

## Missiontimes Care Services Limited

# Bilborough

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bilborough is a domiciliary care service providing personal care to people in their own homes. The service was supporting one person at the time of the inspection.

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

We found staff recruitment checks were not always carried out and there were no records of staff interviews. Some policies and procedures were not suitable for the service and not understood by staff. Risk assessments for tissue viability and health conditions were not clear, did not contain necessary information and were not signed and dated. Topical creams were not recorded consistently, so we could not be sure they had been applied as prescribed. We could not be sure daily records were always completed, three months' worth of daily records could not be viewed because they were in storage. On the records available to us staff handwriting did not always match their previous entries. This meant we could not be sure who had recorded the information.

Needs assessments, care plans and reviews lacked information, some were generic, and most were not signed and dated. The service did not always promote an open culture where lessons were learnt, and improvements were made. Audits for cream application charts and daily records had not been completed. Service user agreements had not been signed and people had not received written information to make a complaint if they needed to. Staff had not received any formal training to understand their role and responsibilities. Staff were introduced to people and shadowed more experienced staff. They were observed by the registered manager to make sure they had the skills they needed.

However, people using the service at the time of the inspection told us they could speak with the registered manager if they had a problem. Feedback on the service had been requested. People told us they had contributed to their care plan and their needs were being met. People had a list of activities in their care plan and were supported to remain independent through exercise. People's privacy and dignity was maintained, and people valued the support and the company staff provided for them. People had their dietary needs met. Health professionals were involved to support people's ongoing health care needs. People were protected from the risk of cross infection. People using the service told us they were pleased with the service, they appreciated the managers level of involvement and felt cared for. People told us they have regular staff who stay the allocated time.

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 did support this practice.

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

#### Rating at last inspection

This service was registered with us on 28 March 2017 and this was the first inspection.

#### Why we inspected

This was a planned inspection, there was no previous rating.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Details are in our effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Bilborough

## 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 team consisted of one inspector

#### Service and service type; Notice of inspection

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. This inspection was announced. 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.

This service was registered with us on 10 October 2018 and this is the first inspection. Inspection activity started on 20 May 2019 and ended on 22 May 2019. We visited the office location on 20 and 22 May 2019.

#### 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 used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with one person who used the service and the registered manager. The

registered manager was also the 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 one person's care and medication administration records [MAR]. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were not always protected from the risk of harm or abuse because the registered manager did not follow safe recruitment and selection processes. Staff recruitment files did not always contain relevant information to demonstrate staff had the appropriate checks in place. For example, we found one staff member did not have a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.
- The recruitment folders we reviewed showed application forms were incomplete and there were no records of staff interviews. Therefore, we could not be sure staff were recruited in a way that ensured they were suitable to work with vulnerable people.

We found no evidence that people had been harmed however, due to insufficient safety checks during the recruitment process people were placed at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The policy for moving and handling only included information about moving objects. It did not detail the sort of moving and handling activities staff were carrying out when providing care for people. We discussed this with the registered manager who did not fully understand the policy they had in place.
- People told us staff stayed the allocated time when providing their care.

Assessing risk, safety monitoring and management

- Risks were not always being managed safely. Risk assessments did not always relate to the person or the situation in identifying how staff could reduce the risk of harm. For example, one risk assessment for pressure care was not effective because although it highlighted what type of sore the person had. It did not give staff guidance on what action to take if the person declined care and support, to relieve pressure when care staff visited. Multiple risk assessments were not signed and dated so we could not be sure when they were last reviewed.
- People told us staff knew what action to take to reduce the risks, however, these were not documented. One person's medical condition put them at risk of a health emergency but the person's care plan and risk assessment did not give staff the information staff needed to reduce the risk of deterioration in the person's health.

Using medicines safely; Learning lessons when things go wrong

- The registered manager told us staff did not provide any support to people with their prescribed medicine, only with their prescribed cream since April. However, people's daily notes stated staff had applied cream

for people before but there were no MAR charts for this. This meant we could not be sure people received their topical creams as prescribed.

- One person told us "staff prompt with meds but don't physically dispense them, it's all done by family otherwise they wouldn't have a clue, they just help with creams and that."
- Audits had not been completed for medicines which would have identified topical creams were being applied by staff but not recorded. This meant we could not always be sure medication errors would be picked up.
- Some risk assessments gave staff clear guidance on how to use distraction and positive motivation to lower the risk of depression and self harm. Some risk assessments were aimed at reducing risk while increasing independence

#### Preventing and controlling infection

- People were protected from the risk of infection. People we spoke with told us staff wore gloves and aprons when providing personal care.



# 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 meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA. It was recognised where people had the capacity to make their own decisions.
- However, where family said they were involved in decision making, the registered manager had not requested their power of attorney documentation to confirm they were entitled to make decisions on the persons behalf. This meant there was a risk family may be involved in decisions they are not entitled to.
- There was no written evidence that service user agreement forms and consent to care forms had been completed. However, people said they were involved in care planning and had verbally consented to care.

Staff support: induction, training, skills and experience

People were supported by staff who had not received training in their job role.

- Staff had not received any formal mandatory training to carry out their role.
- Despite this, people receiving care told us they felt staff had been trained in moving and handling and providing support with personal care.

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

- People had a pre-assessment of their basic needs. However, people's needs were not always fully assessed and there was a risk their needs would not be met.
- The support plan we looked at included blank documents and generic information. Moving and handling assessments were unnamed and did not include information about the person's needs. People had an agreement to receive care form in their file. However, this had not been signed by themselves, or their representative. Care plan reviews had been carried out, however they stated, 'no change' and failed to give

an overview of any changes to the care plan. Due to our findings on the first day, the registered manager reviewed the care plans in place.

- On the second day of the inspection care plans had been updated and included more relevant and person-centred information. However, some generic information remained, and people or their representatives had not signed the care plans. This meant care plans were still not entirely relevant to the person.
- The registered manager observed new staff provide care to people before they were allowed to work alone. This meant staff had support while they were learning and made sure they had the skills to meet the person's needs.
- The registered manager said they reviewed practice by observing staff and discussed with them how to record their work using the correct terminology.

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

- Staff knew about people's dietary requirements. A relative told us, "Staff are aware of the warning signs to look for, they know to give them jelly babies which are available in the drawer."
- Care plans stated the level of support required and the type of equipment people used for eating and drinking.

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

- Care plans included a list of health and social care professionals involved in people's care. One person's records showed that the district nurse had been contacted for guidance in relation to reducing the risk of sore skin.
- Staff supported and encouraged people to complete their physiotherapy exercises to help maintain their independence.

## 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 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff treated people well and supported people to be actively involved in making decisions. This meant people received care in the way they wanted to receive it.
- People and their relatives had formed relationships with staff which they valued. People were positive about the impact the staff and registered manager had on their lives and described the service as "excellent" because it met their needs. They said "We have a laugh. The manager is really good for me. It's important because the staff can sometimes be the only people we see".
- People had contributed to their care plan and felt in control over the way their care was delivered. One person told us "I wrote a plan for what routine I wish to be followed and then we made a few tweaks here and there. It is updated regularly."
- Staff cared for people in a person-centred way which helped the person maintain their independence. One person explained "Staff do my exercises with me and I wash my face. They encourage me with the physio exercises and they follow the guidance sheet."

# Is the service responsive?

## Our findings

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

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

- A personalised approach to planning people's care was inconsistent. For example, guidance was taken from an internet website which was not aimed at providing person centred care.

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.

- There was no evidence to show people had received information in writing about the service they could expect to receive. Documents were either blank or had not been signed by people to prove they had received them. However, people's sensory and communication needs were recorded in their files and people said they had been involved in planning their care through conversations with the registered manager and writing down their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People received support with shopping, activities and companionship.
- People were happy with the company staff provided. One person said, "I would class them as friends".

Improving care quality in response to complaints or concerns

- People, told us they had never complained and felt they could speak with the registered manager and staff if they had a problem. One person told us "If there are any issues we just speak to the registered manager and they sort them out straight away."

End of life care and support

- We asked the registered manager for information on the care they provide to people at the end of their life. Whilst no-one was receiving end of life care at the time of our inspection, the manager did not demonstrate an awareness of end of life care and had not trained staff in the provision of it.

# 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 meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We could not be sure the provider promoted an open culture when things went wrong because people were not given the complaints procedure and the information they needed to contact external agencies.
- Some daily written records and topical cream charts were not available for us to view, so we were unable to use these records to form a judgement about the quality and safety of the service.

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

- The registered manager did not always carry out their role in a way which demonstrated they understood the regulations. For example, the service user guide listed services the provider was not registered to provide. This meant it was unclear what activities could be provided for people.
- The registered manager was unaware of the importance of quality monitoring audits. We did not find any evidence of appropriate or effective monitoring systems. The registered manager was unable to explain how they monitored the quality and effectiveness of their service.
- Care plans were not always clear. This meant staff did not have the information they required to be clear about their role and responsibilities. One person told us the service meets their needs but sometimes there were "minor misunderstandings around what Jobs they [staff] should do".

We found no evidence that people had been harmed as a result of poor governance. However, a lack of audits meant the registered manager was unable to assess, monitor and improve the quality and safety of the service provided. This is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- Improvements identified on the first day of the inspection, had not all been addressed. These included; updating the service user agreement form and adding a consent to care form to show people gave their consent to receive care. Some changes had been made to personalise people's care plans, however other areas still required improvements to be made.
- Staff signatures were not always consistent on daily care records, this meant it was unclear who had provided the care. This had not been identified by the registered manager.
- The registered manager told us no audits on care plans and MAR charts were carried out. This meant issues with risk assessment and a lack of recording for cream application was not picked up.

- People had health and social care professionals involved in their care when necessary

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.

- People were included in decisions and staff focused on outcomes for people while considering their equality characteristics.
- People and their relatives were positive about the impact the service had on their lives. One person told us "They are a brilliant service much better than the previous one we used. It's been brilliant ever since. You can tell the manager cares just from talking to them, they give us advice on lots of things around care and adaptations."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Appropriate systems were not in place to monitor the safety and effectiveness of regulated services
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment checks had not always been completed to ensure staff were safe to work with people.