

Bonney Care Agency Ltd

Bonney Care Agency

Inspection report

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23 August 2018

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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

Bonney Care Agency provides care and support to people living in their own homes and in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living, this inspection looked at people's personal care and support.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 15 people received support within a supported living setting and 17 people living in their own home. People's packages of care varied dependent upon their needs. Some people received continuous support over a 24-hour period, whilst others received support for a differing number of hours each day.

Bonney Care Agency had a registered manager. 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.

Bonney Care Agency previous comprehensive inspection was carried out by the Care Quality Commission and published on 4 August 2017. The overall rating for the service was requires improvement. This inspection has found the service has improved its rating from requires improvement to good.

People's safety was promoted by staff who implemented the guidance as detailed within people's risk assessments and care plans. People were supported by staff that had been recruited and had checks undertaken to ensure they were suitable for their role. People's medicine was managed safely and people received their medicine on time.

People's needs were assessed to ensure the service and staff could provide the support and care required. We found, people were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice. People receiving a service within their home were encouraged to maintain their independence, whilst people living within a supported living complex were encouraged to develop skills to increase their independence and confidence.

Staff received support from the management team, through supervision and checks to ensure they were competent to carry out their roles effective. Staff received the training they needed to provide safe and effective care to people. The registered manager was committed to the training and development of staff.

People using the service and family members spoke of the positive relationships they had developed with staff. People's comments and that of their family members evidence how these relationships had supported

people, in gaining confidence to make decisions for themselves and enabling them to remain within their own home. People's dignity and privacy was promoted and people were aware of their right to confidentiality.

People's views, and in some instances, those of their family members had been sought to develop their care and support plans. Concerns and complaints had been investigated and documents supported this. People's care plans had considered the individual needs of each person and the role of staff in meeting these. People residing in supported living complexes were supported by staff to access a range of activities within the community and take part in tasks of daily living.

People's communication needs were considered when developing care plans, which included information as to how people communicated. This information was used by staff to ensure people were able to and were encouraged to express their views.

Systems were in place to monitor the quality of the care being provided, which included seeking the views of those using the service, family members and staff. A range of audits were undertaken to evidence the quality of the care and the accuracy of records used to record people's care and support. There was an open and transparent approach to the management of the service, which included regular team meetings where information was shared and ideas for improvement sought and discussed. External stakeholders who had an interest in the safety and quality of the service being provided had found the service to be complaint when measured against their criteria.

The providers website provided information to people using the service, their family members and the wider public on a range of topics, which included information about the services provided. The website displays the rating awarded by CQC inspections.

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.

People were safeguarded from abuse as systems and processes were in place, which were understood and adhered too by all staff. A system of staff recruitment was in place to ensure people were supported by suitable staff.

People's safety was monitored, with risk assessments and care plans providing clear information for staff as to how people's safety was to be promoted.

Protective equipment was used to reduce the potential risk of spreading infection.

People's needs with regards to their medicine were identified within their care plans. People received the appropriate support from staff who had received training in medication.

Good 

Is the service effective?

The service was effective.

People and family members were involved in the assessment of their needs. People's needs were met by staff that had the necessary skills and knowledge to provide the appropriate care and support required to maintain and promote their independence.

Staff spoke positively about the support they received from the registered manager. Staff were supervised and had their competence to provide care regularly assessed.

People's physical and mental health was considered and staff liaised with the health care professionals as and when required, in conjunction with family members.

People received support from staff to meet their dietary requirements, reflective of their individual needs and the level of support required.

The principles of the Mental Capacity Act 2005 were understood

Good 

and implemented and people were supported to make decisions about their care and support.

Is the service caring?

Good ●

The service was caring.

Positive and caring relationships between people using the service had developed, which had had a positive impact on people's well-being, which people who used the service and family members confirmed.

People's privacy and dignity was maintained and people were aware of their rights, which included their right to confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People's and family members contributed to the development of care plans. Care plans were fully understood and followed by staff and included information as to people's preferences, how they communicated and how their care was to be provided.

People and family members were confident to raise concerns. Records showed concerns and complaints were investigated and the outcome communicated to the complainant.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post. There was an inclusive approach to the management of the service. Opportunities provided for staff to comment upon and influence the service were provided through questionnaires and staff meetings.

People's views and that of their family members were sought through questionnaires.

Systems were in place to monitor the quality of the service, which included a range of audits of records held within the service.

The provider had been found to be compliant when assessed by external stakeholders who had an interest in the safety and quality of the service being provided.

Bonney Care Agency

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 checked 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.

The inspection site visit started on 22 August 2018 and ended on 23 August 2018. We gave the service two working days' notice of the inspection because we wanted to provide an opportunity for people using the service and their representatives to meet us and share their views.

The inspection site visit was carried out by one inspector.

We looked at the providers Statement of Purpose. This is a document providing information as to the aims and objectives of the service, the support and services it provides and to who.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also contacted the Local Authority for any information they held on the service. We used this information to help us plan this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service by telephone and with two family members by telephone or electronic mail on 28 August 2018.

We spoke with the registered manager, manager and care co-ordinator when we visited the office on 22 and 23 August 2018. We spoke with four members of staff by telephone on 29 August 2018.

We looked at the care plans and records of four people. We looked at three staff records, which included

their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and records related to the quality monitoring of the service.

Is the service safe?

Our findings

People told us the confidence they had in staff and the relationships they had developed made them feel safe as they trusted the staff.

People's safety was promoted and maintained. The registered manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to the Care Quality Commission (CQC) about potential abuse and safeguarding referrals made to the local authority. The registered manager provided information required to the local authority and other agencies involved in the investigation of safeguarding concerns. This was to assist them with their investigations and had attended meetings where required.

Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents, such as people having a fall, basic life support and fire safety. Staff understood what procedures were to be followed if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams.

The registered manager as part of the initial assessment process considered information provided by social services where it had been identified a person had a history of safety concerns or had experienced abuse. We found where historical concerns had been known, the registered manager had worked in partnership with the person and social services to put into place risk assessments and guidance to maintain and promote their safety.

The provider has evidenced sustained improvement to the assessing and management of risks to people as identified at the focused inspection carried out by the Care Quality Commission (CQC) in October 2017. Therefore the rating for this key question has been revised from requires improvement to good.

Potential risks to people had been identified and assessed and guidelines as to how staff were to reduce risk were detailed within risk assessments. People's risk assessments had an emphasis on the promotion of people's safety whilst recognising the balance in promoting people's independence and choices. For example, supporting people to prepare and cook meals, with support and guidance from staff.

People were supported by a small group of staff who they were familiar with, this promoted consistency of care and promoted people's safety and well-being. Staff had a good insight into people's needs and their role in providing safe care. People's care plans provided information on how staff could create a sense of safety for people. For example, supporting a person to access to the community to quiet events and locations as noisy and crowded places were a trigger for their anxiety.

All incidents were reported, which included the nature of the incident, who was involved and the action taken by staff. Reports were reviewed by the registered manager. The provider had purchased a computer programme, this was used to monitor staff's arrival and departure times from people's homes, this meant should staff not arrive at a person's home, managers in the office of Bonney Care Agency received an

electronic alert. A member of the management told us as a response to the alert they would contact the member of staff to find out why they had not arrived at the person's homes at the specified time. This both promoted the safety of people using the service by ensuring they received care and support and by having systems to check on the well-being of staff.

We found there were sufficient staff to meet people's needs safely. People we spoke with, living in their own home told us staff always arrived on time and that they had experienced no missed calls to their home to provide care and support. One person said, "I have two different carers, always at the time they're supposed to come, never had a late or missed visit." A family member said, "The carers always arrive on time, they're never late." All care plans for people living within their own home and within the supported living complex detailed the times and number of hours care and support was to be provided, which for some included 24-hour support. Staff told us they were provided with a rota on a weekly basis, so they knew in advance whose care and support they were providing and the time and duration.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. A check with the Disclosure and Barring Service (DBS) had been carried out to check on prospective staff who intend to work in care and support services. This helps employers to make safer recruitment decisions. Staff received the training they required to promote and maintain people's safety and welfare, in an individualised and person-centred way.

People's medicine was managed safely by staff who had received training and had their competence assessed. The role of staff in relation to their involvement with people's medicine was clearly recorded within people's assessment and care plan. People received differing levels of support with their medicine dependent upon their needs. For example, some people had their medicine administered by staff, whilst others were reminded to take it themselves. People we spoke with in some instances required no support with their medicine. Medicine for some people was used to support people when they became anxious, this medicine was administered as and when required following guidelines written by the health care professional who had prescribed the medication.

Staff received training in infection control and food hygiene, to promote people's safety. Staff wore personal protective equipment, such as aprons and gloves when providing personal care and preparing food to reduce the risk of infection and cross contamination. Staff supported people to clean their home and prepare meals, where the person's assessment had identified this was an area that the person required support.

Is the service effective?

Our findings

People's needs were initially assessed by the funding authority, who shared their assessment with the registered manager. The registered manager, upon receipt of the assessment, reviewed the information to decide whether they could potentially meet the person's needs. The registered manager arranged to meet with the person and in some instances a family member, to carry out their own assessment. This was confirmed by the people and family members we spoke with. The assessment process considered people's physical, communication and social care needs and any specific needs relating to protected characteristics as defined under the Equality Act, such as disability, race or religion.

Staff spoke positively of their induction, which included reading key policies and procedures and working alongside experienced staff whilst being introduced to people who used the service. Staff told us they were regularly supervised and had their competency assessed through unannounced spot checks, where a member of the management team observed their approach to people when delivering care. Staff told us the registered manager had a pro-active approach to training, informing and encouraging them to undertake training in a wide range of topics, to promote people's safety, health and welfare. Training was also provided for staff to meet people's specific needs, which included autism, learning disability and mental health awareness.

The role of staff in relation to their involvement with people's food and drink was clearly recorded within their assessment and care plan. Information about known food allergies was recorded along with any dietary needs based on personal preference or religious beliefs. People received the support they required with their eating and drinking dependent upon their needs. People in some instances required no support, whilst others received support, which included grocery shopping and the preparation and cooking of meals. People told us how staff prepared breakfast and other meals for them. They told us staff always asked them what they wanted to eat and drink. People told us how they appreciated that staff washed up and left their kitchen clean and tidy.

The role of staff in relation to their involvement with promoting people's health was clearly recorded within their assessment and care plan. Care plans documented people's physical and mental health needs, which included any information as to how staff were to respond to any changes in a person's behaviour that may indicate a deterioration in their health. For example, a person with a diagnosed mental health condition had information as to how they reacted to a change in their welfare and how staff were to respond and provide the appropriate support. Staff we spoke with told us they had liaised with health care professionals, which had included supporting people to attend appointments and in some instances to contact emergencies services where appropriate. A family member told us, "Oh, my relative is very happy with the service, they have a consistent staff team, one carer in the main. I feel my relative is safe, when they got ill they called for an ambulance, they had all the necessary information and were able to tell the ambulance crew all they needed to know."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Where they lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA to ensure any restrictive practices had been referred to the local authority to ensure these were authorised by the Court of Protection. We found people's records contained information where a Court of Protection Order had been put into place. However, an agreement made between the person using the service and staff was not sufficiently documented to evidence consultation and the person's agreement. For example, the person's records stated staff were to enter their property, within a supported living complex, should the person not respond to staff knocking on their door. The registered manager said the person had agreed to this, however there was no signed agreement by the person as to the circumstances in which staff were to enter. The registered manager said they would review the agreement with the person and update the person's records to reflect the outcome of their discussion.

Is the service caring?

Our findings

People were consistent in the praise of staff, commenting on their kindness and genuine concern for their wellbeing. One person told us, "Staff have a nice personal side to them, I feel I've made a genuine connection, they talk with me and I enjoy our conversations. It's nice because I am on my own all day." A second person said of the staff, "Oh they're lovely, I couldn't wish for better, they really take care of me."

People told us how they appreciated the 'small' things staff did. One person said, "They [staff] always tidy up, leaving my kitchen clean and tidy for me. They put my washing on for me and when they come back at lunch time will hang it out or put it on the airier for me." A second person said, "They, [staff] always ask if I want anything before they go, I usually ask for a cup of tea, they're happy to get it for me. If they have done everything required they will stay and talk with me, until the end of my call. I really enjoy this."

Family members spoke positively of the service provided to their relative and were appreciative that support was provided by a small group of staff, who had developed positive relationships both with them and their relative. One family member said, "It's taken a lot of stress off the family, we're very comfortable that they have a good carer [member of staff]. I can't actually say enough positive things about the agency and the carer, excellent."

Staff we spoke with were aware that some people had experienced events in their lives which had affected them prior to using the service. Staff were aware of the need to support people when they chose to talk about issues that had affected them. Information was provided within people's care plans, detailing staffs role in providing support.

People we spoke with told us they had been involved in the assessment process and had had the opportunity to discuss what they wanted from the service. One person told us, "I was given a book with information, which includes my care plan and how to make a complaint. They do everything I ask of them. The service and care means I can stay as home." A family member said, "We've always been told what's going on with our relative's visits." People's care plans had been signed by them or their family representative.

People told us their privacy and dignity was respected. One person told us, "My privacy and dignity is considered, I was a bit shy for a start, I've now got used to [staff's name] providing my personal care." A family member told us, "My relative prefers male carers, which we mostly have. We're very happy with everything."

People's care plans included guidance for staff on promoting people's privacy. For example, whether people answered their front door, or whether staff needed to let themselves in and announce their arrival. Additional information to promote privacy and dignity included information as to the level of support people required with personal care, to ensure where people could complete tasks independently and this was encouraged. People's individual circumstances for personal care were also detailed, for example the frequency of having a shower or wash.

Staff records confirmed they had received training on equality, diversity and human rights. Confidentiality and information governance.

People using the service had received a letter from the registered manager about recent changes to data protection legislation, which people had signed to evidence their awareness of the change in legislation and their understanding of how information held about them was stored and shared.

Is the service responsive?

Our findings

People's records contained information about their lives for those living in support living accommodation. For example, information about family members, previous places of residence and information about their education, hobbies and interests. This information was used to develop care plans to support people's likes and dislikes. For those people receiving care in their own home, information about family members involvement in their day to day lives was recorded to enable staff and family members to communicate where necessary, for example staff contacting family members if their relative was found to be unwell.

People's care plans provided clear information and guidance for staff to enable them to respond to people's needs, which included their physical health, socialisation and activity of day to day living, such as shopping, cooking and cleaning. Many of the people, residing within the supported living complex, were supported to access a range of community services to support them with daily living, which including shops, recreational activities and day centre services. Staff supported people to maintain relationships with those that were important to them, as confirmed by people's records.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify, record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found the service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. For example, people's care plans contained information as to people's preferred methods of communication.

People's assessments referred to people's communication needs, this information had been included in people's care plans where a need had been identified and provided comprehensive guidance and information for staff. For example, a person's care plan stated staff were to ask the person to summarise what they had said to ensure they had understood, this was especially important in supporting the person when they experienced a decline in their mental health.

People's care plans provided clear information and guidance for staff to enable them to respond to people's needs or a change in their wellbeing. For example, a person's care plan stated a person experienced periodic lapses in concentration, when this occurred staff were to provide options when asking a question as opposed to an open-ended question, which made it easier for the person to make decisions.

Information about raising a concern or complaint was available, which included the contact details for external organisations. The complaints we looked at had been investigated and the outcome shared with the complainant. Some complaints and concerns were not related to the service provided by Bonney Care Agency and related to the premises of the supported living complex, these had been investigated by the registered manager. The registered manager confirmed in future all concerns relating to the premises for those residing within the supported living complex would be referred to the landlord and tenants would be reminded of how to contact the landlord to report any issues directly. We found people's concerns had been acted upon, for example one person had contacted the registered manager to say that in future they would

prefer their care to be delivered only by female staff. Records showed this had been acted upon and the person's care plan updated to reflect this.

Is the service well-led?

Our findings

Bonney Care Agency had a registered manager who was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had taken action following the inspection we had carried out in June 2017. This has meant the rating for the key question well-led, has been revised from requires improvement to good.

We found policies and procedures were up to date and reflected any changes in guidance and legislation. Policies and procedures were now fully integrated into the day to day running of the service. For example, documents monitoring staff supervision and appraisal were consistently used. A business continuity plan was now in place that provided information as to how the service could continue to meet people's needs should an unplanned event occur, such as an interruption to utility supplies such as electricity or adverse weather.

At the previous inspection the registered manager had spoken of planned improvements, which had included the installation of an electronic call monitoring system. We found this had been adopted and staff now signed in electronically when arriving and leaving at a person's home. Questionnaires sent to stakeholders such as commissioners and social workers had been introduced, questionnaires we viewed showed satisfaction with the service provided.

People had care plans and other supporting documents that were regularly reviewed and were fully reflective of the care and support they required. People who used the service and family members expressed a high level of satisfaction with the service they received and spoke positively of the management of the service. People spoke about the services reliability and the friendliness of staff.

The registered manager undertook a number of audits, which included checking records completed by staff on the care and support staff provided, to ensure documents were being completed well. Staff meetings and supervisions were used as an opportunity to stress the importance of accurate record keeping where shortfalls had been noted through auditing. Staff meetings were organised separately for individual key staff, for those staff supporting people within the supported living complexes and those supporting people within their own homes. This enabled staff to focus on specific areas of people's care and support and to discuss and share ideas for improving people's quality of life.

People using the service were regularly asked for their views about the service they received through questionnaires. The questionnaires we viewed showed a high level of satisfaction with the service, which included people in some instances naming specific staff as having a positive impact on them due to staff's friendliness and support. Examples of additional comments included, 'Bonney Care have been very good. They give me support and I would like to still receive help from them.' 'Good care, look after me.' 'Happy with the support and carers, thank you.' And, [staff's name] is a great keyworker. She helps me if I need any

help and she advises me if I need to do anything.'

Opportunities to encourage staff feedback were in place, which included sending out questionnaires to staff. The questionnaires we viewed showed a good level of satisfaction with the service, in particular staff commented on the supportive approach of the registered manager. Questionnaires contained additional comments. For example, 'I have attended a few training sessions that help me support our clients better.'

The provider had internal and external validation systems in place to ensure the security, and integrity of confidential data and records. A Certificate of Assurance had been awarded, confirming the safety and security of the providers electronics systems, including computer, e-mail and mobile phones. The provider had in addition a Certificate of Registration, confirming registration with information commissioner's office.'

Security of data was supported by a policy and procedure on confidentiality and was a topic that was discussed in supervision and staff meetings to re reinforce staff's responsibility in maintaining confidentiality.

The provider worked with external stakeholders who undertook audits as to the quality and safety of the service. An external health and safety audit carried out by Leicester City Council in February 2018 found the service to be compliant. The provider had received in August 2016 the Recognition Award for meeting the quality assurance framework standards in respect of independent living from the local authority.

The registered manager had completed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the information provided within the PIR was an accurate reflection of our inspection findings. Identified areas for improvement had been identified by the registered manager, which they looked to introduce over the next 12 months. This included the development of an action plan and the monitoring of its progress, which would be shared with staff.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints.

The providers website provided information to people using the service, their family members and the wider public on a range of topics, which included information about the services provided. The website displayed the rating awarded by CQC inspections.