attained over two years' service. Staff morale was good and staff worked together as a team.

A medicines policy and appropriate medicines support was in place.

The registered manager had a good understanding of their legal responsibilities under the Mental Capacity Act 2005. We saw evidence of consent in care records and through our observations during the inspection.

Appropriate nutritional and health care needs support was provided.

A complaints process was in place although no complaints had been received over the last 12 months.

The registered manager was aware of the need to have formal audit processes in place if the service was to expand. Staff told us the registered manager was supportive and they enjoyed working at the service.

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 not always safe.

A medicines policy and appropriate medicines support was in place.

Safe recruitment procedures were mostly in place to ensure staff deployed were suitable to provide carer and support to vulnerable people.

Individualised risk assessments were completed.

Is the service effective?

Good

The service was effective.

Staff told us the training had equipped them with the skills to provide effective care and support.

The service was acting within the legal framework of the Mental Capacity Act 2005.

Care records and observations provided evidence of consent being sought.

Is the service caring?

Good

The service was caring.

Staff treated the person with respect and dignity.

Staff knew the person's care and support needs well and supported their independence.

Confidential records were stored securely.

Is the service responsive?

Good

The service was responsive.

Care records were individualised and contained a high emphasis

on maintaining choice and independence.

Personal preferences were seen to be respected.

A complaints procedure was in place although no complaints had been received.

Is the service well-led?

Good

The service was well led.

On-going quality processes were in place.

Staff told us the registered manager was supportive and approachable.

Staff said they would recommend the service.

On-going staff spot checks were carried out but not always documented. Staff meetings were held as required.

Body&Soul Assistance, Admin.

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.

Our inspection of Body & Soul Assistance took place on 24 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the registered manager would be in.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed information about the service including notifications received from the provider and intelligence gathered from the local authority safeguarding and commissioning teams. Before the inspection, we usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had not requested a PIR on this occasion.

During the inspection, we used various methods to review the service. We visited the provider's office on 24 July 2017. We spoke with the provider, who was also the registered manager and person receiving the regulated activity of personal care. We interviewed two staff members, reviewed the care records, staff files and other documents appertaining to the smooth running of the service. We also carried out informal observations of the care and support provided by care staff in the person's home.

On 25 July 2017 we spoke with a third member of staff on the telephone.

Good

Is the service safe?

Our findings

A medicines policy was in place including 'as required' medicines. Care staff currently supported the person receiving care and support to administer medicines themselves. Information about the person's medicines was contained in their care records. There was a system in place for recording when the person had taken their medicines.

Safeguarding policies and procedures were in place. Staff had received safeguarding training and understood how to recognize and act on signs of abuse. The service had a whistleblowing policy and staff were aware of this. Information about contacting the local authority safeguarding team and the Care Quality Commission needed to be updated within staff handbooks.

Risk assessments were appropriate and individual, including a detailed moving and handling risk assessment. This ensured appropriate care and support was in place. No accidents or incidents had occurred over the last 12 months although processes were in place if incidents arose.

There were four staff currently deployed to assist the one person receiving care and support over a 24 hour period. We saw this was currently sufficient to keep the person safe. The person told us they felt safe with the care and support provided and said, "They cope with everything."

Safe recruitment processes were in place. Appropriate checks were undertaken on staff to ensure they were of suitable character for the role. This included receipt of satisfactory references and Disclosure and Barring Service (DBS) checks. Staff we spoke with confirmed that these checks had been carried out before they were offered a job. We looked at four staff files and found the appropriate checks had mostly been made. However, we noted one person had no photo ID and only one reference documented in their staff file. Our review of other staff files and discussions with the registered manager led us to conclude that on this occasion this had been an administrative error. The registered manager confirmed they would review their procedures to ensure this did not happen again. The registered manager ensured ID was placed in the person's staff file and sent us the second reference after the inspection to offer assurances correct procedures had been followed.

The registered manager told us they handpicked the staff who were most suitable to support their individual care needs and they would continue to do so to ensure any other people who used the service received the best possible care and support. The person receiving care and support told us they felt confident the care and support they received was tailored to their needs and the care staff knew how to care for them. They also said, "They are competent."

Good

Is the service effective?

Our findings

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 make 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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principals applied to their role and the care they provided.

We saw a capacity assessment were completed as part of the planning of people's care. We saw evidence of obtaining consent in care plans and heard staff asking the person for consent during our inspection. The staff we spoke with told us they respected the person's right to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of the person's specific needs and preferences.

Staff received face to face and 'on the spot' training from the registered manager. For example, due to the unique nature of the service, the moving and handling training was done by the registered manager using themselves as trainer and subject, which meant observations and spot checks were continuous. The registered manager was a certified 'train the trainer' for moving and handling. Other training provided included infection control, safe administration of medicines, nutrition, safeguarding, health and safety, fire safety and basic life support. Many of these subjects were completed at induction with regular updates.

In additional to key subjects, the provider provided staff with other specialist training to ensure they could provide safe and effective care dependant on people's specific needs. We saw and staff told us they were encouraged to complete NVQ levels 2 and above. Staff told us the training was excellent and had provided them with the skills necessary for their roles. They told us the registered manager supported them to undertake any extra relevant training they were interested in. One staff member commented, "(Registered manager) would find the route and put you through it (training)." The person receiving care and support told us staff were competent in their roles and gave an example where a staff member had used their training to effectively support them that morning when they had had an episode of dysreflexia.

Although there was not a formal plan of supervision and appraisal, the registered manager and staff told us this was a continuous process, due to the nature of the service. A staff member commented, "We have supervisions all the time, as we go on." The registered manager agreed a more formal approach should be put in place if the service expanded in the future.

The person receiving care and support had full capacity to make their own choices as to their food and drink. We saw staff prepared meals according to their wishes. We saw they were consuming a healthy diet and had access to sufficient fluids during our inspection.

The person receiving care and support had capacity to look after their own health care needs and staff supported them with this. Staff were aware what interventions were required in order to prevent a hospital admission and information about this was detailed in the person's care records. We saw the person had not had a hospital admission in over 18 years due to their proactive lifestyle and regular physiotherapist interventions.

Good

Is the service caring?

Our findings

We saw staff interacted with the person with respect and there was a good rapport between them. The person told us, "It is like a surrogate family," and, "Staff don't just do tasks." For example, we saw staff spending time chatting with the person in the garden, discussing plans for planting. One staff member told us, "(Person) just lives a normal life. We support (person) to do it." Another commented, "I've built up a really good relationship with (person). It's nice making (person's) life easier. We support the (person) to support (relative)."

It was clear speaking with staff that they understood the person's care and support needs well and were able to speak with confidence about the support they gave. Staff were able to tell us how they supported the person's privacy and dignity when providing personal care, such as closing doors and curtains.

We saw from care records and observations there was a big emphasis on empowering the person to live as independent a life as possible. For example, they were fully involved in the planning and implementation of their care. The registered manager emphasised that although this was in some part down to their drive to live a normal life, they would seek to empower any other person the service provided care and support to in the same way.

Records were stored in a locked cupboard to ensure confidentiality.

Disability is one of the protected characteristics of the Equalities Act 2010 which includes race, religion, age, gender, marital status and sexual orientation. We saw no evidence to suggest the person who used the service was discriminated against and no-one told us anything to contradict this.

Good

Is the service responsive?

Our findings

We saw care plan documentation was in place, which was person centred and specific. This helped assist staff to deliver appropriate care. The person's care needs had been assessed in a number of areas. This included communication, health and medical care and eating and drinking. In areas where care and support was required more detailed plans of care were put in place. For example, specific plans were in place regarding mobility and with regard to the person's specific medical condition. These were detailed and covered the persons likes, dislikes and any risks associated with providing care.

We saw in the care records there was a strong emphasis on the person's preferences and choice; for example, we saw clear information which showed that the person had chosen to undergo physiotherapy sessions to help manage the pain and symptoms of their health condition and to reduce the need for multiple hospital admissions.

The registered manager told us they were proud that the plan of care they had implemented had prevented hospital admission and given the person a better quality of life. They stressed that the same attention to appropriate care and support would be given to any other people receiving support from the service in the future.

We saw daily records were completed and reviews and updates completed as required. This meant any changes were identified and implemented to ensure care records remained up to date.

We saw staff supported the person with a variety of activities such as gardening, shopping, visiting friends and trips out. The person owned an adapted vehicle to access the community and used an electric wheelchair to allow them independent access within their home.

A complaints policy and procedure was in place. However, no complaints had been received by the service in the last 12 months.

Good

Is the service well-led?

Our findings

There was no current documented audit process in place but the provider was aware of the need to implement this if the service grew. However, at the time of our inspection, the service was only providing care and support to one person who was also the registered manager and provider. This meant they were reviewing the quality of care and support on an on-going basis.

We saw the registered manager, who had been a registered nurse and infection control lead for a local hospital prior to requiring care and support, was proactively looking at ways to enhance their professional development and best practice ideas. For example, they had written the safeguarding policy for an outdoor activities group and were a member of the advisory panel for a national disabled charity.

The provider who was also the registered manager and the person receiving the service was heavily involved in the planning and implementation of their care. We found them open and honest about the current limitations of the service and were committed to improving the quality of the service.

Staff morale was good and there was a relaxed atmosphere at the service. All the staff we spoke with told us they enjoyed working at the service and the team worked together well. Staff praised the registered manager and comments included, "Brilliant support; (registered manager's) so knowledgeable. (Registered manager) knows what she's doing and how to help us help her; really flexible, really supportive, really empathetic," and, "(Registered manager) is definitely approachable. It works really well. I'm loving it."

Staff meetings were held as required, but mainly on an individual basis due to the nature of the service. Spot checks were carried out on an on-going basis although these were not documented. A staff member told us, "(Registered manager) has pointed out if I'm doing things incorrectly."

We saw there was a statement of purpose in place which corresponded to the activities carried out at the service.

Staff told us they would recommend the service as place to work and a place to receive care, should the service expand in the future.