

Boomerang Healthcare Ltd

Boomerang Suite

Inspection report

Boomerang Suite
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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

About the service

Boomerang Suite is a domiciliary care service providing personal care to 24 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives said they received good care and care staff were kind and caring. Staff treated people with dignity and promoted their independence.

People and relatives felt the service was safe. They confirmed care staff were consistent, reliable and punctual. People received their medicines on-time. Staff knew how to raise concerns and safeguarding referrals were made to the local authority and investigated, when needed.

Risk assessments were carried out to help keep people safe and new staff were recruited safely. Incidents and accidents were investigated and the findings used to improve the service.

The provider had robust infection prevention and control procedures. Staff had been trained in IPC and used PPE to help keep people safe.

Staff told us they received very good support. They also told us they received the training they needed. Training was up to date.

Staff supported people to have food and drinks of their choice and to access health care services.

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

Care records gave details of how people wanted their care. These were reviewed regularly to ensure they reflected people's needs.

Although people and relatives gave positive feedback about the care provided, they knew how to complain if needed. Previous complaints had been investigated and addressed.

The provider prioritised staff health and wellbeing, as well as people's needs. People, relatives and staff confirmed the registered manager was approachable.

The provider had a structured approach to quality assurance which was used to develop and improve the service.

The provider planned to implement initiatives to improve people's care and to develop the staff team.

People and staff were able to share their views. They felt the provider listened and acted on their feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Boomerang Suite

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

Two inspectors carried out this inspection.

Service and service type

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.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because we needed to make arrangements to ensure the registered manager was available and to contact people to gather their feedback.

Inspection activity started on 19 April 2021 and ended on 5 May 2021. We visited the office location on 5 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our 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.

During the inspection

We spoke with 12 people and relatives about their experience of the care provided. We received feedback from 14 members of staff including the nominated individual, registered manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from four health professionals.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help keep people safe from the risk of abuse. People, relatives and staff told us the service was safe.
- The provider ensured any safeguarding concerns were referred to the local authority and fully investigated.
- Staff knew about the safeguarding and whistle blowing procedures. They told us they felt confident to report concerns if required. One staff member said, "I have never had to use it [whistle blowing procedure] before but I am confident that management would resolve the matter quickly."

Assessing risk, safety monitoring and management

- The service assessed and managed risks appropriately. An environmental risk assessment was carried out when people started receiving care. This assessment considered potential risks to people and staff in their homes.
- Additional risk assessments were carried out, depending on people's individual needs. For example, where they had particular health conditions.
- The provider had up-to-date procedures to deal with emergency situations.

Staffing and recruitment

- The provider deployed enough staff to provide reliable and consistent care. People confirmed they usually saw the same care staff and they were usually on-time. One person said, "They always stay for the full length of the call. There has been an incident twice, they rang to let me know they would be late. That proves to me they are caring, as they are caring for the person in front of me."
- New staff were recruited safely.

Using medicines safely

- The service managed medicines safely.
- Staff supported people to take their medicines when they were due.
- Staff had completed safe handling of medicines training and the provider checked staff were competent.
- The provider had recently implemented additional checks to ensure people received medicines safely.

Preventing and controlling infection

- The provider had robust infection and prevention and control (IPC) policies and procedures to help prevent the spread of infection.
- Staff had completed IPC training and were provided with the personal protective equipment they needed.

- Staff had a good understanding of the importance of good IPC practices. One staff member commented, "We wear full PPE when attending calls, alongside using sanitisers and regularly washing our hands when attending every call, to help prevent the spread of infections."

Learning lessons when things go wrong

- The provider had effective systems to log and investigate incidents and accidents.
- Management reviewed incidents to identify trends and improvements to people's 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 is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed to help ensure they received care which matched their individual needs. This included considering social, religious and care related preferences.

Staff support: induction, training, skills and experience

- Staff received good support, and access to the training they needed to develop their skills and knowledge. One staff member told us, "I believe, that, with the support I am receiving from my management team, and my personal capabilities and working capacity, I am able to manage my working rota well."
- Training, supervisions and appraisals were up to date.
- The provider was developing an in-house training academy

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

- Staff supported people to have enough to eat and drink.
- Staff had access to detailed care plans. These described the support people needed with eating and drinking.

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

- Staff were proactive in identifying potential health issues and supporting people to access healthcare services when required. Health professionals confirmed staff were good at contacting them in a timely way to provide specialist support.
- Care records confirmed details of health professionals involved with each person's care and support.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

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

- The provider followed the requirements of the MCA. Care plans included information about people's capacity to make decisions and described the strategies staff should follow to involve them with this.
- People confirmed staff supported them to make daily living choices and decisions.

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 is the first inspection for this newly registered service. This key question has been rated good. 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

- People received good care and staff treated them well. Staff had a good understanding of people's needs. This helped ensure people received the care they wanted.
- People and relatives confirmed the care provided was good. They commented, "They are excellent. Nothing is a bother, nothing. They are just good. I have no complaints, I am extremely happy with everyone they have sent."
- People and staff had developed positive, caring relationships. One person told us, "I have no complaints with any of the girls [care staff]. We know them all now, they are more like a family."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and to make choices about how they wanted their care provided. One person told us, "They say 'What do you want for your lunch?' Nothing is a bother to them. They are very kind, very caring. I feel in control, I feel they treat me with respect."
- Relatives advocated on behalf of some people to help them make decisions about their care. Details of advocates involved in people's care were recorded in care records.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff adapted their care practice in line with people's preferences. One person told us, "They are amazing, they treat you as a human being. They are very friendly. They come in and say good morning. They are all very caring. They give me my dignity."
- Staff encouraged and supported people to be as independent as possible. One relative commented, "They try and get [family member] to cook. They seem happy, [family member] enjoys time with them [care staff]."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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 had detailed care plans. These included information about how they wanted their care provided.
- People and relatives described how the provider responded appropriately to ensure their needs were met. One relative said, "When we needed help [registered manager] was there and she sorted everything out for me. I am really very happy with them."
- The provider reviewed care plans regularly so they continued to reflect people's current needs.
- Staff supported some people to participate in social activities. People's social preferences were recorded in their care plan, as well as how staff were to support them to fulfil their needs.

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.

- The provider could make information available in different formats on request.
- People's communication preferences were discussed and agreed during the initial assessment upon accessing the service. These were then included in a care plan for staff to follow.

Improving care quality in response to complaints or concerns

- The provider investigated complaints and used the findings to improve the service. They had a structured approach for dealing with complaints to ensure they were dealt with consistently.
- People and relatives were happy with the service and knew how to raise concerns, if required. One relative said, "I am really very happy with them. They would go beyond what is their normal routine. I could only give them 10 out of 10."

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 is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and the whole staff team worked together to help promote good outcomes for people. One staff member told us, "The care the service users receive is what the service user has asked for and it has been designed so that we give them the care that they wish to receive".
- The provider aimed to create a positive culture service and to develop effective team working. One staff member said, "I love working at Boomerang because all staff are lovely and welcoming. They always help you out and support you no matter what and will constantly give you advice and listen to you."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was proactive in submitting the required notifications following significant events at the service, such as for incidents and accidents.
- The registered manager was supportive and approachable. One person told us, "[The registered manager] is very approachable. I rang to [speak to her]. I found her very approachable, she thanked me for letting her know. There is nothing I can say that is bad about them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider regularly engaged with people and staff to gather their views about the service.
- People and relatives gave positive feedback. They confirmed staff strived to involve them and meet their needs.
- Staff could attend regular meetings to share their views about the service.

Continuous learning and improving care; Working in partnership with others

- The provider had effective quality assurance systems which successfully identified areas for improvement and learning.
- The provider planned to implement a range of new initiatives aimed at improving people's care and promoting staff wellbeing. These included an in-house training academy, a staff development programme and annual care awards.
- The provider worked with local commissioners and healthcare professionals to promote good outcomes for people. For example, they had worked with local health professionals to provide bespoke training in end

of life care to the staff team. We received good feedback from health professionals about the care provided.