

Boldglen Limited

Boldglen Limited Medway Swale

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Boldglen Limited Medway and Swale is a domiciliary care service providing personal care to people living in their own homes. The service also provided personal care to people living in flats within an extra care housing scheme in the borough of Swale. Not everyone who used the service received personal care. The Care Quality Commission (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. The service was providing personal care to approximately 157 people at the time of the inspection.

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

Staff had not always been recruited safely to ensure they were suitable to work with people. The provider had not carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. People told us they had regular staff who they knew well. Their regular staff arrived at the right time to meet their needs.

Risks to people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. Risk assessments were not in place where people had health conditions.

Medicines were not always managed safely. Medicines administration records (MAR) were not completed in a safe way to make sure people received their medicines as prescribed as they were missing essential information.

Accidents and incidents relating to people had not always been recorded. This meant that lessons could not be learnt and risks to people's safety had not been reviewed and assessed in a timely manner, which put people at increased risk of harm.

Although initial assessments were undertaken with people before they received a service, the information gathered was not always used to develop a care plan where needed. Some care plans were in place. However, care plans relating to people's health needs were missing which meant that staff did not have all the relevant information to meet people's needs. Although people's health and medical conditions were not included in a care plan, staff knew people well. Where people did need assistance, staff contacted the office staff to alert a health care professional or family member if people were unwell.

Records were not accurate, complete or contemporaneous. There had been no robust audits or checks of the service completed since our last inspection by the registered manager or provider.

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; but the policies and systems in the service did not support this practice.

Staff had not received training to make sure they had the skills to meet people's specific care needs. Staff had not completed epilepsy awareness training, diabetes awareness, stroke awareness or catheter care training despite providing care and support for people with these conditions. This meant people were at risk of harm from not receiving appropriate care and support to meet their needs.

People told us they often experienced changes to times of care and support when their usual staff member was off, this led them to receive care and support at adhoc times which did not always meet their needs. We made a recommendation that the provider reviews how to effectively deploy staff to enable them to carry out their duties to meet people's care and support needs and update their travel time practice.

People and their relatives told us their choices and decisions were listened to and they were in control of their support. People had only good things to say about the staff. On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. People said staff treated them with dignity and their privacy was respected. People were supported to be as independent as possible.

People gave us positive feedback about their care and support. They told us, "My carer is there for me"; "When I have really down days I feel more positive when they come, I am able to talk to [staff member] and tell her what is upsetting me"; "She [staff member] knows me so well, very considerate, always asks if I need anything else done before she leaves"; "Staff aware of my needs, generally ask so that they know how to treat me, they are interested on how my health affects me"; "Happy with the care I get from my carer" and "[Staff] reassure me if I am unwell, always ask what I would like done to help me."

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 service was rated requires improvement at the last inspection on 12 June 2018 (the report was published on 10 August 2018) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified continued breaches in relation to; failure to ensure the safe management of prescribed medicines, failure to take appropriate actions to mitigate risks to people's health and welfare and failure to plan care and treatment to meet people's needs and preferences. Registered persons had also failed to operate effective quality monitoring systems and failed to ensure records were accurate and complete.

We also identified new breaches in relation to failing to provide care without the consent of the relevant person, failure to operate effective recruitment procedures and failure to provide staff suitable training to enable them to carry out their roles safely.

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

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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always 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.

Boldglen Limited Medway Swale

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 was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 also provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 August 2019 and ended on 14 August 2019. We visited the office location on

08 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from a local authority quality assurance worker. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and seven relatives about their experience of the care provided.

We spoke with eight staff including; care workers, coordinators, assessors and the registered manager.

We reviewed a range of records. This included nine people's care records and multiple medicines 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 were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

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 deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) 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 12.

- Risks to people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. Some people were prescribed blood thinning medicines which meant that they were at increased risks of excessive bleeding if injured and would need immediate medical attention if they fell or banged their head. No risk assessments were in place to detail safe ways of working with the person.
- Risk assessments were not in place where people had health conditions, which carried potentially serious or fatal risks. For example, when people were diagnosed with diabetes, angina or epilepsy.
- Moving and handling risk assessments were in place, but these contained conflicting information. One person's moving and handling risk assessment stated that they required hoisting to enable them to transfer but the assessment showed only one staff member was required for the task which put the person and staff member at risk of harm. Moving and handling risk assessments were all undated. Statements were seen throughout the assessments which read 'none at time of assessment'. This meant anyone reading the assessments were unable to know if this was a recent assessment or an old assessment which no longer met the person needs.
- Environmental risks had not been adequately assessed before care and support commenced to make sure people and staff were safe during visits. If people had pets such as dogs, risks had not been identified and safe ways of working had not been documented. One person's environmental risk assessment recorded that there was clutter in many of the rooms that staff would be supporting the person in and that there were rugs present in the home. The assessor had recorded that there were no risks relating to this at the time of the assessment. The trip hazards identified in the person's home had incorrectly not been recorded as a risk to staff. Another person's assessment identified that there were loose or exposed cables in the person's home. However, the assessor had recorded 'no risk at time of assessment' which was incorrect.
- One person required hoisting and was moved from room to room on a wheeled commode chair. There were risks to the person and staff that had not been identified. Commodes are portable toilets which assist people with reduced mobility. They are not designed to be used as a wheelchair and are not fitted with foot

rests or seat belts to keep people safe.

- One person had been identified as at risk of choking in their initial assessment. The assessment recorded that the person required support to manage their dietary needs and staff should support with soft foods only. There was no risk assessment in place to evidence ways in minimising the risks to the person. The person's care plan detailed that staff should stay with the person when eating. However, the daily records recorded that staff were leaving the person packets of corn puffs for the person to eat alone, which put them at risk of choking.
- Some people were at risk of choking because they were provided with food by their relatives which was not suitable. A staff member told us, "Some clients have soft foods, [the speech and language therapists] leave us guidance about what foods they can have. Sometimes the families get involved and tell us they can have things not on the list. I report this to the office."

Individual risks relating to the health, safety and welfare of people had not been robustly assessed. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All the people and relatives we spoke with told us they always felt safe with the staff supporting them. People told us, "I feel very comfortable and safe with my carer she is ever so good, always reliable"; "I am a bit unsteady on my feet but like to stand when I am having a strip wash, my carer stays with me just in case I need assistance" and "They [staff] are there for me in case I have a wobble in the shower." A relative said, "[Family member] has daily reassurance checks, she is having daily social contact with people which is absolutely brilliant for her and we know she is okay."

Using medicines safely

At our last inspection the provider had failed 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.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12

- Some people did not need support from staff to take their medicines and other people needed prompting only, to make sure they did not forget. Some people needed assistance, for example, for staff to get their medicines ready for them to take themselves. Others needed full support from staff to take their medicines.
- Medicines were not well managed. Medication administration records (MAR) were not completed in a safe way to make sure people received their medicines as prescribed as they were missing essential information. One person's MAR detailed that staff should apply a medicated pain patch weekly to the person. The MAR did not state which day of the week it should be applied and there was nowhere to record where the patch should be applied. The person's care plan showed they should have the pain patch changed every Saturday.
- The MAR for the person's pain patch had not been consistently completed to evidence they had been given their medicine as prescribed. The person's MAR were checked back to February 2018 showed this had been a consistent issue. The MAR had only been signed for twice in June 2019 which meant that the person had not received medicines twice within the month. The MAR for May 2019 was missing so we were unable to check this. The MAR for April 2019 had not been completed at all. The person's daily records for April 2019 showed that staff had changed the pain patch on 25 April 2019. We checked the calendar and found that this was a Thursday and not a Saturday. There were no other records to show if the pain patch was changed seven days later. This meant the person may not have been receiving their prescribed medicines, which put them at risk of being in pain and discomfort.

- The registered manager did not have a robust auditing process in place to review medicines practice. The MAR for the person with the pain patch had not been audited. None of the office staff had picked up that the MAR's had not been returned to the office since May 2018.
- The registered manager stated in their provider information return, 'All administration of medication is accompanied by completing a MAR chart.' This was not the case. Staff told us that MAR charts were only in place for medicines that were not dispensed in a pharmacy filled compliance aid. Staff had been recording that they were applying prescribed creams to people within people's daily records. However, there was no record of these creams and topical medicines within people's care plans, medicines records and there were no MAR charts for these. This meant that staff did not have up to date and accurate information about people's medicines and they could not evidence that people had received their prescribed medicines.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were not in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. One person did not have PRN protocols in place for their asthma inhaler or their Glyceryl Trinitrate spray which is used during an angina attack. This meant that staff administering these medicines may not have all the information they need to identify why the person takes that medicine and how they may communicate the need for it. The PRN medicines were not listed on the MAR chart.
- One person's daily records for 10 May 2019 showed staff administered Paracetamol gel to the person's back. In the same care visit staff also gave the person two Paracetamol. This meant that the person was at risk of being overdosed with Paracetamol.
- Since the last inspection the registered manager had put in place medicines side effects sheets which described the side effects of each medicine people were prescribed so staff knew what to look out for. However, not all medicines people were prescribed were listed on these sheets. Topical medicines including paraffin-based emollients had not been included and nor had the medicated pain patch a person was prescribed. These pain patches have specific information dispensed with them about disposal and re-siting the patch on different areas of the body to avoid skin irritation. This meant that staff did not have all the information they needed to keep themselves and people safe.
- Robust arrangements were not in place to routinely observe or check the competency of staff administering people's medicines, so the provider could be assured of their continued competence. One staff member told us, "I do give medicines. I had meds training many years ago. I have been through MAR charts here but that is not training is it?"

The failure to take appropriate actions to ensure medicines are managed in a safe way is a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Learning lessons when things go wrong

- Accidents and incidents relating to staff had been recorded, including the action taken following the incident. The registered manager checked incidents had been dealt with appropriately and measures were put in place to prevent a further occurrence.
- The management team told us there had not been any accidents relating to people using the service at the time of the site visit to Boldglen Limited Medway and Swale office. However, during the inspection process an accident did occur at a person's home which resulted in an injury. Staff had not appropriately recorded the accident on an accident form or within the person's daily records.
- One relative told us about another event that had taken place. They said, "When carers found [loved one] on the floor they called the paramedics straight away and then phoned us." This showed there had been accidents and incidents which had occurred that had not been recorded.
- Failure to record accidents and incidents means that lessons cannot be learnt, risks to people's safety is not reviewed and assessed in a timely manner, which put people at increased risk of harm.

The failure to make complete, accurate and contemporaneous records is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staffing and recruitment

- Staff were not always recruited safely. New staff application forms did not always provide a complete employment record. Many gaps were not accounted for by the applicant and had not been followed up with the applicant by the provider.
- References had not been checked to make sure they were suitable. The referees given by one applicant were employees of the applicant and not their previous employers.
- Applications forms had not been checked to ensure applicants gave a full employment history. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 clearly states that a full employment history is required. One staff member had an unexplained gap in employment from 2004 to December 2015. Another staff member had an unexplained gap in employment from 1984 to 1988 and another had an unexplained gap between 2005 to 2007. Interview notes had been kept but any discussions that had taken place about gaps in employment had not been recorded.

A robust approach was not taken to recruitment to make sure only suitable staff were employed to provide care. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The registered manager told us they regularly recruited new staff to make sure they kept their staffing numbers up. There were enough staff to provide the care and support people needed.
- People told us their regular staff did not miss their visits and were rarely late. When staff were going to be late, people said they were informed. Comments included, "Always here by 8am unless they have been held up with another person and they ring me to let me know"; "Regular carer comes on time. I cannot move about quickly, they always give me time to dress myself with their help"; "I have had the same carer morning and evening for a long time now, she knows me so well, I couldn't do without her" and "I am a creature of habit and like having the same person morning and evening, she [staff member] is regular like clockwork she doesn't rush me sometimes even takes longer than her time, very thorough."
- People told us that their experiences at weekends and when their regular staff were on leave were not always good. People told us they often did not know who was coming to provide their care and at what time. Comments included, "Every other weekend when another carer comes they were being allocated a later time. I now ring up to check who is coming and what time they come at"; "I feel I am being fitted in to suit them. I have to phone to see when they are coming when they are late. I have had lots of different staff over the last six months. It was much better when I had regular staff. There has been some improvement in the last couple of weeks and now having a couple of regular staff, but I am worried that it slips again" and "It wasn't good at the weekend. At tea time the call should have been at 5pm and they eventually came at 6.15pm. My usual carer was off this weekend." This is an area for improvement.
- Relatives told us, "[Loved one] has the full time and tends to have the same carer" and "Confident that the carers turn up as arranged."
- We heard office staff ringing one person to let them know their regular staff member was going to be on leave and asked the person whether they were happy to accept another staff member to provide their care.
- An electronic system was used to plan the staff rotas which meant that care visits could not be overlapped and people received their personal care support at the time they expected. However, we observed that many care visits did not have travel time between them which meant staff were allocated to start their next

care visit at the time the previous visit ended. Staff confirmed they do not have travel time between calls. One staff member said, "I don't get travel time I have raised this with the office many times."

We recommend the provider reviews how to effectively deploy staff to enable them to carry out their duties to meet people's care and support needs and update their travel time practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. All staff had completed safeguarding adults training and kept this updated to stay up to date with changes in legislation. The staff we spoke with were knowledgeable and confident about their roles in keeping people safe.
- Staff told us the registered manager and all office staff were approachable and always listened and took action where necessary, so they had no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. They knew where they could go outside of the organisation to raise concerns if necessary.

Preventing and controlling infection

- Measures were in place to minimise the spread of any infection.
- Training records showed that all staff had completed infection control training.
- Staff were provided with appropriate equipment to carry out their roles safely. There was a stock of personal protective equipment (PPE) kept in the office.
- People confirmed that staff used PPE. One person told us, "She (staff member) has a box of gloves, she's very particular because of risks of cross infections. She washes her hands before doing any food." Another person said, "They have gloves, they help me with cream."

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 Requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure people's care documents were accurately recorded in order to provide consistent care that met people's needs. This was a breach of Regulation 9 (Person-centred care) 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 9.

- Although initial assessments were undertaken with people before they received a service, the information gathered was not always used to develop a care plan where needed.
- The assessment checked people's details such as marital status and religion and checked their preferences and support needs. The assessment process did not explore people's gender, nationality or ethnicity.
- The assessment listed people's health and medical conditions. However, a thorough assessment of their needs was not completed. Health conditions did not feature in the care plan at all. This meant guidance was not in place to make sure staff knew what to do in certain circumstances where concerns may arise, and people may be at risk of harm. This put people at increased risk when their usual care staff were not around as they would be supported by staff who did not know them as well as their usual staff member.
- One person was prescribed anticonvulsant medicine, used when a diagnosis of epilepsy had been given. The assessment stated that they had epilepsy. The only reference to this within their care plan detailed that the person suffered with seizures which also affected their breathing. This meant staff did not have the guidance about when to recognise the person was having a seizure and what staff should do. This put the person at significant risk of harm.

Registered persons had failed to carry out an effective assessment of the needs of people to plan their care. This was a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We checked whether the service was working within the principles of the MCA.

- Staff responsible for carrying out assessments had no awareness of the MCA process to ensure that decision making was decision specific for each person. They had no awareness of the need to evidence decision making and the tools available to help them to do this.
- Consent forms found in people's care records had been signed by some people and the staff member who had recorded the information. However, the forms hadn't been completed properly to evidence whether the person was consenting or not.
- Where people lacked capacity to consent to particular decisions, assessments had not been undertaken and decisions had not been made with people, relatives and healthcare professionals as part of the best interest's decision making process.

The failure to provide care without the consent of the relevant person was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us their choices and decisions were listened to and they were in control of their support.
- People said, "They ask what I want for breakfast and set it up on my trolley"; "They ask what I'd like"; "I tell them what I want for breakfast, I'm the boss in my house"; "I always get asked what I want them to do. When I feel ill I will stay in bed, she [staff member] will bring in a bowl of water and give me a good wash"; "They ask me what I would like and give me choices" and "Always given a choice of a bed bath or a bath every day."

Staff support: induction, training, skills and experience

- Staff had not received additional training to make sure they had the skills to meet people's specific care needs. Staff we spoke with were confident about the meeting the needs of people they knew well but less confident about meeting the needs of people they occasionally worked with.
- Staff had not completed epilepsy awareness training, diabetes awareness, stroke awareness or catheter care training despite providing care and support for people who have epilepsy, diabetes, strokes and catheters. This meant that they did not have the knowledge, training or support to carry out their roles safely. A staff member said, "I have done training; health and safety, nutrition, most of the courses have been done face to face. We watch a video and chat and put our points across. The training is done by office staff. I have not done stroke training." A staff member said, "Sometimes I do meet other staff to do a double call and do some catheter care. I have not had catheter care training; I have just been picking this up from other carers."
- Some staff had received stoma training and others had not. One staff member said, "I have been shown by the nurse how to provide stoma care. I have not been provided with catheter care. I would call a nurse if the catheter was blocked; I have to do this regularly." We heard office staff coordinating staff care visits in the office. At first the office staff discussed not sending a staff member to one person because they had not yet had stoma training. Then it was arranged for the staff member to go and provide care to the person with another member of staff. The office staff member said this would enable the staff member "to do stoma

training, so that gets that out of the way." None of the staff employed by Boldglen Limited Medway and Swale were trained to be able to provide stoma training to others. Training of this nature should be provided by a qualified individual who can assess whether staff have the knowledge, understanding and competence to carry out the tasks. This put people at risk of harm.

- We spoke with the registered manager about training. They told us, "The stoma nurse came to the service to provide stoma training. With new members [of staff] I need to follow up with this. I'll be honest, we have not done epilepsy, Parkinson's and diabetes training for a long time. We will be doing oral health."

Registered persons had failed to provide staff suitable training to enable them to carry out their roles safely. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff received an induction which included shadowing more experienced staff for a period of time until they were confident. Initial training was completed to make sure they had the basic skills to support people.
- People told us they felt safe with staff. People and their relatives told us they thought staff were well trained and they did not have any concerns. Comments included, "They are well trained when she (staff member) found me on the floor, she didn't try to get me up in case I had injured myself, she made sure I was warm and comfortable and phoned for the ambulance"; "They seem to know what they are doing, very capable, always help me when I ask them" and "Good at what she (staff member) does, when I am tearful she calms me down and soon has me chatting and laughing."
- Staff felt well supported by the management team. A staff member said, "The office staff are friendly and helpful and make you feel comfortable, they always have time to listen and help and are always at the end of the phone."
- Staff were observed by the management team while carrying out care in people's homes. Regular spot checks and planned observations were undertaken by the senior staff. Staff had the opportunity to meet face to face with a senior staff member on a regular basis to discuss their personal development and highlight any areas of concern or good practice.

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

- Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. Some people did not need support with their meals or planning a nutritious diet as relatives made their meals, or sometimes other agencies delivered meals to their home.
- Those people who did need staff assistance chose what food they wanted from their own store of food. Some people had convenience foods that were quick to make in the microwave and others preferred to have fresh food prepared and cooked.
- People told us, "[Staff] prepares me whatever I want, at breakfast I usually have cereal with a chopped banana and a cup of tea"; "Always ask me what filling I want in my wrap or sandwich for tea time and then wraps it up and put it in the fridge. Before they leave in the morning they'll prepare me some porridge and bring it into me with a cup of tea"; "We have just made arrangements with the company to prepare a meal for me should my husband not be here, and I will choose what they prepare for me" and "They help me with food preparation for our evening meal. They'll help me cut up the vegetables for the family meal, they just follow my instructions."

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

- Although people's health and medical conditions were not included in a care plan, staff knew people well. Where people did need assistance, staff contacted the office staff to alert a health care professional or family

member if they had concerns.

- The registered manager told us that the office staff spent time each and every day coordinating with staff and arranging for medical appointments with nurses, GPs and chiropodists.
- People told us staff understood their health needs and would assist them in calling a relative, doctor or nurse if they became unwell. People told us that they or their family arranged their health appointments. Comments included, "If I am not well, they'll ask if I want them to call the doctor"; "I've been very ill on occasions, Boldglen have been excellent, you couldn't better them" and "If I have had a bad night and don't want them to call I ring the emergency number and they always ask if I want them to call the doctor for me."
- A relative told us, "So far they haven't needed to call a doctor, the carers always call me for advice if something is not right."
- Staff gave examples of calling the community nurses, GP and other health professionals when required which evidenced they worked together with other organisations to deliver effective care, support and treatment. One staff member said, "I have called an ambulance before if a person has fallen and then I called the office. I do call the GP a lot for one person who is housebound and often have to go to the surgery to collect prescriptions."

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.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they had regular staff supporting them. This meant that staff got to know people well. One person's relative said their loved one, "Feels comfortable and happy with the carer even though [loved one] doesn't speak there seems to be a good bond between them." One person told us, "I have a main carer, if she's on holiday or off I have others. She is brilliant, she gets on with it. she knows exactly what my needs are." Another person said, "[Staff member] is my regular carer; she is outstanding, she is exceptionally good."
- People had only good things to say about the staff. They told us they found staff to be kind and caring. People told us, "The care is good so far"; "Good laughter, good banter, she [staff member] makes me laugh and makes me feel better if I am feeling down"; "I get on well with the carers, all very nice and helpful, so respectful and concerned when I wasn't well" and "They are jolly, helpful, very polite and understanding when I cannot remember things."
- Relatives said, "The care is really good. I like his carer she genuinely cares"; "One is exceptionally good, she comes every day, it is like talking to a friend"; "Carers are friendly and upbeat and have a joke with me" and "Good rapport with family, carer is easy to chat to."
- People explained how they valued the social contact with staff. Some people didn't see any other visitors or relatives. Staff made them feel valued. One person said, "They are kind and friendly; they stop and have a chat. They are company, it goes a long way to have someone to chat to."

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

- People were involved in developing their care plans. Some people had difficulty expressing how they liked things done. When this was the case, people's relatives were involved in speaking up for them.
- On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. One person commented, "I have a book with all my notes in and a care plan, they all write their notes." One relative said, "We have a care plan which is all there."
- Staff worked closely with people's relatives and friends, as appropriate, to make sure people got the support they needed as people's relatives were often providing their loved one's care most of the day.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and their privacy was respected. People told us, "Always knocks and shouts out its [staff name] before she comes in, always ask how I am"; "If I want go to the toilet when they are here, they close the bathroom door and wait until I call them"; "[Staff member] deserves praise; she helps me to be more positive. She is worth her weight in gold" and "Always makes sure bathroom

door is closed and locked so that other family members cannot come in when I am having a wash."

- People told us that staff respected their privacy by knocking or calling out when they entered people's homes including when staff let themselves in using key safes. Staff explained they did this to respect people's privacy as well as ensuring they did not startle people. One person said, "I have a key safe which I want for strictly emergency only, staff always knock and wait for me to come to the door to let them in."
- People were supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support. People said, "I have had a stroke and cannot use my left hand, so they will put the toothpaste on my brush, so I can clean my teeth myself"; "When I have a bed bath the carer gets me to wash my face and I ask her to do the rest for me. She brings in the toothpaste and brush for me to clean my teeth myself"; "When I have a strip wash I do my front and ask carer to do all my back and feet"; "Because of my back, I cannot reach my trousers, when I go to the toilet they leave me and when I call them they help me pull up my trousers and do my belt up for me" and "[Staff are] very polite, always ask if they can assist me, they help me when I ask them."
- Information held at the provider's office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep people's confidential information secure.

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 Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people's care documents provided all the information needed to provide consistent care that met their needs and preferences. This was a breach of Regulation 9 (Person-centred care) 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 9.

- Although care plans were in place to describe the basic care and support people needed, they did not include important information individual to the person. One person had a diagnosis of epilepsy. This fact was only referred to briefly within the mental health section of their initial assessment, stating they could be confused after a seizure. The only other piece of information provided to staff about the person's condition and how it affected them as an individual stated that they suffered with seizures which could affect their breathing. There was no information for staff on how to meet the person's needs when they had a seizure, which meant the person may not be appropriately supported during and after a seizure.
- People who had diabetes did not have care plans in place to detail the person's condition and how it affected them as an individual and what staff should do if they suffered a diabetic emergency, such as hypoglycaemia where the level of sugar in the blood drops too low. Staff had not received appropriate training to give them the information and skills to identify how diabetes affects people. One person's relative had been concerned about diabetes care as their loved one had chosen to stay in bed. A staff member had not encouraged or reminded them to self administer their insulin during their morning care visit. The relative visited their loved one at lunch time and found they had not had their insulin. The relative told us, "This was a big concern. He could have had a hypo."
- Some people had angina. Although this was not their main health need at the time, it was a condition that would need staff consistency and skilled care to support them if they had difficulties. A care plan was not in place to provide advice and guidance to staff in how to best support each person if they suffered from an angina attack.
- People's oral health care support needs were not documented within their care plans which could lead to staff not providing support to people to maintain their teeth and gums. Daily records did not show that staff were prompting or encouraging people who required full support to meet their personal care needs with brushing their teeth.
- Life histories were not in place within many people's care plans and no information was recorded to show

what and who was important to them to give a holistic view of the person. Basic information to record personal care tasks was available to staff with limited reference to people's preferences. This meant that people may not always receive their care in the way they wished.

The failure to adequately plan people's care and treatment was a continued breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us their care packages were reviewed regularly. Comments included, "Once a year I have a visit from someone in the office. I tell them what help I want and if I think I need some more assistance"; "Reviewed every year" and "Once a year they come and see what I want and put it in place. This time I asked if my husband wasn't here could they arrange for a carer to come and prepare my meal. I decide what I want in my care plan not Boldglen."

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.

- Office staff responsible for creating and developing care plans and risk assessments were not fully aware of AIS. We referred them to information to help them create documents which met people's communication needs. This is an area for improvement.
- All the people we spoke with knew about their care plan.
- Most people were supported by family members or friends who helped them to understand information on a day to day basis if they needed it.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and raise concerns should they need to. People said, "I would contact the office and speak to [staff member] who is one of the bosses and anyone in the office. They are very helpful. [Staff member] is very kind to me. They've done all they should"; "I was not happy have a carer arrive at 9.30 so spoke to the office staff and they sorted it out. I now ring every other week to check the time and who is coming"; "I have no worries, if I could I would have all my carers from Boldglen" and "I have spoken to [registered manager] a couple of times and have every faith that she would deal with things for me."
- Relatives told us, "If we had an issue I would speak with the manager"; "I would contact Boldglen if I had a complaint, I have not had to make a complaint" and "No complaint, the carers do what we want them to do."
- The provider's complaints procedure was displayed in the welcome packs people received which were kept in their homes. There was guidance on next steps people could take if they felt the management team had not dealt fully with the complaint, including speaking to the local government ombudsman.
- Complaints records showed that the management team had appropriately responded to complaints when they had been received and these had been resolved. Three complaints had been received since the last inspection.

End of life care and support

- The service was not supporting anyone who was needing end of life care at the time of inspection.
- A staff member told us about the support they gave to people and support to people's relatives to ensure people have a comfortable, pain free death. They said, "I do provide palliative care sometimes. In these cases, we have built more of a relationship with the families, we work closely with the nurse and sometimes

hospice staff. We still let the person know what we are doing, even if they can't hear us or respond, comb their hair and make the person feel cared for."

- End of life care in people's homes when needed was arranged in conjunction with healthcare professionals such as hospice teams, GP's and district nurses.

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 remained the same. 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; Continuous learning and improving care

At our last inspection the provider failed to have effective systems in place to check the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvement in this area and they continued to be in breach of Regulation 17.

- Quality monitoring processes were haphazard and did not provide the information the provider would need to be assured of the quality and safety of the service provided.
- People's daily records were checked each month. Comments found on the daily records had picked up that people had not signed the staff member's entry. It was not clear if the checks looked at the times people received their care and support or whether the staff were completing tasks identified in the care plan as this was not recorded.
- The provider did not have a system in place to check the quality of the care plans in place, to make sure they were up to date, complete with the correct information, and ensured the safety of people using the service.
- The medicines audit was not adequate to pick up areas of practice that were not safe and take action to address the issues quickly. No checks had been made by the registered manager or the provider of the audits carried out by staff.
- The registered manager had developed an audit system since the last inspection, they told us this was put in place from August 2018. The audit process was not robust or complete. The audit book did not detail which records had been looked at, what they were auditing against and what actions were found and how these would be addressed.
- Registered persons had not taken timely and sufficient action to address the shortfalls identified at the last inspection, which has led to continued breaches of regulations and new breaches of regulations relating to risk management, medicines management, recruitment of staff, assessments, care planning, need for consent and training. The provider had submitted an action plan after the last inspection detailing they planned to meet Regulation 9 by January 2019 and Regulation 12 by October 2018. The audit system in place had not alerted the provider or registered manager that the planned changes had not been made.

- The local authority quality assurance team had visited the service in March 2019 and identified concerns with risk assessments and care plans. Registered persons had not taken timely or sufficient action to address the shortfalls.
- Registered persons had not continuously improved the service to ensure it was meeting people's needs. They had failed to improve the rating and had failed to act on concerns raised at the previous inspection. Robust systems had not been put in place to ensure regulations were met.

Systems to monitor the quality and safety of the service were not robust enough to identify areas that were in need of improvement. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had received three compliments about the care and support people received since the last inspection. One compliment received in January 2019 read, 'She (staff member) is a heck of a lady, always laughing and joking while she gets on with the job. I wish to thank Boldglen for sending an interesting bunch of people.'
- The provider attended provider forums which are run by external agencies in the local area. This enabled them to keep up with changes and updates in practice as well as building links with other organisations. The registered manager said, "I will attend registered manager forums in the future I will look in to it. I do go to provider meetings."
- The management team kept themselves up to date with regulation by receiving newsletters from CQC. They received alerts and information from the Department of Health. They also utilised external companies and websites to keep themselves updated such as Skills for Care.

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

- People told us that they knew the registered manager and found them to be approachable and easily accessible. Comments included, "[Registered manager] is a good manageress, always very helpful and willing to listen"; "[Registered manager] is easy to contact and always keen to help"; "I feel relaxed and calm when talking to anyone in the office" and "[The owner] normally sorts thing out, I find her easy to talk to, we can have quite a chat." A relative told us, "I have found all the office staff very helpful."
- People and relatives felt that staff really made a difference to their lives. They felt staff gave them time to chat and they valued this. People said, "We know each other very well, talk about anything, especially about the people on television and she always asks me if what I have done at my club, we are always laughing"; "I have a very pleasant relationship with my carer, we talk about her family, my family and laugh about the antics the young ones get up too" and "My carer shows an interest in me and my family, always asks how they are. When I am a nervous wreck, she is good with me, we have a good rapport."
- A staff member said, "I feel it is a good culture." Other staff told us, "I feel well supported and I feel listened to"; "I do think it's nice that we are with the same clients. It is a nice friendly company to work for. I enjoy it" and "They are good at communication, I feel supported. They do the best they can."
- The registered manager told us, "I have not had bad reports about the culture I have always had an open-door policy, always available at the end of the phone, we have training and we [in the office] have all worked with the staff out in the field. I always say to staff that I am happy to be challenged. I think about both sides when staff do approach; the care staff and the coordinators. I ask staff to tell me when there is a problem and ask them to meet me for a chat in the office."

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

- Relatives were involved in people's care. Relatives told us, "Had a meeting last week with office staff

checking that everything was covered that we wanted and if we wanted any changes. Raised that sometimes [loved one] wasn't shaved and asked that they changed his sheets. These changes have already been implemented" and "[Staff name] from the office came out two to three months ago. I was fully involved and [loved one] was fully engaged with the discussion."

- The registered manager told us if things went wrong or there were incidents, relatives would be informed as appropriate.
- The provider and registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- The registered manager knew they needed to inform the Care Quality Commission (CQC) of significant events that happen within the service, as required. There had not been any incidents reported to CQC since the last inspection. However, CQC were informed about one incident during the inspection process.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for their last inspection in the office and on their website.

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

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People and their relatives were asked to feedback about their family member's care through surveys on a regular basis. People told us, "I had a survey a couple of weeks ago, quite happy with all the way things are done for me" and "Sent a survey recently would like more regular staff and earlier time in the morning."
- Surveys had been sent out to people receiving the service in May 2019. A total of 69 completed surveys were returned. These showed that 41 people were extremely satisfied with their care and support, 28 people were satisfied, and one person was dissatisfied. The management team said that action was being taken to address the issues the person had raised.
- People told us they were very happy with the care and support they received from Boldglen Limited Medway and Swale. Comments included, "I would recommend Boldglen to anyone"; "They couldn't get much better"; "I would recommend the company, but I have only met one or two staff. They know me and my needs"; "I often recommend this service to other people" and "I have to say [staff name] is absolutely brilliant. After a stay in hospital the staff there [extra care service] and Boldglen worked together so I had my carers back when I came home wonderful service."
- Relatives told us, "They are doing a good job"; "On my experience alone I would recommend Boldglen" and "So far we are pleased with service we are getting."
- Staff meetings were held between the office staff and the management team on a regular basis. It was difficult to gather the community-based staff together for meetings because of the nature of their work. The service sent out newsletters to staff on a monthly basis with important news about the service, reminders and messages of thanks for outstanding work where staff had gone the extra mile (such as picking up extra visits to help out when snow affected travel).
- A staff member said, "We have newsletters and yearly appraisals and we get thanks in the newsletters which is nice."

Working in partnership with others

- The service worked alongside other care provider's in the area to provide people's care and support. The registered manager told us, "We do share care with other care providers and work to meet people's needs."

- Staff and managers worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and consistent care.

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 11 HSCA RA Regulations 2014 Need for consent Registered persons had failed to provide care without the consent of the relevant person. Regulation 11 (1)(3)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Registered persons had failed to operate effective recruitment procedures. Regulation 19 (1)(2)(3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Registered persons had failed to plan care and treatment to meet people's needs and preferences. Regulation 9 (1)(3)

The enforcement action we took:

We served the provider and registered manager with a warning notice and asked them to meet the regulations by 05 November 2019.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had failed to ensure the safe management of prescribed medicines and failed to take appropriate actions to mitigate risks to people's health and welfare. Regulation 12 (1)(2)

The enforcement action we took:

We served the provider and registered manager with a warning notice and asked them to meet the regulations by 05 November 2019.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons had failed to operate effective quality monitoring systems and failed to ensure records were accurate and complete. Regulation 17 (1)(2)

The enforcement action we took:

We served the provider and registered manager with a warning notice and asked them to meet the regulations by 05 November 2019.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing

Registered persons had failed to provide staff suitable training to enable them to carry out their roles safely.
Regulation 18 (1)(2)

The enforcement action we took:

We served the provider and registered manager with a warning notice and asked them to meet the regulations by 24 December 2019.