

Bojo Care Services Ltd

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Inspection report

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20 November 2019
21 November 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

BoJo Care Services Ltd is a domiciliary care agency providing personal care to 11 people in their own homes at the time of inspection.

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 governance of the service had not improved since our last inspection in relation to recruitment of staff. The provider and registered managers were not clear on the expectations of themselves under their registration with the Care Quality Commission. Audits to monitor and improve the service were in place and highlighted some concerns but not enough to mitigate the concerns we found with recruitment.

Staff were not always safely recruited and pre-employed checks were not satisfactory. The management of medicines was unsafe and people did not receive appropriate assessments for support with medicines. Some staff worked without appropriate supervision.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests with the management of medicines.

People received an assessment of their needs prior to using the service, however the assessment didn't capture the support required for medicines management. People were supported to eat and drink by the staff team. Any concerns around people's wellbeing was raised with professionals.

Care plans captured peoples likes, dislikes and preferences. Staff were aware of the strategies in place to support each person and could describe people's plans of care. Information about the service was available to people in English and large print. Complaints were investigated and responded to.

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) The last rating for this service was requires improvement (published 13 December 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made / sustained to improve the safe recruitment of staff and the governance of the service and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated inadequate or requires improvement for the last three inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation safe care and treatment, good governance and fit and proper persons employed, at this inspection.

The administration of medicines was not safe. We could not be assured one person received their medicines at the correct intervals. Staff did not have competency checks of their ability to manage medicines safely.

Enough improvements had not been made to ensure the provider understood the requirements of the legislation for the safe recruitment of staff and followed safe recruitment processes. The provider had not been honest and transparent with us and had refused to send us information as required under the health and social care act

New staff members continued to be employed without the satisfactory pre-employment checks in place.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Since the last inspection we recognised that the provider had failed to display their current CQC rating on their website. This was a breach of regulation and we issued a fixed penalty fine. The provider accepted a fixed penalty and paid this in full.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 well-led.

Details are in our well-led findings below.

Inadequate ●

BoJo Care Services 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

The service had two managers 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. For the purpose of this report, we will refer to the registered managers as registered manager one and registered manager two.

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's would be in the office to support the inspection.

Inspection activity started on 19 November 2019 and ended on 21 November 2019. We visited the office location on 19 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered provider and both registered managers. We spoke with four staff members, two people who used the service and two relatives. We visited one person in their own home, with permission. We reviewed five staff recruitment records, three care records and information relating to the quality and safety of the home. We looked at medicine's management for one person.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had not taken steps to ensure staff members were recruited safely. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19. This was a continued breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On reviewing five staff recruitment files, four staff members had commenced employment without the satisfactory pre-employment checks being in place.
- Staff were not always recruited safely.
- Where staff had criminal records, the history had not been risk assessed or appropriately explored.
- Staff who did not have the satisfactory recruitment checks in place sometimes worked without supervision which meant we couldn't be assured people were kept safe. Staff told us they lone worked and rotas evidenced this.

New staff members continued to be employed without the satisfactory pre-employment checks in place. This was a continued breach of regulation 19 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The provider told us the service was not administering any medicines to people, however on speaking with a relative, they confirmed staff were supporting their relation with medicines. They told us medicines were not always being given on time to their relative.
- We saw the person was being supported to take regular paracetamol, however, times of administration had not always been recorded so we could not be assured, there were the required intervals between the doses.
- Staff did not understand the importance of recording the support given to safely manage medicines. We raised this with the provider who told us, "We have told staff not to administer medicines."
- Staff had received training in the safe management of medicines, however no competency checks of staff's ability to safely manage medicines were in place.

The administration of medicines was not safe. We could not be assured one person received their medicines at the correct intervals. Staff did not have competency checks of their ability to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff although one relative had raised a complaint of a staff member being verbally abusive to them and the staff member had been removed from the care of their relative.
- Staff received training to assist in recognising any abusive practices and said they felt confident to report any concerns. One staff member said, "I would report any concerns, I know I would be listened to."

Assessing risk, safety monitoring and management

- Risk assessments to support people were in place, however, no assessment was in place to ensure those receiving prompting or support with medicines were being supported in the most appropriate way.
- Assessments were undertaken of people's properties to ensure they were safe for people and staff.

Preventing and controlling infection

- Staff received training in infection, prevention and control.
- Staff carried personal protective equipment with them such as gloves and aprons and people told us, staff always used the equipment.

Learning lessons when things go wrong

- Accidents and incidents were recorded and explored to reduce future occurrences.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People received an assessment of their needs; however, the provider had not followed the National Institute of Clinical Excellence (NICE) guidelines for Managing Medicines for Adults Receiving Social Care in the Community.
- The NICE guidelines state providers should, assess a person's medicines support needs as part of the overall assessment of their needs and preferences for care and treatment. People did not receive an assessment for medicines support and there was no documented discussions confirming people's medicines support needs.
- Assessments captured information for moving and handling and personal preferences, likes and dislikes.

Staff support: induction, training, skills and experience

- Staff received an induction into the job role but were not continually working under supervision where pre-employment checks had not been fully completed.
- The induction was linked with the Care Certificate which is a set of agreed standards, staff working in care adhere to. Staff also had the opportunity to shadow other more experienced staff members over a one- or two-week period.
- Staff received training appropriate to their job role and had the opportunity to achieve qualifications in health and social care.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was not supporting anyone where an application had been made to the court of protection to

deprive a person of their liberty.

- Capacity was assessed as part of the initial assessment and consent was gained from the person or legal representative to deliver personal care and support.

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

- People were supported to eat and drink if that was part of their care plan. We observed staff supporting a person to eat and drink with patience and dignity.
- Likes and dislikes were recorded in people's care files and staff were aware of any preferences.

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

- The service did not support anyone to attend appointments, however we saw any concerns with people's health and wellbeing were reported to the appropriate health professional.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind and caring interactions from staff supporting a person who was becoming distressed while being supported with moving and handling equipment. Staff were patient and reassuring.
- Our observations were staff supported the person with dignity while providing personal care and support.
- People we spoke with told us the staff were caring and they had regular staff members supporting them. One relative told us calls could sometimes be late, but it wasn't too much of a problem.
- Times of calls were recorded in the care plans and we saw staff were generally on time and stayed the full time of the call.
- Comments from people included, "They are a good set of girls, they look after me." and "[Name] is kind, I look forward to [name] coming."

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

- People and relatives had been consulted about their care and involved in reviews to ensure the care was appropriate and meeting their needs.
- We observed one person confirming with staff what they would like to eat and asked staff to open the blinds on leaving so they could enjoy the sunshine. Staff ensured they completed this request.
- A relative told us, "I was with another agency before BoJo and I am glad I have had the experience of them, I would recommend them. The report might mark them down, but I would rather have poor governance and proper care. I am always kept involved and know who to speak to."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had care plans in place for staff to follow which highlighted the support required for individual care needs.
- Care plan's were easy to follow and gave enough detail for staff to support each person.
- Peoples preferences were captured in care plans and we saw likes and dislikes recorded as well as preferred ways of receiving support with personal care.
- Staff could describe people's care plans and strategies to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in English and large format.
- One person whose first language was not English was supported to understand information with the assistance of their family.

Improving care quality in response to complaints or concerns

- Complaints were recorded and investigated with outcomes shared.
- People and relatives told us they knew how to make a complaint if they needed to.
- One relative told us, "I have made a complaint and received an outcome."

End of life care and support

- There was no one being supported by the service at the end of their life.
- The provider had care plans in place which could be adapted to capture peoples wishes and needs should they be at the end of their life which reviews any family, health and spiritual support the person may need.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection, audits of recruitment files had not identified concerns with unsafe recruitment of staff. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. We also made a recommendation the provider familiarised themselves with schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014 which gives legal guidance on the safe recruitment of staff.

Since the last inspection we recognised that the provider had failed to display their current CQC rating on their website. This was a breach of regulation and we issued a fixed penalty fine. The provider accepted a fixed penalty and paid this in full. The current rating for the service is now reflected on the provider's website.

- The provider's previous inspections had highlighted concerns with unsafe recruitment practices and lessons had not been learned, as the provider continued to recruit new staff members without the appropriate pre – employment checks and did not always follow up any concerning information on Disclosure and Barring Service Checks (DBS).
- The provider and both registered managers were not always clear on the expectations under their registration. We discussed the concerns we found in relation to the unsafe recruitment of staff and found the provider and registered managers did not understand the requirements within the Health and Social Care Act.
 - We reviewed the providers recruitment policy and found it was not aligned with the guidance set out in Schedule 3 of the of the Health and Social Care Act 2008 (Regulated Activities) 2014.
 - For example, the provider was not always obtaining two references before employment commenced and the policy stated to have the second reference by the end of the induction period, which we found had not happened.
 - One person had not disclosed their convictions and received their DBS check six weeks after they commenced employment with the provider. On the day of inspection, we saw the DBS outcome to the provider read, 'Please review applicant certificate' which was received 11 days prior to the inspection and no action had been taken to check the information on the DBS.
 - When discussing the importance of safe recruitment with the provider and registered manager two the latter said, "We wait for you (CQC) to come to tell us what to do." The responsibility for understanding and applying the regulations is with the provider.

Continuous learning and improving care

- Despite previous warning and requirement notices to encourage the provider to meet the characteristics of good and improve in safe recruitment and governance, we found not enough improvement had been made in a timely manner and the lack of understanding of the requirements under the health and social care act, placed people at risk.
- There were audits in place to monitor and improve the service and the audits had highlighted where a staff member did not have a reference in place, however, this meant the provider knowingly continued not to follow safe recruitment processes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had told us, staff no longer administered medicines to people and only used prompts. On reviewing one person, it was clear, staff were assisting and administering medicines and we found the provider was not honest and transparent with us. Prompting is still part of medicines management and processes need to be in place to support this,
- We supported the provider to access the current guidance on managing medicines in care at home services as well as other national guidance and the provider told us, "The guidance is not black and white." This meant we could not be assured the provider was working with the most up to date guidance.

Working in partnership with others

- Following the inspection, we asked for further information to enable us to produce the report and rating for the service. On one occasion, the provider told us they could not provide us with information due to the General Data Protection Act. The provider is required to send us information under the Health and Social Care Act. We did receive this information following a further request.

Enough improvements had not been made to ensure the provider understood the requirements of the legislation for the safe recruitment of staff or followed safe recruitment processes. The provider had not been honest and transparent with us and had refused to send us information as required under the health and social care act. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was obtained from people who were supported by the service and people felt cared for and supported and were complimentary of the staff team.
- Staff were able to attend regular staff meetings and supervision with the management team.