

Givecare

# Bosworth Homecare Administrative Offices

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bosworth Homecare Administrative Offices is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 122 people were using the service. 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.

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

The provider and registered manager had addressed a significant number of the concerns we previously identified. Care plans and risk assessments were being regularly reviewed, health specific care plans and risk assessments were now in place to ensure that staff had information to safely monitor need and respond to risk. Medicine practice was now safe. Staff stayed for the length of time they should at care calls. Systems and processes had been put into place to improve the oversight at the service.

People and their relatives were very satisfied with the personal care staff provided. They said they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

Timely calls were largely in place to provide people with the personal care they needed. The registered manager swiftly followed up this issue with a small number of people.

Safe recruitment practices were in place to ensure only suitable staff worked at the service.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs. Enough staff were employed to meet people's needs. People and relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were aware of how to approach the registered manager to raise concerns or complaints. The registered manager understood their responsibilities and worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

The inspection was to follow up the Warning Notices we issued to the provider following the last inspection.

We have found evidence that the provider has made improvements.  
The overall rating for the service has improved to good based on the findings of this inspection.

#### Rating at last inspection

This is the 4th inspection for the service. The last inspection was in May 2022 when the service was rated requires improvement. There were breaches of Regulation 12 Safe care and treatment, and Regulation 17 Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well led.</p> <p>Details are in our well led findings below.</p>	<p><b>Good</b> ●</p>

# Bosworth Homecare Administrative Offices

## **Detailed findings**

### Background to this 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

This inspection was carried out by 1 inspector and 2 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 homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 2 days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 4 September 2023 and ended 5 September 2023. We visited the office location on 5 September 2023.

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority.

#### During the inspection

We spoke with 11 people who used the service and 8 relatives about their experience of the care provided. We spoke with 4 care staff and the registered manager. We reviewed a range of records. This included 4 care records. We looked at 4 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 also reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had addressed issues identified at the last inspection in terms of care plans and risk assessments being regularly reviewed, health specific care plans and risk assessments being in place so that staff had information and guidance available to safely monitor need and respond to risk. Medicine practice was now safe. Staff stayed for the length of time they should at care calls.

Assessing risk, safety monitoring and management

- People were protected from risks to their health.
- Risk assessments covered the potential risks for people and for risks identified in people's homes. For example, for assisting people to move and protecting their skin from sores.
- Action taken helped to ensure that any risks to people's personal care and environment were identified, prevented and reduced.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People told us they felt very safe with staff from the service. One person said, " Oh yes, I feel very safe – if I didn't I would call the office."
- Staff members demonstrated they understood how to safeguard people. They were confident the management team would take action if they reported any concerns about people's safety.
- The registered manager was aware of how to report safeguarding concerns to the local authority safeguarding team.
- Processes were in place for the reporting and follow up of accidents or incidents.
- The registered manager supplied us with lessons learnt information which included requesting staff record in detail what care had been provided to people.

Staffing and recruitment

- Sufficient staffing was always in place according to people and relatives. There were no missed calls reported. They said staff stayed the full time of the call and met all care needs. One person and 2 relatives

said a small number of calls had been untimely and some call times were not agreed at a specific time. This had not impacted on their health. This issue was followed up by the registered manager.

- Recruitment systems protected people from receiving personal care from unsuitable staff members.
- Records showed evidence good character and criminal records checks had been completed for staff before they began working at the service.
- Assessments and support plans identified the number of staff required to delivery care safely.

#### Using medicines safely

- Medicine was safely administered to people.
- People and relatives confirmed there had been no problems when staff supplied or prompted medicines. One person told us, "They give me my medicines as and when I need them. I've never had any problems with them at all."
- A medicine audit system was in place to check medicines had been administered properly. Staff were trained to administer medicines.

#### Preventing and controlling infection

- People were protected from the risk of infections.
- People and relatives told us staff had always worn personal protective equipment (PPE) such as aprons and gloves and they regularly washed their hands.
- Staff members described relevant infection control measures that were in place to protect people.
- Staff had received training in infection control, including COVID-19. Staff members told us there was always enough PPE available to ensure people were protected from infection.
- Processes were in place for the reporting and follow up of any accidents or incidents.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had addressed issues identified at the last inspection in terms of systems and processes being effectively used to ensure the service ran efficiently and safely. The service now had a registered manager in post who had made improvements at the service and promoted positive changes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were protected by quality assurance and governance systems. There was oversight of systems such as medicines management and risk assessment to ensure people's needs were safely met.
- Systems measured the quality of the care provided by the service. Some of these lacked detail about issues such as timeliness of call times. This was swiftly followed up by the registered manager.
- The registered manager had submitted statutory notifications to keep CQC informed of relevant information and how it had been dealt with by the service.
- Staff said that training was good and covered all issues of care. Refresher training was always provided to ensure they could always meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager engaged with people and relatives.
- There were records showing engagement with people using the service or relatives. For example, when carrying out spot checks on staff and supplying surveys to people and relatives. This showed people rated the service either excellent or good.
- The culture of the service valued people's individuality. People said that staff always asked them how they wanted their care to be provided.
- One person told us, "Staff are marvellous. They know me very well and always ask me what I want." Another person said about the service, "They are open and honest and I like their positivity a lot."

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 responsibilities under 'duty of candour' to be open and honest

when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.

- There had not been any incidents which had met the duty of candour threshold.
- Staff knew how to raise concerns and told us they would report to relevant agencies if they felt their concerns were not acted on.

#### Working in partnership with others

- People's records evidenced contact with health and social care professionals. For example, referral to district nurses to seek health support for people's conditions.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the management and people's families if people were ill or had an accident.