

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 22 June 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in and around the Market Bosworth and Leicestershire area. At the time of our inspection there were 161 people using the service.

The service 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.

People told us they felt safe with the staff team from Bosworth Homecare Administrative Offices. They told us they were looked after well and their relatives agreed. Support workers had received training on how to keep people safe and they knew what to do if they felt that someone was at risk of harm. The management team were aware of their responsibilities for keeping people safe.

Risks associated with people's care and support had been assessed. This was so that support workers could provide people's care and support in the safest possible way.

An appropriate recruitment process had been followed to make sure as far as possible that only suitable people worked at the service. Once recruited, new members of staff had been provided with a comprehensive induction into the service and relevant training had been completed.

Support workers we spoke with felt supported by the registered manager and the management team. They told us that there was always someone available to speak with should they need any help or advice both in and out of office hours.

People's needs had been assessed at the start of their care and support package. They had been involved in deciding what care and support they needed and had been involved in the development of their plan of care. Plans of care included people's likes and dislikes and their personal preferences in daily living.

People were asked for their consent before their care and support was offered. Training on the Mental Capacity Act 2005 (MCA) had been provided during the staff team's induction into the service and both the management team and the support workers we spoke with understood its principles.

Support workers were aware of what they could and couldn't do with regards to medicines. They only supported people with medicines that were recorded on their medicine administration record. Training in medicine management had been provided and this had been updated on an annual basis.

People told us that the staff team were kind and caring. They told us that they were provided with choices when they were being supported and their care and support was provided in a way they preferred.

People told us that they had regular support workers who visited them. They told us that the support workers knew them well, they always turned up and stayed for the right amount of time. Nobody felt rushed by the support workers who supported them.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with if they had a concern and were confident that any concerns would be dealt with properly.

People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through visits to people's homes and through the use of surveys.

The management team monitored the service being provided on an on-going basis to ensure that the care and support that people received, was the best that it could be.

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.

People using the service told us they felt safe with the support workers who supported them.

Risks to both the people using the service and the support workers providing the care and support had been assessed to ensure risks were minimised.

People were provided with regular support workers and an appropriate recruitment process had been followed when new support workers were employed.

Is the service effective?

Good 

The service was effective.

The staff team had been provided with a comprehensive induction into the service and they felt supported in their role.

The staff team had the skills and abilities they needed to meet the needs of those they were supporting.

People's consent had been obtained before their care and support was provided and staff members we spoke with understood the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good 

The service was caring.

People told us the support workers were caring and considerate and treated them in a kind way.

Support workers made sure that people were offered choices on a daily basis and involved them in making decisions about their care.

Support workers knew the people they were supporting. They knew their likes and dislikes and knew their personal preferences in daily living.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and they had been involved in deciding what care and support they required.

Plans of care had been developed and included people's personal preferences with regard to daily living.

People knew what to do if they had a concern of any kind.

Is the service well-led?

Good ●

The service was well-led.

People using the service told us that the service was well managed and the management team were friendly and approachable. Support workers we spoke with agreed.

People were visited regularly to ensure that they remained happy with the service they received and were given the opportunity to share their thoughts on the service provided.

Monitoring systems were in place to regularly check the quality of the service being provided.

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 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

This inspection visit took place on 22 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection was carried out 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 reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

Questionnaires were sent to 50 people using the service and to their relatives to gather their views of the service being provided.

During our visit to the provider's office we were able to speak with the branch manager, the training manager, the induction trainer, two line managers and a senior support worker.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We also looked at four staff files including their recruitment and training records and the quality assurance audits that the management team completed.

As part of the inspection process we spoke with 13 people who were using the service and five relatives. This was to gather their views of the service being provided. Five support workers were also contacted by telephone following our visit.

Is the service safe?

Our findings

People we spoke with explained that they always felt safe with the support workers who provided their care and support. One person told us, "I really wouldn't be safe getting myself washed and dressed these days, so the fact that my carer comes to help me makes me feel safe and able to manage." Another person explained, "The only reason why my family are happy for me to still be here in the family home is because I have carers coming in to keep an eye on me these days. I can be a bit unsteady on my feet, particularly when I'm showering in the morning, so for me, knowing that my carer is there just keeping an eye on me while I wash, makes all the difference."

Support workers were aware of how to keep people safe from harm. They had been provided with training in the safeguarding of adults when they had first started working at the service and this was being refreshed on an annual basis. This ensured that the staff teams knowledge of how to keep people safe from harm was kept up to date.

Support workers we spoke with knew the different types of abuse that they may come across and they knew the signs to look out for. One support worker told us, "Because we have regular clients we get to know them really well. We can tell when something is not quite right and can tell the slightest change in someone's manner. If I was at all concerned about anyone I would flag it up straight the way and contact my line manager."

The management team were aware of the providers safeguarding procedures and they knew their responsibilities for keeping people safe from harm. They knew the actions they needed to take if they suspected that someone was being harmed in any way. This included referring it to the relevant safeguarding authorities and notifying the Care Quality Commission (CQC). One member of the management team told us, "I would report it to my line manager, or phone [registered manager]. There is always someone available."

Risks associated with people's care and support had been assessed when they had first started using the service. Risks assessed included those associated with the moving and handling of people, their medicines and assisting to shower. A risk assessment had also been completed on the environment in which the care and support was to be provided. This meant that whenever possible, the risks associated with people's care and support had been identified, minimised and appropriately managed by the staff team.

We checked the recruitment files for four members of the staff team and found that appropriate recruitment processes had been followed in line with the provider's recruitment policy. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.) This meant that the people using the service were protected by the pre-employment checks that were in place.

The line managers we spoke with told us that people received regular care workers. The people we spoke

with and the rotas we saw confirmed this. One person told us, "Because I see the same two regular carers they absolutely know exactly what it is I need help with. That's why I was really pleased when I was able to have these two carers and they have been able to stay with me for so long. I cannot tell you how tiring it gets when you have to explain to a different carer every time exactly what it is you need help with." A relative told us, "When we first spoke to the agency, I did explain to the manager that for my mum the number one priority was to get only a small number of regular carers who would get to know her and for her to know them. Thankfully her dementia is still at an early stage but she can get very confused very easily, so it has been really crucial that she only has her three carers that she knows well now and who she has trust in."

We asked the people using the service if their support workers arrived on time and stayed for the right amount of time. The majority of people told us that their support workers arrived on time and all of them told us that their support workers stayed the duration of their care call. One person told us, "To be honest, it can be a bit hit and miss with the timings of the visit. The carers try their best to get to me at the time they are supposed to, but with traffic and problems with clients earlier on in the day, it sometimes means that my visit can be up to half an hour late. However, of late, the office have been trying to ring me to let me know when somebody is running late so that I'm not worried that nobody is going to come at all. When they do get here they always stay for the right amount of time."

Another person explained, "Timings of visits seem to have got better over the last couple of months. My carer always tries her best to get to me on time and I know it's sometimes a real struggle for her so it's just something that I put up with now. It's a small price to pay for the fact that I have a lovely carer who doesn't rush and is willing to do any small job that I need doing at any time."

Support workers we spoke with told us that they had received training in the management of medicines and they understood their responsibilities. One support worker told us, "You can only support people with medicines that have been prescribed and from a chemist. You can't deal with things like paracetamol if they haven't been prescribed."

For people who needed assistance with their medicines, a risk assessment had been completed. The support the person required with their medicines had then been included in their plan of care. This meant that the care workers had the information they needed in order to support the person safely and in line with the provider's medication policy. One of the people using the service told us, "It's my daughter who insists that I have a carer just come to me once a day in the morning and that is because she worries that I will forget my tablets. Therefore my carer just comes for 15 minutes so that she can get my tablets out of their box, she organises a drink for me and then once I have taken them she will write in the book to say that I have. [Taken my tablets]."

The provider had a business continuity plan in place for emergencies or untoward events such as pandemic flu or staff shortages. This meant that the staff team had a plan to follow to enable them to continue to deliver a consistent service if these issues ever occurred.

Is the service effective?

Our findings

People we spoke with told us that the support workers who supported them knew their care and support needs well. One person told us, "I have no problem with my carers, they do everything that I need doing and anything extra that has cropped up that morning." Another told us, "As far as I'm concerned all my needs are met very well by my carers. I have no complaints about the carers at all."

Support workers we spoke with told us that they had received an induction when they had first started work at the service and training relevant to their role had also been provided. One support worker told us, "I had an induction and all the training, we also have yearly updates as well, it is really good." Another explained, "This company's training is exemplary and the handbook we received is a wealth of knowledge."

When we looked at the providers training records it was evident that appropriate training was being provided. This included training in food hygiene, infection control and first aid. Support workers were also being provided with yearly refresher training on moving and handling, medicine management and the safeguarding of adults. This ensured that the staff team had the knowledge they needed to properly support those who received care.

Six new support workers were in the process of going through the providers induction programme on the day of our visit. They explained that they were on day three of a four day induction. The day prior to our visit they had completed training on moving and handling and on the day of our visit they were completing training on safeguarding and continence care. This showed us that there was a comprehensive induction process in place. One of the new support workers told us, "The induction is brilliant, really good and [training manager] is a really good teacher."

The support workers we spoke with felt supported by the management team. They told us that there was always someone available for help or advice. One support worker told us, "There is always someone available to talk to, week days, weekends and evenings. We have the office number and the on call number." They told us that they had the opportunity to meet with a member of the management team on a regular basis and spot checks on their work had been carried out. This enabled the management team to check that the support workers were carrying out the care and support they were supposed to do. Another support worker told us, "In the last six months I have had spot checks, supervisions and an appraisal they [management team] are very supportive."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home

must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The branch manager understood their responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well.

Capacity assessments had been carried out. Where people had not been able to make certain decisions, it was evident that these decisions had been made in their best interests and by people who knew them well.

Support workers we spoke with had received training on the MCA and understood their responsibilities. One support worker told us, "If a client doesn't have the capability to make decisions the MCA is there to safeguard them and people like family and friends who know them well make decisions on their behalf."

Support workers we spoke with gave examples of how they obtained people's consent before providing their care and support. The people using the service told us that the staff team always asked for their consent before they supported them. A support worker explained, "I always ask people's permission before I start, even the ones that I see regularly, I still always ask if they are happy for me to help them." One of the people using the service told us, "My carer always asks me if I'm ready for my shower."

Where people required support with preparing food and drink the necessary support calls had been arranged. Support workers had received training in food hygiene and they made sure that people had the required food and fluids to keep them well. One of the people using the service told us, "I am still able to get most of my meal ready for myself, but I do find when it's all just about cooked it can be difficult for me to strain the vegetables and get something out of the oven and plate up all at the same time before it gets cold. My carer comes in when my meal has got about five or 10 minutes still to cook and she will plate it all up for me which I appreciate. While I am eating it, she will do the washing up and tidy up in the kitchen and then she usually leaves me with a drink for the afternoon." Another told us, "My carer usually make's a sandwich for me. She will have a look in the fridge and tell me what there is in there and then I'll decide what it is I would like her to make. She will just cover it with some cling film and put it in the fridge so that all I have to do is get it out when I'm ready to eat it."

Support workers monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported to the office and acted on. An example of this was when a person using the service hadn't felt well. The support worker called the office and the person's GP was contacted. This meant that people were supported to access the healthcare support they needed.

Is the service caring?

Our findings

People we spoke with told us that they were treated with respect and the support workers who provided their care and support were kind and caring. One person told us, "My regular carer couldn't be any lovelier. We always have a chat and a bit of a laugh and she has really become my best friend over these last few months." Another person explained, "The two carers that I see most of the time are really lovely. They couldn't be more considerate. Nothing is too much trouble for them and to be honest I'm not sure what I would do these days if it weren't for them coming to see me."

People using the service told us that the support workers maintained their dignity when they provided personal care. One person told us, "When the winter evenings begin to draw in, my carer will always make sure that she closes all the curtains in my flat before we start undressing me." Another explained, "My carer is very patient and she will always make sure that the shower is at a nice temperature before she comes to get me to undress. She's always got a nice warm towel ready for me when I get out as well."

Support workers gave us examples of how they maintained people's privacy and dignity when they supported them. One support worker told us, "I always close the curtains and the doors and when I am assisting people with a wash I cover them with a towel." Another support worker explained, "I always close the door and the curtains and I explain what I am about to do, I talk to people to put them at ease, it is important that they are comfortable with what I am doing."

Support workers we spoke with knew the care and support needs of those they were supporting. This was because they visited people on a regular basis. One support worker told us, "[Person using the service] likes two rounds of toast and marmalade for breakfast and a cup of tea or coffee without sugar. You get to know what people like." Another told us, "There is always a detailed care plan in people's homes, so if you don't know them so well you can see exactly what help they need."

People's plans of care included their likes and dislikes and preferences in daily living. This meant that if a support worker were to visit someone they didn't know so well, they could support them in the way the person preferred.

Support workers explained how they gave people choices and involved them in making decisions about their care. One support worker explained, "We always offer choices. For example this morning I arrived at one person's home, I said good morning and asked them what would they like to do, would they like a shower? they said yes. I asked them if they would like their hair washing and then I asked them what they would like to wear today. It is important that you give people choices."

People using the service told us that staff listened to them and felt they were provided with appropriate choices. One person told us, "I can't really say that staff don't listen to me. I am a bit fussy in my old age and they know I like things to be done a certain way and will usually make sure that they do it that way." Another person explained, "My regular carers always listen to me. They make sure that they do things how I like them to be done and because they have been coming to me for a long while they don't have to ask any more. This

makes life much easier for me."

Bosworth Homecare Administrative Offices had recently gained the 'Respect 4 Dignity Award' from Leicestershire County Council (LCC). To gain this award the provider had to demonstrate to LCC how they delivered a service that maintained the dignity and respect of the people using the service and achieve positive outcomes against 10 Dignity Challenges. This they did and they received their award in June 2016.

Is the service responsive?

Our findings

People we spoke with told us that they had been involved in deciding what care and support they needed and in developing their plan of care. One person told us, "When I first started with the agency I sat down with the manager and we talked about what it was that I needed help with. I certainly felt involved in organising my care and when the manager sent me back the draft care plan to look at, I felt it reflected what it was I needed help with." Another person explained, "My care plan contains everything that anyone needs to know about what help I need during the day. The manager was very good and she asked me lots of questions, some of which I hadn't thought of myself and she then fed the answers into the actual care plan itself when it was written."

The management team explained that people's care and support needs were always assessed. The paperwork we looked at confirmed this. The management team explained that a visit was always carried out at the person's own home and an initial assessment was completed. This was so that the person's support needs could be identified and the management team could satisfy themselves that the person's needs could be met by the support workers working for the service.

From the initial assessment a plan of care had been developed. The plans of care we looked at were centred on the person and included their individual preferences with regard to how they wanted their care and support to be provided. They showed the reader their likes and dislikes and their preferences in daily living. For example, one plan of care showed that the person liked a 'banana and cheese sandwich and a glass of orange for their tea'. Another plan of care showed us that the person preferred to be offered choices during their care call, preferred to use shower gel when showering and didn't like to be rushed. All of this information enabled the support workers to provide people's care and support in a way they preferred.

The management team explained that people's care and support packages were regularly reviewed. An initial review would take place after the first six to eight weeks of a care package commencing and then six monthly reviews would be carried out after that. People we spoke with and the records we checked confirmed this. One person told us, "I met with the manager when I first started with the agency and she has been coming to do reviews about every six months since." Another person explained, "I have seen the manager a number of times when she has come to do a review. I have also spoken to her a couple of times as well when I've needed to change an appointment time and nothing has been too much trouble."

People we spoke with told us that they received the care and support they needed. They told us that they had regular support workers who visited them. They told us that the support workers on the whole arrived on time and always stayed the right amount of time. One person explained, "I never feel rushed at all. The carers have to dial in to let the office know when they arrive and leave, so they always stay for the full time. More than often they are a bit over because we have been chatting so much."

The provider had formal complaints process in place and the office contact details were included in the information held in people's homes. The people we spoke with knew who to contact if they had a complaint or concern of any kind. One person told us, "I know how to make a complaint as there is a leaflet in the

folder about doing so, but I've never had to use it." Another person explained, "My one carer is really like my best friend now and we always have a lovely chat, so certainly, if I had any concerns or I was worried about anything I would definitely talk to her."

Where a complaint had been received by the management team the formal complaints process had been followed. This included investigating the concerns raised and recording the outcome of the complaint. Where it had been identified that changes to practice were needed, this had been actioned. This showed us that people were able to share their concerns and these were taken seriously.

Is the service well-led?

Our findings

People we spoke with told us that they felt Bosworth Homecare Administrative Offices was well managed and the management team were open and approachable. One person told us, "The manager and office staff are friendly, professional and available to answer any queries that we have." Another explained, "She [registered manager] is lovely and friendly and I know that if I have any concerns, I only have to pick up the phone and ask for her."

People we spoke with felt that they could contact the management team if they had any issues about their care and support and were confident that they would be listened to. One person told us, "A while ago now, I did have to speak to them because there was one particular carer that I wasn't getting on terribly well with. There was nothing really concrete that I could put my finger on but perhaps our personalities didn't quite gel, so I phoned the agency and explained and they were very good and told me that they could easily move her to other clients and they sent me another carer who is still coming to look after me now."

People were provided with the opportunity to be involved in the development of the service and to share their thoughts on the care and support they received. They were being visited every six months by a member of the management team. This was to review their plan of care and to make sure that they remained happy with the care and support they received. One person told us, "I think probably three different people have been out to do reviews over the years and I got on well with all of them." A relative told us, "I do remember being asked some questions by the manager when she came and sat and had a review with mother and I some months ago. There were definitely questions about how we found the service and whether there were things that we could think of that would help them to improve."

The quality manager had introduced 'courtesy calls' to people new to the service to check that the care and support they were receiving was what they had agreed to. Surveys had also been used to gather people's views of the service being provided. One person told us, "I don't ever remember filling in the survey as such, but when one of the senior carers has come to do a review with me I have a feeling she may have asked me some questions then that might have been a survey."

We saw that surveys had been sent out on an annual basis to the people using the service and to staff members. Surveys returned had been analysed and where shortfalls had been identified, changes in practice had been made. For example, one question in the survey asked whether when contacting the agencies office, if their call was answered promptly. Three of the 39 people asked said no. As a result of this, internal processes were looked at and changes were made to improve the answering of telephone calls. This showed us that people's thoughts of the service were taken on board and acted upon.

Support workers we spoke with told us they felt supported by the registered manager and the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One support worker told us, "I feel supported, respected and valued and I can talk to my manager about anything."

We saw that staff meetings had taken place. These meetings provided the staff team with the opportunity to

be involved in how the service was run. One staff member told us, "We have a meeting next week. We get a memo telling us when it is and we can send in any questions that we want raising and we get the opportunity to make our views known and raise any issues."

One to one supervisions had also been carried out with a member of the management team. This provided the staff team with the opportunity to discuss important areas of care practice and the provider's expectations of them.

The management team and the provider's quality manager regularly monitored the service being provided so as to provide the best possible service. Monthly audits had been carried out on the paperwork held. These audits looked at the incident and accident records kept, people's care records, medicine charts and the records completed by the support workers after they had completed a visit to a person's home. Where shortfalls or gaps in recording had been identified, these had been addressed by the management team and the importance of accurate record keeping had been discussed at a recent staff meeting. This showed us that the auditing of records was working effectively.

We looked at the daily records that support workers were required to complete. These showed us the tasks that had been completed at each visit and the support workers who attended. They also showed the time of arrival and the time of departure from the call. An electronic monitoring system was also in place. This enabled the management team to check on a daily basis that people were getting the calls they required at the time they required them.

The provider's aims and objectives of the service had been shared with everyone involved. These were included in the provider's service user guide, a document given to people on commencement of their care and support package. Support workers we spoke with showed a good understanding and commitment to the provider's overall values of the service and its philosophy of care. One support worker explained, "Our aim is to give the best quality care we can give, to promote independence, respect people, promote their dignity and to make a difference. I love my job and find it very fulfilling."