

Artsermon Ltd

# Bionicare (Domiciliary Care Agency)

## 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

The inspection was announced and took place on the 10 and 11 March 2016.

Bionicare (Domiciliary Care Agency) provides personal care and support to people living in their own homes. At the time of our inspection the service was providing care and support to 32 people. The frequency of visits ranged from one to four visits daily depending on people's individual needs.

The service did not have a registered manager, but a manager was in place who was going through the registration process with the Care Quality Commission. 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 and associated Regulations about how the service is run.

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm.

There were risk management plans in place to protect and promote people's safety.

Staffing numbers were appropriate to keep people safe. There were safe recruitment practices followed to ensure staff were suitable to work with people.

People's medicines were managed safely, in line with best practice guidelines. Staff had been provided with training in the safe handling of medicines.

People were matched with staff who were aware of their care needs. Staff were provided with training and support to enable them to carry out their roles and responsibilities effectively.

People's consent was sought in line with current legislation and guidance. The service worked in line with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

If needed, people were supported by staff to have a balanced diet and to access healthcare services.

People were treated with kindness and compassion by staff. They had established positive and caring relationships with them.

People were able to express their views and to be involved in making decisions in relation to their care and support needs.

Staff ensured that people's privacy and dignity were promoted.

People received care that met their assessed needs. Care plans were updated on a regular basis, or as and

when their care needs changed.

A copy of the service's complaints procedure was issued to people when they started to receive care. This ensured they would be aware of how to raise a complaint if the need arose.

The culture at the service was open and inclusive. Senior managers led by example, which inspired staff to deliver a quality service.

There were quality monitoring systems in place. These were used to good effect and to drive continuous improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Staff were aware of the reporting process if they witnessed or suspected incidents of abuse.

There were risk managements plans in place to promote people's safety.

Sufficient numbers of suitable staff were employed to meet people's needs.

Systems were in place to ensure medicines were managed safely.

### Is the service effective?

Good ●

The service was effective

People received support from staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought.

Where required, staff supported people to eat and drink and to maintain a balanced diet.

If needed staff supported people to access healthcare services.

### Is the service caring?

Good ●

The service was caring

Positive and caring relationships had been developed between people and staff.

People were enabled to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity were promoted.

### Is the service responsive?

Good ●

The service was responsive

The care provided to people was personalised and met their assessed needs.

Information on how to raise a concern or complaint was provided to people.

**Is the service well-led?**

**Good** ●

The service was well-led

The culture at the service was open, inclusive and transparent.

The management and leadership at the service inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

# Bionicare (Domiciliary 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 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.

The inspection of Bionicare (Domicillary Care Agency) took place on 10 and 11 March 2016 and was announced. The manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the manager or someone would be in the office on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was undertaken by one inspector and an expert 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.

Before the inspection, the provider completed 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 also reviewed information we held about the service including data about safeguarding and statutory notifications submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we undertook telephone calls to four people who used the service and seven relatives. We spoke with four support workers, the office manager and the manager.

We reviewed a range of records about people's care and how the service was managed. These included care records for six people who used the service, four staff's files and five Medication Administration Record (MAR) sheets. We also looked at quality assurance audits.

# Is the service safe?

## Our findings

People told us they felt safe when staff visited them. One relative said, "My [name called] feels very safe since he has had the carer going in. He has gained a lot of confidence and I have been able to step back in the knowledge that I know he is safe."

Staff told us they had been provided with safeguarding training. They were able to describe the different types of abuse and the procedure to follow if they witnessed or suspected an incident of abuse or poor practice. One staff member said, "If I witness or suspect any kind of abuse or poor practice I would report it to the manager." Another staff member said, "I reported an incident relating to poor practice to the manager and it was addressed immediately." We saw the service had a safeguarding and whistleblowing policy in place to guide staff. There was also a safeguarding poster displayed in the service, which included telephone numbers of external agencies who staff could contact if they did not feel able to report incidents internally. Training records seen confirmed that staff had been provided with safeguarding training. We saw evidence that potential safeguarding incidents were raised with the local safeguarding team and recommendations made had been acted on.

There were risk management plans in place to protect and promote people's safety. For example, risk assessments were in place in relation to the environment, safe handling of medicines and moving and handling. One relative said, "My [name called] risk assessment states there should be two staff to hoist him in and out of bed. There are always two staff hoisting him and they always explain everything to him, which really makes him feel safe." Another relative said, "The carers are very aware of environmental risks. For example, they brought it to my attention that my [name called] was no longer safe to get in and out the bath and we needed to do something about the bathroom. We are currently waiting for a walk in shower. I am grateful to the carers for it might have been not until some considerable time later that I would've realised that there were safety problems."

The manager told us that people and their family members were involved in the development of their risk assessments. They were reviewed as and when their needs changed. We found that the plans contained detailed information on the action staff should take to promote people's safety and to minimise any potential risk of harm.

People told us that they were able to contact the service out of hours. One person said, "I think it is really reassuring that I have in the file the contact phone number for each of the managers. If I need to phone the out of hours number someone always answers and is able to sort out any issues that I have." Staff confirmed they were able to contact senior managers out of hours or in an emergency. One staff member said, "They are always at the other end of the phone to provide support and advice if we have a problem." The manager told us that the main telephone was diverted to the on call phone after five o' clock. She said, "The clients and staff are able to contact us in an emergency 24 hours a day, seven days a week." We saw evidence that the service had contingency plans in place to deal with emergencies such as, adverse weather conditions and staff absenteeism.

Staff told us that it was their responsibility to ensure that equipment used to support people such as hoists and wheelchairs were in good working order and fit for use. One staff member said, "We would always make sure that the hoist is put on charge before leaving a client's home." Another staff member said, "We have had training in moving and handling. We never hoist a client unless it is two of us." The manager told us that it was people's responsibility to ensure that the equipment used to support them was regularly serviced. She said, "We always remind the clients to make arrangements for their hoists to be serviced and we keep a record." This ensured people's safety was paramount.

There were sufficient numbers of suitable staff to keep people safe and to meet their needs. People told us that they had not experienced missed calls from the staff team. One person said, "They are always on time." Another person said, "They are not more than five or ten minutes late and certainly not long enough for my daily routine to be impacted on." Staff confirmed that staffing levels were appropriately maintained to ensure people received support consistently. One staff member said, "Yes there is enough staff." Another staff member said, "I have never missed a call and we are given travelling time." We looked at the rota for the current week and the following week and found that shifts were covered by a consistent staff team.

Safe recruitment practices were followed by the service. Staff were able to describe the service's recruitment procedure. They told us they had completed an application form and attended a face to face interview. As part of the recruitment process they had to provide two references one of which was from a recent employer, eligibility to work, proof of identity and a Disclosure and Barring Service (DBS) certificate. We saw evidence in the staff's files we examined that the appropriate documentation had been obtained.

There were systems in place to ensure that medicines were administered safely. People told us they received their medicines as prescribed. One person said, "My carer gets my tablet out of the dossette box and hands them to me with my drink. She always makes sure she records it on the sheet before she leaves so that everyone knows that I've taken them." Another person said, "My [name called] and I both have help with all medication. The carers will take them out and organise a drink. Once we have taken them they will sign the chart." Staff told us they had received training in the safe handling and administration of medicines; and their knowledge and skills were regularly updated. The manager told us that to ensure medicines were administered safely, staff were only allowed to administer them from a pharmacy filled dossette box. We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines. We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been completed in line with best practice guidelines.



# Is the service effective?

## Our findings

People told us that the staff were sufficiently skilled and knowledgeable. One person said, "I think the carers are very well trained. I've never asked them to do anything that they haven't been capable of doing." Another person said, "I've been very impressed with the fact that the carers want to go out of their way to ask for training, or will read about up to date practice, so that they are better informed and can therefore work better with us."

Staff told us they had been provided with training to enable them to carry out their roles and responsibilities. One staff member said, "I had to do all the essential training on-line during my induction before I actually started to support clients." Another staff member said, "I worked alongside an experienced staff member for about four days before I was allowed to work on my own. The manager confirmed that staff worked alongside an experienced staff member until they felt confident. We saw records within staff files we examined to evidence that induction and other training had taken place. In addition, a training matrix had been collated. It contained information on the training that staff had undertaken and when they were due to be updated.

People told us they were appropriately matched with staff who were aware of their needs. One relative said, "My [name called] first language is not English. The two main carers have taken the time to learn a few words in her native language. I have been really impressed by that as it was not something I asked them to do." Another relative said, "My [name called] dementia has become quite severe of late but I have to say that his main carer is wonderful with him and has gone out of their way to read and learn more about how best to communicate with him."

Staff were able to describe how they ensured people were made to feel that they mattered. They told us they were introduced to people prior to supporting them with their care needs. One staff member said, "We get introduced to the clients and they decide if they want us to work with them. We are also expected to read their care plans." Another staff member said, "I make people feel that they matter by giving them choices and options. I talk to them about things that they enjoy doing and their life experience." Staff had a good understanding of the needs of the people they were supporting and were able to demonstrate how they communicated with them.

There was a supervision and appraisal system in place. Staff told us they received regular supervision. One staff member said, "We have face to face supervision every three months." Another staff member said, "We have regular spot checks. I get quite nervous when my boss is observing my practice but I receive positive feedback." The manager confirmed that each staff member received regular face to face supervision, spot checks and a yearly appraisal. We saw evidence in the files examined that staff had been provided with regular supervision, spot checks and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in domiciliary care service is called Court of Protection.

We found that the service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This was to ensure that people who could not make decisions for themselves were protected. The manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully.

Staff told us they always gained people's consent before assisting them. One staff member said, "I always tell the clients that I am supporting what I am going to do. For example, I would say, I am going to wash your back now are you okay with it?"

If required people were supported with eating and drinking and to maintain a balanced diet. One person said, "I prepare my own meals but I ask the carer to buy food for me each week." A relative told us, "My [name called] has to have his meals made for him which I know he doesn't like because he used to be an independent person. The carer is very good and always makes sure that he decides on exactly what he wants to eat for which she prepares for him."

Staff told us that some people's family members supported them with their meals. One staff member said, "If I have to assist clients with their meals I always involve them and ask them to choose what they wish to eat." The manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. We found people had access to the Speech and Language Therapist (SALT) and the dietician via their GP.

People had access to healthcare services to maintain good health. They told us that family members supported them with their health checks and hospital appointments. Staff told us that they would occasionally accompany people to hospital appointments. If needed they would obtain specialist support for people from the district nurses, occupational therapist or physiotherapist. The care plans seen included details of people's GP and health care professionals who were involved with their care and treatment. Therefore, if staff had concerns about a person's well-being they would be able to contact the appropriate professionals for advice and support.

## Is the service caring?

### Our findings

People told us they had developed caring and positive relationships with staff. One person said, "I'm quite a fussy lady and I like things to be done in a certain way. I am really lucky that my carer, who I have most days of the week, has been with me all the time I've been with the agency. It just works like clockwork without me having to explain anything as we go along." A relative of a person told us, "I have great confidence in my mother's carer and I feel that she has my mother's best interests at heart." Another relative said, "The carers have never let us down so far and I'm extremely grateful to them."

Staff were able to describe people's individual needs, including their preferences, personal histories and how they wished to be supported. One staff member said, "We read the clients' care plans and build up a relationship and trust with them." Another staff member said, "As a result of reading the care plan for [name called] I was able to get information about their back ground and interests. We now have regular discussions about their life experiences, things that are important to them and what they enjoy doing." We saw evidence that there was a consistent staff team. This helped to ensure that staff got to know the people they supported really well.

People told us they were supported to express their views and be involved in making decisions about their care and support. One relative said, "My [name called] is determined that they will continue living in the family home for as long as he can. He tells the carers what he needs support with and they listen to him." Another relative said, "My [name called] prefers to have a strip wash and likes the water to be nice and warm and the towels to be warm. The carers understand this and would make sure her requests are acted on."

Staff told us the support provided to people was based on their individual needs and they would always find out from the people they supported how they liked things to be done. One staff member said, "I support them to be independent. For example, if a client is able to wash their hands and face I would enable them to do so." Another staff member said, "If a client wishes to make a cup of tea I would assist them. I know it would be quicker if I made it, but this enables them to have a sense of worth." The manager told us that people were contacted on a regular basis to find out if they were satisfied with the care they were receiving. We saw evidence of this in the care plan files we examined.

People felt assured that information about them was treated confidentially and respected by staff. One person said, "I've never heard my carer talk about any of the other clients that she's been to other than to say that the traffic has perhaps been particularly bad when travelling between a previous client and myself." Another person said, "We are usually far too busy having a bit of a chinwag to talk about anybody else that she might be looking after."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "If a client confides in us we would never disclose it, unless they tell us they had been mistreated by a staff or family member. We would have to tell them that we have a duty of care to report it to the manager." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records

relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

People told us that staff promoted their privacy and dignity and they were addressed by their preferred name. One person said, "My carer has always called me by my first name as I hate to be called Mrs ...". Another person said, "When I was first introduced to my carer she asked me how I would like to be addressed and I told her please call me by my first name otherwise I would feel awkward." A relative of a person who used the service was confident that the staff promoted their relative's privacy. They said, "[Name called] dementia means that he doesn't understand why the carer needs to do intimate jobs for him. She always explains to him what she is about to do and continue chatting to him whilst washing as it helps to keep him calm."

Staff were able to demonstrate how they ensured that people's privacy and dignity were upheld. One staff member said, "We do not expose people unnecessarily. If they need to use the toilet we give them space and do not rush them. We make sure curtains are drawn." Another staff member said, "We support clients to choose the right clothes and they are colour co-ordinated. One person likes to wear their traditional clothes and we always make sure that they are dressed in them." Staff were also respectful of their colleagues. One staff member said, "The staff I work with really do care." The manager confirmed that staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity.

## Is the service responsive?

### Our findings

People told us the care they received met their needs. They also told us that they or their family member were involved in their care assessment and in the development of their care plans and how they wished to be supported. One relative said, "The manager visited us and was very open with us. They explained what they could and couldn't do. I was assured that within the first few weeks of the care they were able to assess who my husband got on with the best. I must admit that he was true to his word and by the end of the first month we had two or three main carers who visit regularly. This has made such a big difference to both of us." Another relative commented, "We met the manager when my [name called] was still in hospital and had a long discussion about what exactly we needed help with. I was assured if I had any concerns whatsoever then I shouldn't hesitate to contact the office. What I like is that whatever the agency promised they have delivered on and I can't ask for more than that."

The manager explained that prior to a service being provided to people, an assessment was undertaken to identify their support needs. Information obtained at the assessment stage was used to inform the care plan and outlined how identified needs were to be met. These included frequency of care and timings of visits. Within the care plans we examined we saw evidence that assessments had been undertaken. The plans were reviewed regularly and if needed changes were made. This was to ensure that the care provided was still relevant to people's identified needs.

Staff told us that people's care plans were personalised and contained detailed information on their level of independence, personal history and preferences. One staff member said, "The information in the care plans is clear and easy to follow." Another staff member said, "If a client is admitted to hospital the care plan is reviewed when they return home as their needs may have changed."

People told us they knew how to make a complaint. "One person said, "I have never had a problem with this agency and I would hope that if there were concerns we would raise them at the monthly meetings when a manager comes to see us. From past experience, I am confident that they would be able to sort out any issues at that stage rather than it even gets to anything like a formal complaint."

The manager confirmed that people were issued with a copy of the service's complaints procedure when they started to receive care. She said, "Any complaints made were fully investigated and used as a learning experience to improve on the quality of the care provided." We saw evidence that the service had received one complaint. It had been investigated in line with the provider's procedure and the complainant had been provided with a satisfactory response.

There were arrangements in place for people and their relatives to provide feedback on the quality of the care provided. One person said, "The manager phones us every month to find out how things are." Another person said, "I am able to sit down with the manager every month to discuss if anything needs changing. As a result of one of these conversations I had with them I now get incontinent products. If it were not for these meetings I probably would have struggled without knowing who to contact for help."

## Is the service well-led?

### Our findings

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. One person said, "I would recommend Bionicare (Domiciliary Care Agency)." Another person said, "I really couldn't do it on my own anymore. They have supported me to stay living in my own home." A relative of a person who used the service said, "The manager and staff are approachable and reliable. You can get hold of them when you need them."

Staff told us that the manager ensured that the culture at the service was open and transparent. One staff member said, "I have been doing this job for 20 years and it is the best company I have ever worked for. There is good communication." Another staff member said, "The support we receive from the manager is fantastic. We are able to discuss work and personal problems with her." Staff felt that senior managers knew the people they were supporting. For example, one staff member said, "Anytime I have had a problem with a client all I needed to do was to ring them up and they have been able to provide me with the right advice."

Staff told us that they knew how to report poor practice and were confident that senior managers would take the appropriate action on any concerns reported to them. Staff were also aware of how to raise concerns under the provider's whistleblowing policy directly to the local safeguarding team or to the Care Quality Commission (CQC).

Staff told us that when mistakes occurred there was honesty and transparency. The manager provided them with feedback in a constructive and motivating way. If required additional training was provided to minimise the risk of future errors occurring.

Staff told us that good management and leadership was visible at the service. They told us if they were experiencing difficulty in their day to day duties the manager would work with them to provide support. This inspired them to deliver a quality service to the people who used the service. We found that staff were enthusiastic about their roles and understood the service's vision and values, which was to ensure that people received a quality and flexible service and their independence was promoted.

The manager told us that she was aware of the attitude, values and behaviours of staff. These were monitored formally and informally through observing practice, staff supervision and appraisal meetings. We saw evidence to confirm this.

The provider was aware of their registration requirements, to ensure the submission of notifications that were notifiable by law. (A notification is information about important events which the service is required to send us by law in a timely way).

The management team told us that the provider ensured that the appropriate resources were available to develop the team and drive improvements. For example, senior managers had undertaken advanced training to enable them to deliver face to face training in moving and handling and safe handling of medicines to the staff team.

The manager told us there were systems in place to check the quality of the care provided. We saw evidence that audits relating to medication recording sheets and daily record sheets were regularly undertaken. Areas identified as requiring attention were supported with action plans to demonstrate how continuous improvements would be made.