

B.A.C. Care Limited

# Sittingbourne

## Inspection report

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Date of inspection visit:  
13 July 2016

Date of publication:  
01 September 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on the 13 July 2016. This inspection was announced.

Sittingbourne is a domiciliary care agency which provides personal care to people who live in their own home, including people with dementia and physical disabilities. The service provides care for people in the Faversham, Sittingbourne and Isle of Sheppey areas of Kent. There were 87 people receiving support to meet their personal care needs on the day we inspected.

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.

At our previous inspection on 07 September 2015 we found breaches of Regulation 9, Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to these breaches.

The provider sent us an action plan the day after we inspected the service which stated that they would comply with the regulations by 30 November 2015.

People and their relatives were positive about the service they received.

People had appropriate support when required to ensure their nutrition and hydration needs were well met. However, one person had not always received appropriate support in relation to meeting the hydration needs which meant they were at risk of choking.

Medicines were appropriately managed and administered. Medicines audits had been carried out. Medicines records were completed, one person's showed a gap, this was because staff had not documented that the person was in hospital. We made a recommendation about this.

People received a service that was safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. There were suitable numbers of staff on shift to meet people's needs.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were in place which included steps that staff should take to comply with legal requirements. Capacity assessments followed the principles of the Mental Capacity Act.

Systems to monitor the quality of the service were effective. The management team and provider carried out regular checks on the service to make sure people received a good service. Policies and procedures were in place, which meant staff had access to up to date information and guidance.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

Staff had received regular support and supervision from their line manager.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People's care plans detailed what staff needed to do for a person. The care plans included information about their life history and were person centred. People were supported to be as independent as possible.

Relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People were given information about how to complain and how to make compliments. Complaints had been dealt with appropriately.

People's views and experiences were sought through review meetings and through surveys.

People told us that the service was well run. Staff were positive about the support they received from the manager. They felt they could raise concerns and they would be listened to.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Effective recruitment procedures were in place. There were sufficient staff on duty to ensure that people received care and support.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Risks to people's safety and welfare were well managed to make sure they were protected from harm.

People's medicines were well managed. Medicines records were checked regularly. One person's records showed a gap, staff had not used the key to appropriately record that the person was in hospital.

**Good** ●

### Is the service effective?

The service was not consistently effective.

Most people had appropriate support when required to ensure their nutrition and hydration needs were well met. One person had not always received appropriate support in relation to meeting the hydration needs which meant they were at risk of choking.

Staff had received training and support relevant to their roles.

Staff had a good understanding of the Mental Capacity Act and how to support people to make decisions.

People received medical assistance from healthcare professionals when they needed it.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Relatives told us they found the staff caring, friendly and helpful.

**Good** ●

People and relatives had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care was offered to people in response to their care needs which had been planned with their involvement. Relatives told us that they were kept well informed by the service.

People and their relatives had been asked for their views and these had been responded to. People had been given adequate information on how to make a complaint. Complaints had been appropriately dealt with.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager and provider carried out regular checks on the quality of the service and an external auditor had carried out a check of the service.

Staff told us they were well supported by the management team and they had confidence in how the service was run.

People and their relatives were encouraged to give their views and feedback about the service.

# Sittingbourne

## 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.

We inspected the service on the 13 July 2016. This inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in.

Before the inspection, we asked the provider to complete 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 notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law.

The inspection team consisted of two inspectors (one carried out telephone calls to people and staff only) and one expert by experience. An expert by experience is a person who has personal experience of using or caring for people who use this type of care service.

We telephoned 10 people to ask them about their views and experiences of receiving care. We spoke with two relatives on the telephone. We spoke with six staff during the inspection, which included the registered manager and the providers and telephoned four staff to interview them.

We looked at records held by the provider. These included nine people's care records, risk assessments, staff rotas, four staff recruitment records, meeting minutes, policies and procedures.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We asked the provider to send us additional information. We asked for the staff training records. These were sent to us during the inspection.

## Is the service safe?

### Our findings

At our last inspection on 07 September 2015, we identified breaches of Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed safe recruitment practice. The provider had not protected people from risks to their safety. We asked the provider to take action to make improvements in relation to the safety of the service. The provider sent us an action plan on the 30 November 2015 which stated they had already met the regulations.

At this inspection, we found that there had been improvements to recruitment practice and risk management.

People told us they felt safe with the care they received from the staff. Comments included, "I do feel safe with my carers they always tell me what they are doing and check that I am happy with that"; "I really feel safe with them"; "Oh yes I feel safe, if I was to fall they would help me. They are very kind" and "I have no problem with the staff". People told us they had consistent staff support them with their care needs and they were reliable. People said, "Quite happy with them"; "Very nice every one of them, I trust them, very good to me" and "Staff are very good. They are very gentle".

Relatives told us their family members received safe care from the service. One relative said, "The carers are very careful with him, we have regular carer. I cannot fault them". Another relative told us that that they had also used the service to provide respite care whilst they had gone on holiday. They said, "I am here when the carer visits and have never noticed any impropriety. They stay full time whilst we are away, no issues at all".

At our last inspection safe recruitment procedures were not being followed. At this inspection we looked at four staff files. All of which contained a full employment history and all gaps were explained. All staff files showed that the provider had gained two references before staff were able to start employment. The provider had carried out Disclosure and Barring Service (DBS) checks prior to employment and there was evidence in all files of staff's identity and the right to work in the UK. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

There were suitable numbers of staff on shift to meet people's needs. The staffing schedule for each person showed that consistent staff were allocated to work with people; this meant people knew who was coming to their home to provide them support. People told us staff arrived on time and there were no concerns with lateness. Comments included, "Very occasionally they are running late due to traffic or delayed at their last call. I generally get a call from the office. The staff will always come and will always apologise if they are late"; "The two staff always come together. Occasionally they are late but I always get a phone call"; "The office let me know if [staff member] is running late due to traffic or held up at other call" and "I do have the same staff nearly always, obviously they normally cover each other if one of them is off for any reason". One staff member said, "I would say there are enough staff, occasionally I am asked to visit extra people if their carer's are on holiday or off sick. I only do that when I have time between seeing my own people". One

relative told us staff always turn up and if late the office would call "Sometimes they want to change the time of visit, they always call first and check if that is okay with us".

At the last inspection we found that risks to people's safety had not been properly assessed. At this inspection we found that care support plans contained in depth risk assessments to keep people safe. These covered a variety of topics, including health care needs, environmental risks in people's home, pressure areas, hydration, catheter care and moving and handling risks. Risk assessments detailed safe working practice for staff to follow such as assisting a person at risk of choking with cutting their food up into bite size pieces.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure for Kent and Medway. These policies provide guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager understood their responsibilities and knew to report safeguarding concerns to the local authority. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. One staff member said, "If I thought something was going on with one of my ladies for example, and they were being abused in some way I would report it to the manager straight away". Another staff member told us, "I have done safeguarding [training] and I know that I am responsible in keeping people safe from abuse. I know that if I have suspicions then I must report it to my manager. There are different types of abuse, for example financial, physical, I might start to be concerned if I see bruising, or their behaviour changes and they become withdrawn".

People told us that the office had an out of hours call service up to 23:00 which they could use if needed to contact someone. Those who needed help during the night had a life line service installed. People said, "I have a lifeline and they have details of the BAC service"; "I have used it once. Someone came out to see me"; "Out of hours staff very helpful about ringing to let me know if someone is going to be late for my night visit". A relative told us they had used the out of hour's number once as they wanted to have an earlier visit time for their family member the next morning. They said the service was "Very responsive and very understanding of my request".

Individual incidents and accidents were fully recorded by staff. The registered manager had looked at the records and investigated each incident to see if they could be avoided in the future. Action had been taken when issues arose. For example, staff had reported that a medicines error had occurred. Appropriate action had been taken. Staff had contacted relevant persons to seek advice and guidance.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place which had been updated in January 2015. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. Staff were clear about their responsibilities regarding medicines. One staff member said, "I have been trained to administer medication, I check the medication against the MAR chart, when the person has taken it I sign to say I have seen this taken. If the person refuses to take any medication I would report this to the office. If I was unsure about any medication I would not give it until I had spoken to the office". One person said, "They [staff] are good at making sure that I have taken my medicine".

Staff made accurate records of medicines taken on medicines administration charts (MAR) and medicines records. However, one person's MAR showed a gap, we spoke with the registered manager about this and they identified that the person was in hospital so they had not had their medicines. Staff had not used the

key to appropriately record that the person was in hospital. Completed medicine records were checked by care coordinators when these were returned to the office at the end of each month. This meant that there were good systems in place to ensure people received their medicines safely.

We recommend that the registered manager follows published good practice guidance to ensure staff record medicines safely and appropriately.

## Is the service effective?

### Our findings

People told us they received effective care and support and they had regular staff who knew their routine and knew their health conditions and how best to help them. Comments included, "I have had the same staff for the past five years. When I first met each of them we just clicked. Both are trained to look after me" and "On occasions they have come and checked on the carers and looked through my folder at the carer's notes". People also told us that staff ask their permission before carrying out care tasks. They said, "They always ask what I would like to do today. Sometimes we sit and chat which I find comforting"; "The carer always asks if it is okay to change your pad"; "Do you want me to move you into your chair now"; "What would you like for breakfast this morning" and "Do you mind if I do this for you now".

Relatives told us their family member's received effective care and that regular checks were carried out on the staff by the management team. Comments included, "He feels comfortable with them. I feel comfortable having them here helping me look after him"; "They called recently to check on the carers and I told them how satisfied we were". Relatives told us they felt that the staff were adequately trained and knew what they had to do for their family member. One relative said, the staff were well trained "The carers always tell us when they have training or on a refresher course. I know they have demonstration on how to use different types of equipment"; "They all know how to use any of the hoists here".

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. One person said, "The evening meal is a microwave meal. They sometimes serve it in a bowl or the container it came in. The carers always make sure it not too hot for me so I don't burn myself if I knock it over" and "They give me a choice of cereals for breakfast or if I fancy a boiled egg for breakfast they will prepare for me". Another person said, "They do help me get meals, they are helpful, they also make sure I have drink before they leave and in the hot weather they leave more than one". A relative told us the staff prepared food for their family member if they went out, "They sit beside him and encourage him to eat". People's care and support plans detailed the support they needed at meal times. One person's care and support plan detailed that staff needed to stay with them whilst they were eating as they were at risk of choking. The person's assessment detailed that they were prescribed a thickening powder which should be added to drinks to aid swallowing. The care and support plan did not detail that staff should thicken fluids. We spoke with the provider and some staff about this. A staff member who had provided the person support told us that they had never thickened fluids when providing care and support. The provider telephoned another staff member who confirmed they knew about the thickener and added it to the person's drinks. This meant that there was inconsistent practice. The person was at risk of choking because the care plan and risk assessments did not detail their swallowing and hydration needs in relation to thickened fluids, staff were unaware of the dangers of providing drinks that had not been thickened.

This failure to meet the person's needs was a breach of Regulation 9 (1)(a)(b)(3)(a)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received lots of training and regular supervision. Training records evidenced that staff had received training in a number of areas such as, moving and handling, safeguarding, mental capacity,

medication, infection control, dementia awareness, and nutrition and diet. Staff were supported to develop and gain qualifications at work. One staff member told us they had just completed a leadership qualification to support their role. Another staff member said, "We do have lots of training and they make sure that they are refreshed to keep us up to date. The training can be with someone teaching us, on videos or on the computer. We often complete a test afterwards. The basic training includes moving and handling, safeguarding, infection control and first aid" and "I have done specialised training, I have done diabetes, stroke awareness and Parkinson's disease".

The management team carried out a spot check on staff whilst they were working with people. This enabled the management team to check that the staff member had turned up on time, wearing their uniform and identity badge and they were providing care and support in line with the person's care plan and wishes. Staff received support and guidance from the management team out of hours when needed through the use of the out of hours on call service.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had been attended by all of the staff. Staff evidenced that they had a good understanding of the MCA. Staff told us that they talked with people about their care to ensure that they knew what they were doing and to seek consent. One staff member explained that they "Learnt from MCA training that people can make unwise choices". This meant that consent was sought in line with legislation and guidance. Documentation in relation to mental capacity was in place in people's care files. Two people had been assessed as having capacity to make day to day decisions about their care. One of these people's care records detailed they had 'Good communication and comprehension'. Both people's relatives had signed their care plan. We spoke to the registered manager about this, they told us that one of these people hadn't signed any of their documentation because they could not hold a pen.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. Records evidenced that the service had responded to people's changing needs as they had contacted the GP, district nurses, Occupational Therapists (OT's), dietician, Speech and Language therapy and mental health nurses when necessary. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs that the person had experienced a stroke. People and relatives gave us examples of when staff had responded to changes in their family member's health needs. One relative said, "The carers noticed he [family member] had some marks on his bottom and asked the nurse to check on her next visit"; "They asked me to get the catheter nurse to call when they notice signs of infections" and "They always record everything in his folder so anyone can see what is happening". People told us, "Carers always ask if I am feeling alright when they visit"; "Carers told me ask the nurse to come and check my feet. It is always nice that someone can point out an issue for you"; "The carers visited and could see I was unwell. They asked if I wanted the doctor or to call 111 for ambulance. They stayed with me until the ambulance came". One person explained that staff checked their skin for signs of pressure damage. They said, "They cream my groin, back and neck, I love it when they do my neck it helps to relieve the pain in my neck".

## Is the service caring?

### Our findings

People told us that staff were kind, caring, friendly and helpful. Comments included, "I find the staff are caring and compassionate. They show me respect and my privacy is also respected"; "Its fine. They are very friendly and professional"; "They are very caring in their approach, they make sure I am not suffering before they move me"; "We have good rapport and they have become my friends really. They are so kind" and "They have good listening ears and are very comforting".

Relatives told us their family members received good support from caring and professional staff and that privacy and dignity was respected. Comments included, "The carers just keep chatting and joking with him [family member] to save any embarrassment for him. He feels very comfortable with them"; "When she is having a shower the bathroom door is always kept closed"; "Staff are very caring. The other day [staff member] came in and gave me a hug"; "They are more like family before they go we will sit together and chat and [person] is always included in the conversation"; "Very thoughtful and caring" and "Staff very caring. They talk to her [family member] as an equal and conduct themselves in a professional manner".

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people choices, asked people what they would like and spoke with them. Staff gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff explained that they would close doors and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. One staff member said, "All of the staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. One person said, "They always cover me up and hand me a flannel to wash my private bits".

People told us they found the staff treated them with dignity and respected their privacy. People gave examples of staff waiting outside the bathroom, one person needed help to get in the bath, but could manage their own personal care when they were in the bath, they told us "Staff wait outside whilst I have a bath to give me privacy". Other people said "They are very kind and respectful. They listen to me and are sympathetic if I have a problem. It is very comforting to speak to someone else"; "They are all kind and compassionate. We have a good old laugh talking about what is going with our families"; "Staff need to be kind and caring to do their job" and "The carers wash me in sections and keep me covered me up with towels".

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. People's care and support had been carried out as per their wishes. For example, if care plans stated they had two care visits per day, two care visits were recorded and detailed. People told us they had been asked about their preferences of staff. Comments included, "I do prefer a female carer and that's what I have"; "I have a care plan in the folder. I have no preference on who comes. I have had a male carer. I tell them what I want. I now need help with one of my

legs to get into the shower"; "When they wash my hair they will dry and straighten it for me, the way I like it" and "I am involved in deciding what is in my care plan. The carers always write down any changes that they have seen". One relative told us that their family member had support from female staff and "I'm sure if he had asked for a male carer it wouldn't have been a problem. I am present when we are discussing changes to his needs and able to give my views about the help he gets".

People told us they never felt rushed and they were able to choose what they wanted to have done. One person said "Very patient. If I am having a bad day and limited mobility I will say I only want the top half washed. They always write it in the folder only top half done severe back pain".

Another person said, "Very patient. I have to have my toes taped together and compressions stocking put on. That's not an easy task, they are always asking is that comfortable" and another person told us, "Sometimes I struggle to get my words out, they never try to finish the sentence for me. They just give me time".

People told us that staff supported them to maintain their independence. One staff member said, "I maintain people independence by giving people time and encouragement to do things they can do themselves". Another staff member said, "I think it is important to promote people's independence, I do this by giving people time to do what they can for themselves. I never rush people and I offer choices, encouraging them to make decisions about the care I provide".

Staff knew the people they supported well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support. Staff had a genuine interest in the people they supported. One staff member said, "I think that we can make people feel valid and cared about by using any time we have to listen and show an interest in them, make them feel special, they are full of interesting stories".

People valued the friendship and laughter and general banter they had with staff. One person said, "We interact well and often have a laugh and joke while they are here". People told us that the staff were polite when they spoke to them. They said, "They always speak politely and courteously to me"; "They very gentle, they help to put on my shoes. They sit and chat with me, that nice and polite"; ""They are all fine; they often have a laugh and joke with me. They are all polite" and "Very gentle and caring with me. Speak to me as a friend. Very polite".

People gave us examples of staff going the extra mile to ensure their needs were met. One person told us that their washing had broken down and they were waiting for it to be repaired. They shared, "One of the carers took my washing away for me and has got it done. Very kind staff". One relative said "I cannot fault the staff; they go above what is expected. I am very satisfied".

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the registered manager's office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and IT support to ensure that files could be accessed and recovered in the event of IT failure.

## Is the service responsive?

### Our findings

At our last inspection on 07 September 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that people's care was person centred. We asked the provider to take action to make improvements. The provider sent us an action plan on the 30 November 2015 which stated they had already met the regulations.

At this inspection we found that there had been improvements to people's care plans.

People told us that the service was responsive to their changing needs. One person explained when they first received care from the service they had care and support from one staff member. When it became more difficult to get in and out of the bed, "I had an assessment and went to double handed care. Both carers always attend".

Relatives told us their family members received responsive care. They said their family member's had an up to date plan which was changed to suit their changing needs. They told us that they were asked for their views and their relatives received good care as the service supported them in a way that met their needs. One relative said "[Staff member] called recently and went through the care plan with us. They asked if there were any changes we wanted to the help the carers give us. We are very satisfied with what the carers do for him". Another relative told us "[staff member] the on-site supervisor came and went through the care package with us. Her [family member] health is fairly stable and at present we only need a morning visit to help get her out of bed and help with showering. If she has fallen over we check and when the carer comes we ask them to give her a more thorough check".

At the last inspection, we found that care support plans were not person centred and did not contain information about people's life history. At this inspection we found that care plans and assessments had all been reviewed and updated. The care plan detailed important information about people's lives which enabled staff to understand the individual's history. This helped staff engage the person in discussion that was important to them and enabled staff to develop a good rapport with the person as well as a good understanding of their life. People's care and support needs had been assessed prior to care being provided. As and when people's needs changed their care packages were reassessed as necessary.

People's care packages had been reviewed regularly to ensure that the support they received was meeting their needs. People told us that one of the office staff came to carry out reviews of their care plan. One person said, "[Staff member] came and went through my care plan with me to see if I need it updating". Another person told us that as they were getting stronger following an operation and some changes had been made, "They check through the plan asking what changes I want. It was brought up to date three months ago". Other comments included, "They came from the office and did a review five or six months ago"; "My care plan is in folder in my room. [Staff member] who is one of the office staff came and reviewed my care package last year. They have kept it the same"; "Care package started with once a week visit. It's grown since then and has developed gradually to twice a day visits as I have asked them to change my plan" and "I am able to say what I want help with. I agreed which days they should come. I have also been able to

arrange for some domestic help. I signed the plan, it was brought up to date three months ago".

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within their information folders kept in their homes. One person said "I think the policy is in the folder. I never look at my folder I leave it to my daughter she always reads through the carers notes". Another person said "The policy is in my folder if I have need to make a complaint" and Another person said "Someone in the office explained the policy to me". The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). People told us they knew how to complain if they needed to. One person said, "I have not made a complaint but if I needed to I would".

People told us the management team were responsive when they had raised concerns or complaints. People had confidence in the management team. One person told us they had telephoned the office to complain that they were getting different staff visit them. They said, "They listened and apologised and I now have the same group regular carers". Another person told us that their relatives had contacted the office for them about staff that they were not keen on. "They were happy to change the carers. It wasn't an issue for them". Other comments from people included, "If I had to make a complaint I would call the office and bring the issue to light". The manager is very helpful" and "Happy with them. No complaints whatever. They are all very approachable". One relative told us they had never made a complaint but always telephoned the office if they had a grumble, "They have always been very helpful".

There had been seven complaints since our last inspection. We reviewed the complaints records and saw that written complaints were documented and the records evidenced that they were responded to within agreed timescales. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken to prevent the issue from being a problem in the future. One complaint response identified that the registered manager would speak with staff about the outcome, we saw that relevant staff had been written to.

The service had received 11 compliments since our last inspection. One read, 'I would like to thank all the ladies that came in to care for my dad. They gave him excellent care to make him comfortable in his last days, not to mention the support they gave me'. Another read 'Thank you so much for bringing joy into mums final few weeks she always called you "my girls" and she loved your visits'. One person had said, 'I look forward to being able to continue to remaining with BAC for the forthcoming year and as long as possible'.

People were encouraged to provide feedback about the service. People and their relatives told us they had received surveys. Care records showed that people had also been telephoned to ask for feedback about the service they receive. We looked at some completed surveys which had been completed within the last six months. The feedback showed that everyone had provided positive feedback about the service. One person had commented, 'Yes don't know what I would do without them' when asked if they were happy with their care.

People told us that they received visited from the office staff and management team to check on the care provided and gain feedback. One person said "Staff from the office occasionally pop in to ask how the carers are coping". Another person told us that office staff visited four or five times a year "They read the folder and ask if I am satisfied with the care. They have a good crowd of girls".

## Is the service well-led?

### Our findings

People and relatives told us they thought the service was well managed and everyone knew who the manager was. People felt that they could speak with anyone in the office and get a response to their query. Comments included, "I like the manager, very easy to talk to. All the staff very nice"; "Management amenable to my requests for additional assistance. Recently provided me a carer who could take me to my hospital appointment using my car"; "They manage the service very well. Always cope; they always make sure that you have a carer"; "They are a very good company. I am glad I met them"; "Very good company. Very pleased with the service from the office and carers. It's totally different to the other company I had" and "I think it is very professionally run". A relative told us, "When I have had to change their visit times they sort it out straight away" "Good communication at the office, always someone there to answer queries. I find them very helpful. Very responsive and understanding". Another relative said, "We always get a weekly timetable setting out visit times with the carer name"; "We are able to negotiate time changes without fuss" and "In event of sickness they seem to be able to provide a substitute".

Quality assurance systems were in place. The provider had instructed an external audit of the service. This had been carried out on 10 May 2016. This looked at the areas of improvement identified at the last inspection. Recommendations made by the auditor had been met by the management team. The management team carried out audits of care practice through spot checks and through undertaking reviews with people and their families. The registered manager checked that care plans and risk assessments had been updated following any accidents, incidents of contact made. There were no formal audits of care records undertaken or available to view during the inspection. The registered manager told us they planned to do formal audits of care records.

Policies and procedures were in place to support the staff to carry out their roles effectively. Records relating to people's care and the management of the service were stored securely. People's care files and personal information had been stored in locked cabinets in the office and people had a copy in each of homes for staff to follow on a day to day basis.

The registered manager had support and guidance from the providers. The providers and registered manager worked in the same office daily. The management team met daily with the office based care coordinators and assessor. They shared information and updates so everyone was kept up to date with changes, staff sickness and people's health. Office based staff told us they had worked together as a team to work on improving the service since the last inspection. Staff told us the management team were friendly, approachable and communication was good. One member of staff told us they were "Definitely well supported" by the management team. Another member of staff said, "I can't fault them for anything". Another staff member told us, "Fully involved with service changes, we are like a family, we have daily meetings to discuss client contact sheets, they are useful and essential".

People and relatives felt that communication was good and they felt listened to. One person told us, "They are a pretty good company. Always listen to what I say. I have got used to the girls [staff]. Feel very comfortable with them. Very happy". Relatives told us, "They always call to let me know when their prices

rise. They also called to explain the government changes in funding for services. Anything relevant they will give me a call" and "They always call me if there is any changes if I should know about it".

Staff meeting records evidenced that staff discussed a range of subjects and felt confident to ask questions and make requests. Staff meetings had taken place with small groups of staff in relation to people they worked with. Newsletters were produced by the provider on a regular basis to update staff about key topics such as training in nutrition and fluids, diabetes, consent and TV/pressure sores. The newsletters detailed which staff had left and which staff had joined the organisation. Messages of thanks were documented for good work. The staff were confident about the support they get from the management team, this included out of hours support during evenings and weekends. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to. Staff told us that they were aware of the whistleblowing policy and that they could contact other organisations such as the Care Quality Commission (CQC) and the local authority if they needed to blow the whistle about concerns.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The management team knew that they should notify CQC about important events such as deaths and serious injuries and safeguarding concerns. They had reported these appropriately.

The values of the service were to empower people and treat people with dignity and respect to enable independence and individuality. Feedback given by staff, people who received care and relatives demonstrated that these values were embedded into everything they do.

People told us they had been asked their views about the service they get and several people recalled filling in surveys. One person said "I have completed a couple of surveys. I think they are very good, they are friendly and listen". Another person said "The staff treat me very well. I have recommended BAC to a neighbour and she loves them". A third person told us they were always praising the staff and the company "I wouldn't want to go with anyone else". One relative told us that a staff member from the office visited to fill a survey with them. "They are excellent. I recommend BAC to other people. I think they are one of the best companies I have encountered".

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People who use services were not always protected against the risks associated with choking. Regulation 9(1)(a)(b)(3)(a)(b)(i)