

Bowtree Homecare Ltd

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Inspection report

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24 July 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bowtree Homecare Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of our inspection there were 8 people receiving support with personal care. 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

The service was appropriately staffed, though recruitment practices needed improving, the provider was working on making the necessary changes. People told us they felt safe and medicines were managed appropriately. There were some improvements that could be made around risk management and the provider was receptive to this. Infection control practices were safe, and we were able to see evidence of lessons learned though how this was shared with staff was not clear.

Staff received supervision but they were not regular. The registered manager implemented a tracker to ensure appropriate oversight. Staff training compliance rates needed to be improved. The registered manager told us they would ensure training compliance was improved. Peoples needs were assessed before starting with the service and people were appropriately supported with eating and drinking. When needed, people were supported with their healthcare and the serviced worked in partnership with various healthcare professionals.

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.

Equality and diversity was respected, care staff were kind and considerate and people provided positive feedback about carers and the service. People's independence was supported, and confidential information was stored securely. People were supported to share their views.

People received person centred care and people provided positive feedback about their care. Some elements of people's care plans would benefit from further information adding. People's communication needs were being met and any complaints were handled appropriately. No one was receiving end of life care at the time of the inspection.

Various quality assurance systems were in place, but these needed to be more robust. Staff meetings were taking place and people had completed surveys about their care. The service had a positive culture and people, their relatives and staff spoke positively about the management. The registered manager was aware of their regulatory responsibilities and spoke about being open and honest when things go wrong.

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

Rating at last inspection and update

This service was registered with us on 25 October 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to recruitment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bowtree Homecare 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. 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and a regulatory coordinator.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 July 2023 and ended on 24 July 2023 when we provided feedback remotely. We visited the location's office on 19 July 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered with CQC. We used information gathered as part of monitoring activity that took place on 20 March 2023 to help plan the

inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

With their consent, we spoke with 3 people using the service and 3 relatives. We also spoke to 5 members of staff including the registered manager, care coordinator and care workers. We looked at a range of records. This included 2 staff recruitment files, records relating to medicines, training and supervisions, care records and policies and procedures.

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment practices were not always safe, and paperwork relating to recruitment needed to be improved.
- One person did not have a Disclosure and Barring Service (DBS) check in place before their employment commenced. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. A risk assessment had also not been appropriately carried out when taking on the new staff member without a DBS. However, the staff member was known to the registered manager before recruitment and in some ways these concerns had been mitigated by the fact they only completed calls with another staff member present until their DBS was returned.
- References had not always been received before the start date and no risk assessment was in place for the lack of a workplace reference.
- We found that full employment history had not been sought for new recruits on either of the recruitment files we reviewed.

The provider had failed to operate an effective recruitment process. This placed people at risk of harm. This was a breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider implemented a recruitment checklist to mitigate the risk of above concerns happening again.

- Staffing levels were safe. People told us they had not had any missed visits, and staff were usually on time.
- One person told us, "Yes, they are generally on time, not exclusively. I would get a call if someone was going to be late due to an emergency. They have never missed a visit."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place for most health-related conditions. However, some of these risk assessments would benefit from additional information, for example risk assessments about moving and handling people needed to be better detailed. The registered manager rectified this following the inspection and told us they would look to improve records relating to risk.
- There was a clear log of accidents and incidents. Systems were in place to record and investigate events.
- Lessons learned were taking place and we saw evidence of this on some incident forms. However, systems around how this information was shared with staff needed to be improved. Following the inspection the registered manager implemented a set agenda to cover lessons learned at staff meetings.

Using medicines safely

- Medicines were managed and administered safely. Policies and procedures were in place to support this. However, we did find that when medicines were refused, this needed to be recorded in line with the services protocol.
- Staff who gave medicines were trained and their competency was checked by managers.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Records showed there had been no safeguarding incidents since the service opened.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns and staff received safeguarding training.
- One person told us, "I feel very safe, they [staff] are all polite."

Preventing and controlling infection

- The provider had systems and processes to help prevent and control the spread of infection. The provider had an up-to-date infection prevention and control policy.
- Staff received training in infection control.

Learning lessons when things go wrong

- Lessons learned were taking place and we saw evidence of this on some incident forms. However, systems around how this information was shared with staff needed to be improved. Following the inspection to registered manager implemented a set agenda to cover lessons learned at staff meetings.

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.

Staff support: induction, training, skills and experience

- Staff were supported through supervision, however supervisions were not happening in line with the providers policy but staff told us they felt supported. Following the inspection, the registered manager implemented a tracker to help ensure appropriate oversight and frequency of supervisions.
- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs. However, training compliance rates needed to be improved. Although only a small number of staff were not up to date with training this affected the whole compliance percentage rate as the staff numbers are small. The registered manager told us this would be actioned by 31 July 2023.
- There was no training in place relating to learning disabilities and autism, which is a requirement, though the service was not currently supporting anyone with learning disabilities or autism. The provider told us they would seek this training and ensure it is provided to all staff.
- Staff completed appropriate inductions when new to post.

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 MCA 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 registered manager and staff had completed appropriate training and applied the principles of the MCA. People told us staff asked consent before providing care.
- Records relating to consent needed to be clearer. For example, people signed to agreement of their package commencing and their needs had been assessed, which could be taken as consent, but records did not explicitly state that consent was given. Following our inspection, the registered manager improved paperwork to be clearer around this subject.
- At the time of the inspection the service was not supporting anyone who was being deprived of their

liberty.

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

- People's needs were assessed prior to receipt of a service.
- Information gathered during the assessment process helped to form care plans, with involvement from other relevant people to ensure people's needs were identified and met.
- People's needs were reviewed to ensure they continued to receive the correct level of support.

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

- People were supported to eat and drink in line with their needs and preferences.

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

- Staff ensured people were supported with their healthcare needs.
- People had oral health care plans in place.
- The service worked with a variety of health and social care professionals including district nurses, social workers, local authorities, safeguarding, GPs, physiotherapy, and podiatrists.

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; Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity needs were respected.
- An equality and diversity policy was in place and staff completed training on this topic.
- Care staff were kind and considerate. One relative told us, "Bowtree staff show a lot of empathy they have dealt with [persons name] in difficult situations and have managed to keep them safe and are always professional." One person told us, "They [staff] are all very helpful, I would be stuck in bed all day if they didn't come, they are all really pleasant."
- The registered manager was keen to share the positive feedback they had received about the service. one person left feedback about the service which stated, "On meeting the team they were punctual, arriving with a smile on their faces and leaving the same way after offering me an excellent service of care that meets my needs 100%. Very kind, compassionate, caring individuals, each with their own personality that I cannot fault. My earth angels."
- Staff supported people to be as independent as possible and respected their privacy and dignity. One person told us, "They [staff] are more worried about privacy than me. They are very good with dignity and respect."
- A data protection policy was in place and people's personal information was securely stored.

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

- People and their relatives were able to express their views.
- The registered manager told us how they would support people to access advocacy services should this be required.

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

- People received person centred care and support specific to their needs and preferences.
- People told us they were happy with their care. One relative said, "My [relative's] health is not as good as it used to be and they do understand that. Sometimes [my relative] can be quite upset and has a bad day, the carers understand dementia and mood and behaviour."
- People's care plans were personalised to reflect their care needs; however, some documentation would benefit from further detail. For example, people with diabetes did not have enough information recorded to ensure staff had a full awareness of the condition. The provider understood that adding information to increase staff awareness, could benefit the person who was receiving care. The registered manager told us they would look to add this type of information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were being met. Care plans covered basic information in relation to communication. However, the registered manager told us they were not supporting anyone with complex communication needs.
- The registered manager understood the need to ensure people were able to access information in a format suitable for them.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available on request, and this explained the process people could follow if they were unhappy with the service they received.
- A complaints log was in place, which showed complaints were handled in line with the complaints policy.

End of life care and support

- No one at the service was receiving end of life care at the time of the inspection.
- There was an end-of-life policy in place and staff had completed any training in end-of-life care.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were in place and audits were taking place. However, we found the medicines audit, care plan audit and recruitment process could be more robust to identify the issues we found in the safe and responsive domain. Oversight relating to other areas mentioned in this report such as staff supervisions, training, surveys and paperwork regarding consent also needed to be improved.
- Some policies and the statement of purpose needed updating.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action and was working to ensure necessary improvements were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were taking place regularly.
- Surveys had been conducted with people who used the service, and the results were mostly positive. These results needed analysing, and the provider actioned this following our inspection. No staff surveys had been carried out. Following our inspection, the registered manager created a staff survey for staff to complete.
- We were only able to see some limited examples of continuous learning from lessons, however, the service was passionate about improving care and worked with people and their loved ones to try and achieve this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered managers promoted a positive open culture. A whistleblowing policy was in place and staff knew how to report poor practice.
- Feedback from staff, relatives and people about the management was positive. People's comments included, "The management at the previous home care company was more remote. There is a real difference with [registered manager], they are much more proactive. I get lots of choice and this makes me

feel good. It's the really little things that they do that make a difference" and "I think it's very well managed".

- Staff told us they enjoyed their roles. One staff member said, "I always said I wouldn't go back to homecare, but I did and I absolutely love it".
- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.

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

- There had been no recent accidents, incidents and concerns that needed to be reported to the CQC and the local authority. However, we saw evidence of the communication between the registered manager and various organisations was open and transparent and we found the registered manager to be open and honest during our inspection.
- The registered manager was aware of their responsibility under the duty of candour and spoke about being open and honest when things go wrong.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure robust systems and process were in place and were being followed to effectively manage the service.</p> <p>This was a breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that staff recruitment was robust meaning that safe recruitment procedures had not always been followed.</p> <p>This was a breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.</p>