

B.A.C. Care Limited

Sittingbourne

Inspection report

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Sittingbourne
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Tel: 01795429042

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

This inspection took place on 26 April 2017 and was announced.

Sittingbourne is a domiciliary care agency run by B.A.C. Care Limited. The service is based in Milton Regis near Sittingbourne. It provides personal care to people who live in their own home, including people with dementia and physical disabilities. The service provides care for people in the Faversham, Sittingbourne and Isle of Sheppey areas of Kent. At the time of the inspection there were 71 people receiving personal care and support from the service.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection, the service was rated Good overall and Requires Improvement in the 'Effective' domain.

We carried out an announced comprehensive inspection of this service on 13 July 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 9 of the Health and Social Care Act Regulated Activities Regulations 2014, Person-centred care. The provider told us they had met the regulation by 27 October 2016. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sittingbourne on our website at www.cqc.org.uk.

Why the service is rated Good in the effective domain.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

People had appropriate support when required to ensure their nutrition and hydration needs were well met. People received effective support to meet their nutrition and hydration needs.

Staff had received training and support relevant to their roles.

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

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

Sittingbourne

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of Sittingbourne on 26 April 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 13 July 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service Effective? This is because the service was previously not meeting legal requirements. This inspection was carried out by one inspector. A second inspector made telephone calls to people, relatives and staff.

Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report, the provider's action plan following the last inspection and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed five people's records and a variety of documents. These included people's risk assessments, daily records and staff training records. We also requested information by email from local authority care managers.

We spoke with four people who were using the service, three relatives and 10 staff including, care staff, a coordinator, assessors, the registered manager and the directors (who were the registered provider).

We asked the registered manager to send us training records. These documents were sent through in a timely manner.

Is the service effective?

Our findings

At our last comprehensive inspection on 13 July 2016 we found that the provider had failed to meet a person's needs in relation to receiving appropriate support to drink fluids. We asked the provider to take action to address the issues. The provider sent us an action plan which detailed that they had met the regulation on 27 October 2016.

People told us they received effective care. They detailed how they were involved in their care and decisions made. Comments included, "I have been with the agency for eight years now. The staff who have been working with the agency for some time are the best. I generally have the same regular staff which I prefer. They know me well and what needs doing and when"; "The staff know me so well I would be lost without them"; "They do ask me before starting the care, they always talk to me as they are assisting me. They check I am happy with everything" and "The staff ask me what I want to do first and they support me with things. They know where I keep things and they are marvellous. I am so lucky to have such staff looking after me".

Relatives told us that the care their family member's received was effective and staff were competent and confident in their roles. Comments included, "They do know what they need to do for mum, they encourage her and make her laugh, they are very good with her. She has advanced dementia but they are patient with her"; "They appear well trained they certainly know how to get the best from mum, they really do understand her condition and manage her needs very well" and "They really understand her and her dementia".

Support and care planning practice in relation to nutrition and hydration had improved. People's care plans detailed what they needed care and support with and what they could manage for themselves. Some people were independent with preparing and cooking meals and some lived with their relatives who carried out some tasks for them. Care plans made it clear who was at risk of choking and what action needed to be taken to reduce the risk. Some people had been prescribed thickening powder that needed to be added to fluids to help them swallow. The care plans made it clear how much to add to the drink. Some people needed to have their meals pureed or cut up into manageable pieces. This meant people received food and fluid to meet their assessed needs. People told us staff provided them with good support with their meals. People said, "Yes they do help me with my meals, we get ready meals which I choose each day and they heat them up for me, lovely. They also make sure I have plenty to drink"; "I have meals delivered but the staff will make a sandwich for me. They ask me what I would like and they clean away after themselves. They always leave me a drink too" and "They make me a sandwich some afternoons which I then have later when I am ready, they always ask me what I fancy". A relative told us, "We all are responsible for the meals my mother has. I or the live in carer may make a meal and the BAC staff may feed it to her. For example, this afternoon I prepared a piece of cake and a cup of tea, however the BAC staff arrived at four o'clock and they were happy to feed her for me. They also encourage her to drink while they are here because now she is at the end stage of her dementia she does not always want to drink and pushes it away".

Staff continued to receive training and regular supervision. Training records evidenced that staff had received training in a number of areas such as, moving and handling, confidentiality, medicines,

safeguarding adults and children, fire safety, food hygiene and diet and nutrition. Supervision records showed us that most staff received regular supervision, one of the staff teams working in the Faversham team had not received as frequent supervisions. The provider told us they were aware of this and were working to make improvements. Staff told us they felt well supported by the management team. Comments included, "I do feel supported by the manager and the office. While I was doing my NVQ they gave me time to do it, they helped me when I did not understand things. There is always someone at the end of a phone when you have any questions"; "We are well supported in my view. There is always someone at the end of a phone"; "I feel well supported to do the job. There is constant supervision and discussion, if I need to talk I go up [to the registered manager's office] and we talk" and "I feel well supported. I'm enjoying it [the job] really".

The provider had embedded the Skills for Care 'Care Certificate' into the induction programme for staff. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. This also helped staff keep their knowledge and skills up to date. Records showed that 15 staff had undertaken the care certificate.

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

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had been attended by all of the staff. Staff evidenced that they had a good understanding of the MCA. Staff told us that they talked with people about their care to ensure that they knew what they were doing and to seek consent. One staff member explained, "The mental capacity act is like looking at a person's capacity to make important decisions. Most people are able to make day to day choices which we respect, and we encourage them to make choices. Things like having tea or coffee, ham or cheese sandwiches, things like that". Another staff member said, "The mental capacity act, and decision making is about whether people are able to make informed decisions. People we care for can normally make the day to day choices and we always assume that they can do this. Things like do they want an egg for breakfast, or perhaps to have a bath instead of a shower. We would only really be concerned if they were making choices that could be detrimental to their health and wellbeing. For example, if they refused to eat, or wanted to take their medicines too often. Then there would be a meeting of professionals and they would see if they have capacity and if they don't then can take action to protect them". Staff knew how to seek consent in line with legislation and guidance. Documentation in relation to mental capacity was in place in people's care files. People who were able to had consented to their care. Some people lacked capacity to make certain decisions in their lives, relatives had consented on their behalf. Records showed that decision making included relevant people such as relatives who had a lasting power of attorney (LPA) for their loved one in relation to health and welfare.

People's care records evidenced that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. Records evidenced that the service had responded to people's changing needs as they had contacted the GP, district nurses, hospitals, emergency services, Occupational Therapists (OT's) when necessary. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs

that the person had experienced a stroke. People and relatives gave us examples of when staff had responded to changes in their family member's health needs. One relative said, "The staff do let me know if she is not well. She suffers from Vertigo and she is sick sometimes. They always tell me if this happens and they slow down the care they give her to lessen the impact of the vertigo". Another relative told us, "The staff always let me know when they are concerned. For example, if his bottom is getting sore or if his urine is getting very dark or smelly. I can then encourage him to drink more to prevent him getting an infection". People told us, "Yes they do talk to me if they are concerned about my health, for example they could see I am not well today and they are arranging for me to see the doctor" and "Staff do tell me if they find I have a mark or sore area and they then keep an eye on it and keep me informed if I cannot see it for example. They would call the doctor if it was necessary".