

Bosun Care Limited

Bosun Care Ltd

Inspection report

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Date of inspection visit:
26 April 2022

Date of publication:
18 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bosun Care Ltd is a supported living service providing personal care to people who may live in single or shared occupancy households with their own tenancy agreements. This registered location supports people living in several households of different sizes (single and multiple occupancies). 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. At the time of the inspection the service was supporting two people with their personal care.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Right support: Model of care and setting maximises people's choice, control and Independence; Right care: Care is person-centred and promotes people's dignity, privacy and human rights; Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

Through discussion with the managers and staff and reviewing people's care records we were not fully assured that managers had kept themselves informed of current developments and guidance when supporting people with a learning disability or autism. This meant the provider may not be able to effectively monitor the quality of care being provided to ensure people received support which promoted positive outcomes for them.

We found no immediate negative impact on people as the service was only providing personal care to a small number of people with a learning disability or autism. Managers were able to demonstrate and provide examples of how they had promoted people's independence and maximise people's choices and control of their life. However we have recommended the provider considers current guidance on supporting people with a learning disability or autism and take action to update their practices accordingly. This will ensure that there will be a consistent and more effective approach in supporting people with learning disabilities or autism if the service expands.

People received compassionate care from staff who were passionate about supporting people with complex needs. Relatives spoke positively about the management and staff of the service. The provider valued feedback from people and their relatives and took action to address any concerns. A health care professional stated they found the service responsive and effective.

People were supported effectively to transition into the service. Staff worked with other agencies and people's families to fully understand people's support requirements.

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.

Staff felt supported and trained in their role. The registered manager had supported and mentored the deputy manager to manage the service in their absence.

Systems were in place to manage and review incidents, safeguarding and complaints. Quality monitoring arrangements were in place to monitor staff practices and training.

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

Rating at last inspection

This service was registered with in December 2016 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration in December 2016 as they were not supporting people anyone who received personal care. We continued to monitor the service during this period. This inspection was triggered as the commission had received intelligence that Bosun Care Ltd had started to support people with personal care. This inspection was carried out to gain assurances about the quality of care and systems used to support people who receive personal care.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Bosun Care 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 completed by one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 26 April 2022 and ended on 26 April 2022. We visited the location's office/service on 26 April 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy managers and three staff members and received feedback from one relative and a health care professional.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, staff training, improvement plans, and audits were reviewed. 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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse.
- Staff had been trained in safeguarding and had access to the provider's policies and procedures. They were aware of their responsibility to report all safeguarding incidents.
- The registered manager stated there had been no safeguarding concerns for people who received the regulated activity of personal care since their registration. They were able to describe their safeguarding processes and provide examples of how they had managed safeguarding concerns relating to people who were not in receipt of personal care.
- Relative's confirmed the safety of people. One relative said, "I feel [name] is safe with the staff who support him."

Assessing risk, safety monitoring and management

- People's risks associated with their health and well-being had been identified, assessed and were regularly reviewed. Staff liaised with health care specialist to ensure staff were knowledgeable in safely managing people's health conditions.
- People's care plans provided staff with the information they needed to support people with their personal and health care risks. Staff confirmed that they had received appropriate training and had the information they needed to support people safely in their home and in the community.
- Risks arising from people's behaviours were managed safely. The provider promoted a culture which reduced the risk of physical intervention strategies being used which could be unnecessary or harmful to the person.
- Staff had been trained in restrictive interventions. This training had been delivered by a provider who was working towards their accreditation with the restraint reduction network. Staff told us they were aware of the triggers and the actions they should take if people became upset such as distraction strategies.
- One staff member provided an example of how they had encouraged one person to direct staff on how they wished to be supported by staff when they had identified that they were becoming upset. This approach had helped to de-escalate the situation and avoid the use of restrictive interventions.
- For one person, staff had access to the previous provider's positive behaviour plans while Bosun Care Ltd transitioned into being the lead provider in supporting the person. The registered manager recognised that they needed to develop their own behaviour plan which would provide staff with the different strategies to support the person. This was being developed with the multi-disciplinary team and a positive behaviour trainer and consultant.
- The registered manager was aiming to implement a balanced approach to enabling people to retain their independence and privacy when being supported by a number of staff but also monitoring people's risks.

Staffing and recruitment

- The provider had ensured that where possible, people were supported by an established staff team who knew them well. They were actively recruiting and inducting new staff to meet people's specific needs and support requirements.
- The registered manager ensured that all staff had the skills they needed to support people with more complex personal care and emotional needs. They worked with commissioners to evaluate people's one to one support requirements to ensure the best but least restrictive outcomes for people.
- Staff were made available to cover staff absences or when people required extra support. An on-call system for staff was available and used as required.
- People were protected from staff that may not be fit and safe to support them as safe recruitment practices were being used. The registered manager was passionate about recruiting staff with the right attitude and values to support people with complex needs without judgement or prejudices.
- The registered manager was considering ways of mitigating the risk of employing unsuitable staff when they had not been able to gain a comprehensive understanding of the employment background or character of potential new staff.

Using medicines safely

- People received their medicines as prescribed as safe medicines management processes were being used.
- Systems were in place to monitor people's medicines and the use of psychotropic medicines to control people's behaviour and emotions. 'As required' medicines were only used when other behaviour and support strategies had not been successful. The registered manager agreed to extend their monitoring systems to record whether the use of these medicines had been effective.
- People had been supported to register with their local GP and have regular medicine reviews and health checks.
- We were told that use of covert medicines and homely medicines (over the counter medicines) would be administered in line with the provider's policy and authorised by the person's GP.
- We discussed how people were supported to be empowered to understand their prescription and how they could be supported to have some control in the management of their medicines.
- Staff had been trained in the safe management of people's medicines and other prescribed medical procedures such as the management of people's incontinence aids.

Preventing and controlling infection

- Staff had been trained in infection control and were aware of safe infection control practices and use of personal protection equipment (PPE).
- Staff had access to sufficient supply of PPE and were required to report their COVID-19 testing results to the shift lead.
- A COVID-19 contingency plan was in place in the event of an outbreak. Staff worked in 'staff bubbles' when supporting people with underlying health conditions where possible to help prevent the spread of infection.
- The provider had acted on our feedback and updated their regime of COVID-19 testing of staff in line with current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.

Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents and accidents. There were comprehensive systems were in place to record, report and evaluate any incidents.
- The registered manager provided examples of lessons learnt from incidents such as ensuring staff fully followed the provider's policy when people refused care or did not answer their door. We were told that the

provider would maintain communication with people's funding authorities to inform them of any changes in people's needs or when care had been refused.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to starting with the service. We found the service had worked collaboratively with the funding authorities, previous health and social care providers and people's families to better understand people's support requirements, personal preferences and what was important to people such as contact with their family and social interests.
- This information had been used to develop people's care plans and to support staff to understand how to meet people's needs. We found people's care plans were holistic covering all aspects of their support requirements and any associated risks.
- Records of the care people received were regularly reviewed by the deputy manager to ensure the care being provided remained effective.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and given opportunities to develop and achieve additional training and qualifications.
- Staff completed an induction period and were required to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider was making progress in aspects of their staff development plan to help further develop staff knowledge in supporting people with learning disabilities and autism. Since the relaxing of COVID-19 restrictions, the provider was planning to increase their face-to-face training and regularity of staff competency assessments and supervisions in line with the provider's policy.
- Staff had received training in positive behaviour management which reinforced the principles of promoting inclusion, choice, participation and equality.
- Training had recently been delivered which focused on people's human rights and implementing strategies with the aim to minimise behaviours which may challenge others.
- Managers carried out unannounced spot checks to monitor staff practices and receive feedback from people.
- Staff confirmed that they had received training which had equipped them with the skills they needed to deliver safe care to people with complex care needs. One relative told us they felt staff across all the teams that supported their family member could be more 'cohesive' in their approach and 'learn from each other'.

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

- People were supported to eat, drink and prepare meals of their choice where this was identified as a need

in their care plan.

- At the time of our inspection, no one had specific dietary requirements or experienced swallowing difficulties. However, the registered manager explained that they would request specialist health professional support and advice if people required support with their nutritional intake in the future. We were told cultural and religious food preferences would be met and respected as required.

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

- The registered manager had ensured that they had fostered and developed good working relationships with health professional such as psychologist and community learning disability teams. They recognised the importance of ensuring people had equal access to mainstream health care services and to help people overcome barriers to healthcare and other community-based services such as social clubs.
- People had been supported to have equal and regular access to health care services such as being supported to register and attend GP and dentist appointments.
- The registered manager had requested a GP health check and medicines review for people new to the service. They planned to implement health action plans and hospital passports for people. This would help to ensure people's health and well-being and professional recommendations were being effectively recorded and monitored.

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Managers and staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care or became upset about the choices being offered.
- Staff were aware of people's emotional needs and how to empower people to make their own choices. This ensured people were always at the centre of the care being provided and helped to shape people's positive behaviour support plan.
- The managers were aware of their role to empower people who may lack mental capacity to make their own decisions and the framework they should use if making decisions on behalf of people.

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

- A relative told us staff were kind and treated their family member and themselves with respect. They told us their family member seemed 'more settled' in their new home and was getting used to Bosun Care Ltd staff as they increased their role in becoming the more dominant lead in the person's care.
- Staff had been given time to get to know people and share their experiences of supporting people within the framework of their positive behaviour training and supporting people with complex behavioural support needs.
- One health care professional said, "They [staff] are keen to develop a relationship with our client and support him with all his needs. I visit fortnightly and they appear to have his best interest at heart."
- Staff were passionate about delivering good quality and person-centred care. They gave examples of how they had supported people compassionately and equally without prejudice or judgement.

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

- The registered manager and deputy manager regularly visited people and communicated with relatives to gain their feedback and discuss any concerns people had.
- Staff were aware of people's likes and dislikes and how to manage people's heightened emotions during significant events or activities. They recognised the importance of keeping to people's preferred routines and managing any unplanned changes in their routines.
- People's relatives and professionals worked with the service and confirmed they had been involved in decisions about people's care. One relative said communication from the service was generally good.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Staff said they ensured people's privacy was respected at all times and specifically when supporting people with their personal hygiene and care.
- People were supported to do as much for themselves as they were able. Their care plans described their personal goals and aspirations. This helped to remind staff of promoting people's independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had recently started to support people with personal care support requirements. Through talking with managers, staff and people's relatives we were assured that people received responsive care which was personalised to their needs. The ethos of the service was to encourage people to reach their potential and to protect their human rights.
- Staff worked with people and their families and health care professionals to ensure that their transition into the service had minimum impact on people. For example, staff worked alongside previous care providers to better understand people's complex support requirements. One health care professional told us "They [managers] have actioned all that was required to provide a safe and effective transition for our client to move from residential living to supported living."
- The registered manager recognised that people's care plans needed to be expanded to reflect their personal aspirations beyond their personal care goals which would reflect the support being provided to people.
- Staff described how they supported people with a positive approach, focusing on things that were important to them.
- People were supported to maintain contact with their families and develop new friendships and attend social activities and groups.

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.

- Staff had a good understanding of people's preferred methods of communication.
- People's care plan provided guidance on how to communicate with people such as using short sentences.
- We were told that the service was equipped to provide easy read documents and pictures as required to help people to communicate their needs.

Improving care quality in response to complaints or concerns

- One relative told us that communication from the registered manager was very good and that they were always kept informed. Managers responded immediately to any feedback that required improvement or

their actions.

- We reviewed the provider's complaints policy and log which demonstrated how the provider responded to concerns and complaints and the action they had taken to resolve any issues.
- The managers visited people and contacted their relatives to gain feedback about the care being provided by Bosun Care Ltd. An easy read complaints system was in place, however they agreed to consider alternative ways of improving people's experience or methods of raising a concern about the service they receive.

End of life care and support

- The registered manager told us they would work cooperatively with other health and social care professionals if people required end of life support. They were planning to sensitively discuss and record people's end of life care wishes. This would help to ensure that staff had the information they needed and any advance decisions about people's treatment and to be able to support people if they were unable to communicate their end of life wishes.

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.

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

- The managers of Bosun Care Ltd had a clear objective to provide person centred care and to support people to reach their potential and level of independence. The provider's values promoted a service which minimised the use of restrictive practices and the unnecessary use of certain medicines.
- Since registration with CQC, the service had mainly supported people who did not receive the regulated activity of personal care. However, this inspection was carried out to gain assurances about the quality of care being provided to people who required occasional support with their personal care and for those people who may require this type of support in the future.
- We therefore reviewed the provider's policies, processes and contingency plans to ensure there were effective governance and management oversight in place.
- We found the provider was clear about their responsibility in encouraging an open culture which was underpinned by promoting people's human rights. However, it was not always evident that they had kept themselves up to date with current developments and guidance when supporting people with a learning disability or autism. This meant the provider may not be able to effectively monitor and shape the quality of care being provided.
- The provider's policies did not fully reflect current guidance when supporting people with a learning disability or autism.
- We found no negative impact on people as they were receiving personalised care, however further development of their records was needed. For example, people's care plans needed to be expanded to reflect their preferences, goals and the monitoring of their health care needs. The registered manager agreed to review people's support requirements and identify their aspirational goals in all aspects of their care. This would provide staff with the information they needed to support people to maximise people's levels of independence and choice.

We recommend the provider consider current guidance on supporting people with a learning disability or autism and take action to update their practices accordingly.

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

- Through discussions with the registered manager we gained assurances about the management of incidents, safeguarding and complaints across the service and the management of emergencies relating to

people's care. They were aware of their role to be open and honest and inform the necessary stakeholders of any concerns or events.

- The managers had quality monitoring systems in place to monitor the quality of care being provided, care records and staff practices. Progress was being made to ensure all staff received supervision and training in line with the provider's policies and requirements.
- Staff confirmed that they felt supported and trained. The deputy manager had been supported to progress in their role to enable them to manage quality and safety of the care being provided in the absence of the registered manager.

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

- Staff spoke positively about working for Bosun care Ltd and told us the managers were approachable and supportive. We received comments such as "I am proud to work for them [Bosun Care Ltd]" and "They look out for the staff"
- Relatives that communication from the service was good and they were kept informed of any changes in the well-being of their family member.
- The provider planned to consider alternative ways of empowering people with accessible communication formats to better communicate their choices and understand how to recognise and raise poor care which may put them at risk or safeguarding concerns.

Continuous learning and improving care

- There was evidence that learning had been taken following incidents in the service. New protocols had been implemented which would benefit people who receive personal care.
- The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken.
- The managers were responsive to our inspection feedback and took immediate action to address our concerns.

Working in partnership with others

- The service worked closely with external health professionals. The registered manager provided several examples of how they had jointly worked with professionals and social care providers to support and enhance people's transition into the service and ongoing support.