Bojo Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
BoJo Care Services Ltd is a domiciliary care agency providing personal care to 12 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
The provider did not satisfy themselves that staff were of good character when conducting pre-employment checks. References were not always obtained from people's previous employers and were not verified. References were obtained from the registered manager and other employees who worked for the provider which did not show impartiality. The provider had failed to improve the recruitment process and had not followed their own recruitment procedures.

Risks to people were not robustly assessed and guidance was not in place to safely support people. A person who was at risk of choking and who required support with moving and handling was not risk assessed.
The management of medicines had improved. We made a recommendation for the provider to use an eye drop MAR chart rather than a topical cream chart for the administration of eye drops.

Assessments of people's needs required further work to ensure they were holistic and captured people's full support needs. Staff received regular supervision. Supervision was sometimes completed by the registered manager for their own relative which did not show impartiality. Also, the supervision record did not include an agenda item in relation to the COVID-19 pandemic. We recommended this agenda item is added to allow staff the opportunity to ask questions or seek further guidance.

The provider has failed to respond to concerns fully from previous inspections and failed to ensure robust processes were in place to ensure people were supported safely. Audits to monitor and improve the service did not highlight our findings from the inspection.
Relatives told us they were happy with the service and staff said they were well supported.

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.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 31 December 2019). At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service has been rated inadequate or requires improvement for the last three consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has stayed the same.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BoJo Care Services Ltd on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation safe care and treatment, good governance and fit and proper persons employed by the provider.

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.

We will continue to monitor information we receive about the service until we 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?

Requires Improvement

The service was not always 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 well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

BoJo Care Services Ltd

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. For the purpose of this report, we will refer to the registered managers as registered manager one and registered manager two.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 8 September 2020 and ended on 10 September 2020. We visited the office location on 8 September 2020.

What we did before the inspection
We reviewed notifications and information sent to us from the provider. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual and registered manager two. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three staff members and four relatives.

We reviewed a range of records. This included four people's care records and medication records. We looked at five 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.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place, but further work was needed to identity and mitigate risks to people being supported by the provider.
- Two people did not have the correct risk assessments in place to move and handle them safely. For example, for one person, the assessment did not detail guidance on how to safely use moving and handling equipment.
- One person was at risk of choking and there was no risk assessment to support the concern. There was no guidance on how to safely move and support the person to mobilise.
- Where there was a risk of malnutrition, this had not been considered as part of the risk assessment.
- Where other risks presented a hazard to people, this was not always confirmed in the risk assessment or care plan.

Risks to people were not always appropriately assessed and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had continued to employ new staff without satisfactory pre-employment checks in place. This was a continued breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Aspects of the recruitment process had been improved but further work was needed to ensure the provider made every effort to confirm any new employees were of good character.
- We reviewed five staff recruitment records and found references had not been sought from the employee's previous employers. There was not always a process in place which identified why references had not been obtained from these employers.
- Some employees had been given references from employees currently working for the provider, family and friends.
- Two application forms had gaps in employment history.
- All staff now had valid disclosure and barring service checks in place to ensure they were suitable to work with vulnerable people.

The provider did not do all reasonably practical to ensure new employees were of good character. This was

a continued breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
At our last inspection, we found the administration of medicines was not safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made to the management of medicines.

● Improvements to the management of medicines has been embedded within the organisation.
● People were assessed for medicines support and medicines were recorded in records and signed for after administration.
● Staff received training and were competency checked to ensure they were able to administer medicines safely
● We viewed a medication administration record (MAR) for eyes drops which was written on a topical cream chart. The name of the eye drops was not recorded. We recommend this form is reviewed to ensure the most appropriate medication administration record is used for eye drops.

Systems and processes to safeguard people from the risk of abuse
● Relatives felt their family member was safe whilst being supported by the staff at BoJo Care Services.
● Staff received training to assist their knowledge of safeguarding procedures and were confident they could raise any concerns which would be acted upon.
● Any safeguarding allegations had been investigated and outcomes shared.
● A relative told is, "The staff are really kind and caring., we have the same staff team who visit."

Preventing and controlling infection
● Infection control information and advice was available for staff including information about COVID-19
● Staff were supplied with the correct personal protective equipment (PPE) including gloves and aprons and relatives told us staff always wore the protective equipment. Staff told us they were provided with ample PPE.
● Where COVID-19 presented a risk to staff, this had been assessed and mitigated as far as possible.
● A relative said, "Staff always wear PPE." A staff members told us, " We have been informed in a staff meeting of any information in relation to the pandemic."

Learning lessons when things go wrong
● Accidents and incidents were recorded and reviewed to reduce the opportunity for repeat occurrences.

Requires Improvement

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.

Supporting people to eat and drink enough to maintain a balanced diet
- People received support with eating and drinking if that was part of their care plan.
- For one person, there was mixed information in the care plan about how they should be supported to eat and drink. The assessment stated the person's food and drink always needed to be in small pieces or blended, so it was easy to swallow. However, daily notes confirmed the person had been given food which could potentially put them at risk of choking. There was no further assessment or guidance of what food would be appropriate for the person to eat.

People were put at risk as there was a lack of guidance to support a person to eat and drink safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People received an assessment of their needs prior to using the service.
- For one person the assessment process did not capture important information in relation to safe moving and handling and keeping the person safe from harm.
- Assessments now included an assessment of medicines support.
- Relatives confirmed an assessment had taken place and staff confirmed they had been able to read assessments before providing care to people.

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.

● People had their capacity assessed as part of the assessment of needs.
● Assessment considered if people had the capacity to make decisions including to give consent to personal care.
● Where people did not have capacity, consent was given by a person who held responsibility for decision making such as a Power of Attorney.

Staff support: induction, training, skills and experience
● Staff received training to enhance their knowledge and job role
● Staff told us, "I had an induction. I received regular training and had the opportunity to shadow other staff members.".
● Staff received regular supervision, appraisal and spot checks from the management team. Supervision records did not include an agenda item in relation to the COVID-19 pandemic. We recommend a COVID-19 agenda item is added to allow staff the opportunity to ask questions or seek further guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The provider worked with other professionals such as social workers and district nurses to provide consistent and timely care to the people they supported.
● Relatives told us any concerns were reported to themselves or the appropriate health professional when required.

Inadequate

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 Inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
At the last inspection the provider did not demonstrate they understood the requirements of the legislation for the safe recruitment of staff or followed safe recruitment processes. This was a continued breach of regulation 17 (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 17

● In previous inspections, we had highlighted unsafe practices in the recruitment of staff by the provider. At this inspection, we continued to raise concerns about the appropriateness of references for new employees and the provider had not understood the requirements to make every effort to gather all available information to confirm that the new employee was of good character.
● References were given to new employees by registered manager two in the capacity of friend or family member and this went against the providers policy of obtaining two work related references. In addition, references were given for new employees by other staff employed by the provider. This meant references obtained could be more favourable and not be impartial.
● References has not been verified, this meant we could not be assured the source of the reference was legitimate.
● The management team was completing assessments of staff's ability to move and handle without themselves being competently trained to do so. We had raised this at previous inspections and no additional training had been sought to enhance the training of the management team.
● Lack of robust risk assessing and guidance for staff to safely support people had been highlighted in previous inspections and the provider had failed to improve on this which put people and staff at risk of unsafe care.
● Audits were in place to monitor and improve the service, however, the audits had not identified what we found during the inspection.
How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood their responsibility for the duty of candour, however, during the inspection, they had not been open and transparent about the care required to keep someone safe.
● When reviewing the care of a person with complex needs, the provider told us the person was cared for in bed. On reviewing the care records for this person and speaking with staff and relative, it was clear the person was not cared for in bed and there was a lack of guidance to support staff to safely support the

person.
● Prior to the last inspection, we found the provider was not displaying the correct Care Quality Commission report on their website. At this inspection, the provider continued to display the incorrect report on their website.

The provider had not improved enough following previous inspections which had highlighted unsafe recruitment and risks to people who use the service. The provider had not ensured they were being open and transparent and was not displaying the most up to date inspection rating on their website. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff received regular supervision and were able to attend staff meetings.
● The management team often completed supervision of their own relatives and friends. This meant supervision was not always impartial or objective.
● Feedback was received from people using the service which was positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others
● Relatives we spoke with told us they were able to share feedback about the service to the provider and found they could raise any concerns they had.
● Staff told us, "I am well supported, they are a good company."