

Battlefield Healthcare Limited

# Battlefield Healthcare Ltd

## 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

About the service:

Battlefield Healthcare Limited is a domiciliary care agency. It provides nursing and personal care to people living in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of this inspection 50 people were receiving assistance with their personal care needs.

People's experience of using this service:

- People and their relatives were positive about the care and support provided. One person said, "The carers are brilliant. They are like friends to me."
- Risks to people were monitored and procedures were in place to help keep people safe.
- There were safe systems for administration of people's prescribed medicines.
- People were supported by adequate numbers of staff who were safe and competent to work with them.
- People were protected from the risks associated with the control and spread of infection.
- Staff understood the importance of ensuring people's rights were understood and protected.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's health care and nutritional needs were monitored and understood by staff.
- People told us staff understood their needs and were kind, caring and compassionate.
- People had opportunities for social stimulation and were able to maintain links with the local community.
- There were effective governance systems in place to monitor and improve the quality of the service provided.

Rating at last inspection: The service was rated good at our last inspection (report published 2 August 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## 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.

# Battlefield Healthcare Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

Battlefield Healthcare Limited is a domiciliary care agency which provides support with nursing and personal care needs to people living in their own homes.

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:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be available and we needed to obtain people's permission to contact them.

Inspection site visit activity started on 4 April 2019 and ended on 5 April 2019. We visited the office location on 4 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We contacted local commissioners to seek their views on the service provided. No concerns were raised. We used this

information to help plan the inspection.

We met with the provider, registered manager, two office staff and three care staff. We spoke with five people who used the service, three relatives and two staff on the telephone. We looked at a sample of records relating to the running of the service and the care of individuals. These included the care records of five people who used the service. We also looked at records related to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "I feel very safe with all the carers." A relative told us, "They [staff] are very good. They always make sure my [relative's] house is all secure before they leave."
- People and their relatives told us they always knew which staff would be visiting them. One person said, "I am provided with a rota every week so I know who will be helping me."
- Staff were actively encouraged to raise their concerns and to challenge risks to people's safety. They were confident that any concerns reported were acted on.
- Where concerns had been raised, the registered manager liaised with the local authority safeguarding team to ensure risks to people were minimised.

Assessing risk, safety monitoring and management

- Staff understood people's needs and followed risk management plans which gave them detailed information on how to manage identified risks, for example mobility, communication, skin integrity and nutrition.
- Regular checks were carried out on people's environment and equipment to ensure they remained safe to use.
- Staff were trained in first aid and fire safety and knew the action to take in the event of an emergency.

Staffing and recruitment

- There were sufficient staff to safely meet people's needs. A person who used the service said, "The carers have never been late and they never leave before they should."
- People and their relatives told us they received support from a consistent staff team. A relative said, "My [relative] has the same staff team which is very important."
- The provider followed safe staff recruitment procedures and made sure staff were suitable to work with people before they started working with people.

Using medicines safely

- Where required, staff supported people to take their medicines when they needed them.
- People's medicines were administered by staff who were trained and competent to carry out the task.
- A record of people's medicines was completed and staff signed to confirm that medicines had been taken.

Preventing and controlling infection

- Staff were trained in infection prevention and control.
- A person who used the service said, "The carers always wear gloves when they help me have a wash or

shower."

- Staff had access to a good supply of protective personal equipment which was available in the office.

#### Learning lessons when things go wrong

- The registered manager maintained a record of any accidents or incidents. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again. For example, when it was noticed that one person was displaying an increased level of anxiety, staff deployment was reviewed and when changed, resulted in the person becoming more settled.

# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection we found that care was not always effective and we had rated this area as requires improvement. At this inspection we found that improvements had been made.

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- Where people required support to eat and drink, information about their needs and preferences were recorded in their plan of care.
- Staff recorded information about the meals and drinks offered and taken. At the time of our inspection there was nobody who was at risk of malnutrition or dehydration however, the registered manager informed us that any concerns would be referred to the person's GP.

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

- Any concerns about a person's health or well-being were referred to the person's GP or specialist health care professional.
- People were supported to maintain good health and staff accompanied them to health appointments as and when this was needed.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were well trained and competent. One person said, "My carers are brilliant and really know what they are doing." A relative told us, "My [relative] has very complex needs and the staff are very good with them. I would say they are well-trained."
- Staff were positive about the training they received. One member of staff said, "The training is really good. You get everything you need and the office let you know when refresher training is due."
- Before staff started working at the agency they completed an induction programme which gave them the basic skills to work with the people who used the agency.
- New staff worked alongside and shadowed more experienced staff before they worked alone with people.



- People were cared for by staff who were well supported in their role. A member of staff said, "The support is amazing. I get regular supervisions where I get feedback about how I am doing and I can also talk about any additional support or training I need. Training is always arranged if you request it."

#### Ensuring consent to care and treatment in line with law and guidance

- At our last inspection we found the service was not always working within the principles of the Mental Capacity Act 2005 (MCA). This was because staff were not clear about how to support people to make decisions when they lacked the capacity to do so for themselves; for example, people who were living with dementia.
- 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and improvements were found.
- Staff told us how they supported people with a cognitive impairment to make decisions. One member of staff said, "I will show [name of person] different objects or items of clothing so they can make a choice."
- People and their relatives confirmed that staff obtained their consent before assisting them. One person said, "I feel in control and the carers always ask me instead of just doing."

## 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

Good: ☐ 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 and their relatives were very complimentary about the staff team and of the care they received. One person said, "The carers are brilliant. They are like friends to me." A relative told us, "My [relative] looks forward to their visits and loves to have a laugh and joke with the carers."
- The provider, registered manager and staff team were passionate about ensuring people received the best care possible. The provider had set up the agency after experiencing the poor care of a relative. A member of staff said, "Our clients are like family and I will do whatever I can to make sure they get the best care possible."
- The registered manager said, "I am proud to have become the Registered Manager of Battlefield Healthcare because we passionately believe that providing great care is essential in our society and community. Those in need today could be us tomorrow and if we want to be safe, respected and on the receiving end of person centred care & support, then we understand the starting point of that is to provide it for those in need now. Our staff team are great in thinking about how they would like care provision to be if it were their family or friends, some have even recommended us to family and friends."
- The agency had received numerous written compliments about the service provided. Comments included, "Thank you for looking after [relative]. They enjoyed the visits and you are worth your weight in gold." And, "Many thanks to everyone and for your friendly and knowledgeable help which you gave us both especially during the more difficult times."

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

- People were supported to express their views whatever their disability. A member of staff told us how they used sign language, pictures and objects of reference to enable people to make decisions about their care. Another member of staff told us about a person who was non-verbal and how they recognised through changes in their facial expressions, whether they were happy with the interventions or support provided. The staff member said, "You can tell by [name of person's] facial expressions whether they are ok with what you are doing. If they are not, then you stop."

Respecting and promoting people's privacy, dignity and independence

- Everybody we spoke with told us that staff respected their privacy and treated them with respect. A relative told us, "The carers are very respectful and kind." A person who used the service said, "The carers treat me with respect and they are very good at making sure I have some privacy when they help me to shower."
- People's care plans provided clear information about their preferred form of communication. Communication passports had been developed for people who were unable to express themselves verbally. These documents would assist others, such as hospital staff or other professionals to understand the persons needs and preferences.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
- A person who used the service said, "I was fully involved in discussing how I wanted staff to help me. My care plan has got everything I want in it and the carers follow it." A relative told us, "We have a care plan which the staff follow. They have got to know my [relative] really well and know how they like to be helped."
- Care plans provided information for staff about people's preferences and how they wanted to be supported. For example, one care plan contained photographs of how they liked a particular snack to be prepared. There was also information about their preferred daily routine and how staff could support them in caring for their pet.
- Information had been produced in various accessible formats for people. For example, easy read, pictures and large print. We were informed that information could be produced in braille and other languages where required. We heard how information had been produced on coloured paper to assist a person who was colour-blind.
- Some people received support to access the community and take part in activities they enjoyed. A relative said, "The carers take [name of person] out in the car for fun days out which they love and really look forward to."

Improving care quality in response to complaints or concerns

- People and their relatives were confident that concerns would be taken seriously. A person who used the service said, "I am very happy and have never had to complain. I would contact the office if I had any worries. I know they would sort it out." A relative told us, "I know I can contact the office staff at any time if I have any concerns."
- Where concerns had been raised, records showed the provider had carried out an investigation and provided a response to the satisfaction of the complainant.

End of life care and support

- The agency was not providing a service to anybody who was receiving end of life care. However, care plans showed there had been discussions with people about their preferences for life saving treatment in the event of a medical emergency.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care and support which was tailored to meet their needs and preferences. A relative said, "I've had to ring the office on occasions to let them know if we are going to be out when they are due to visit. They are always very accommodating and will change the time of the visit to suit us. Everything they do is just how we like it."
- People and their relatives spoke highly of the provider, registered manager and staff team. A person who used the service said, "I have used three other agencies and this one is the best ever. It is organised and really well run. Everything goes smoothly." A relative told us, "It has been life changing for me since we have been using the agency. I couldn't manage without them. They are all fabulous."
- The provider and registered manager led by example and regularly provided hands-on care to people. They had a very good knowledge and understanding about the needs and preferences of the people who used the service. A member of staff said, "[Name of provider] and [name of registered manager] are superb and regularly do calls to people." Another member of staff told us, "This company is the best and they continually strive to provide the best care possible. Their standards are very high. All the staff have very high standards."
- There was a supportive culture of openness and transparency. Learning from incidents, accidents or concerns were shared with staff.
- The registered manager had informed professionals such as the local authority safeguarding team when concerns had been raised. They had also informed people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- Staff felt valued and motivated to do their work. Staff considered that the team work in the home was good. A member of staff said, "The support here is second to none. It's amazing."
- There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities.
- There were effective systems to monitor staff skills, knowledge and competence.
- Staff were able to discuss their role through regular supervisions and annual appraisals.

- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the agency within required timescales.

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

- People, their relatives and staff were provided with opportunities to make suggestions about the running of the service.
- There were annual satisfaction surveys which provided people and their relatives to express a view about the quality of the service provided. The results of a recent survey showed a high level of satisfaction. One hundred percent of people who completed the survey rated the service provided as good or excellent. One person commented, "Moving to Battlefield was the best thing I ever did."
- People were provided with quarterly newsletters which informed them about topics such as staff changes, celebrations and events. Newsletters also included information about local events and topics relating to health, safety and well-being.
- The agency ensured that information was provided in accessible formats for people. For example, easy read, photographs and large print.
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- The provider operated a 'carer of the quarter' initiative which recognised the staff member's achievements and work. Nominations were put forward by the people who used the service.

Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team.
- There was a culture of continuous learning. The registered manager said, "We will never stand still and will always look for ways we can improve."
- The registered manager and provider accessed information and advice from other organisations to ensure they are providing a service based on current best practice. These included the local authority, specialised health care providers, Skills for Care and The National Institute for Health and Care Excellence (NICE).

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority safeguarding team, GP's, district nurses and specialist health professionals.