

BYS Care & Training Services Ltd

# BYS Care & Training Services

## Inspection report

108 Osram House  
Eastlane Business Park  
Wembley  
HA9 7NG

Date of inspection visit:  
18 February 2020

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

BYS Care & Training Service is a domiciliary care agency which provides care in people's homes to people with learning disabilities, younger adults and older people. At the time of our inspection the service was providing personal care and support to 4 people. 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 first registered with the CQC in April 2019. This inspection on 18 February 2020 was the first inspection for the service.

### People's experience of using this service:

One person who received care from the service and relatives told us they were satisfied with the level of care provided by the service. The registered manager oversaw a service which provided good quality care which was safe, effective, caring, responsive and well led.

Systems were in place to help ensure people were protected from the risk of abuse. Staff were aware of the process for identifying concerns and said that they would report their concerns to the registered manager.

Risks associated with people's care were assessed and effectively reduced. People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection.

Staff received appropriate training and support in their role. They treated people with dignity and respect.

People received care that identified positive outcomes and how these could be met. People were involved in planning and reviewing their care.

People received consistency in the level of care they received. They received care from the same care staff and this ensured staff knew people well and could build positive relationships.

Care support plans were person centred and individualised.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager demonstrated compassion and commitment to the needs of the people as well as the staff who worked for the service. The registered manager promoted transparent communication, honesty and was approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The service was first registered with the CQC in April 2019. This inspection on 18 February 2020 was the first inspection for the service.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with the CQC'S scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we received about the service until we return to visit as per our re-inspection programme. If any concerning information was received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our responsive findings below.

**Good** ●

# BYS Care & Training Services

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one adult social care inspector.

**Service and service type:** BYS Care & Training Service is a domiciliary care service which is registered to provide personal care and support to people living in their own home.

The service had a manager registered with the 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. The registered manager was also the owner of the agency.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because we wanted to make sure the registered manager was available on the day of our inspection.

Inspection activity started on 18 February 2020 and ended on 25 February 2020.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service. This included information about incidents the provider must notify us of, such as any allegations of abuse.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We visited the office location on 18 February 2020 to see the registered manager and review a range of records which included people's care records, staff files in relation to recruitment and staff training, incident and accident records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks.

#### After the inspection

We spoke with one person who received care from the service and two relatives about their experiences of the service. We also spoke with two care staff.

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments, training data, punctuality and attendance records, policies and quality assurance records.

# Is the service safe?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person who used the service told us they felt safe when care staff were in their home and providing care. This person said, "I feel very comfortable around [care staff] and feel safe." Relatives we spoke with confirmed this. One relative told us, "Yes, I am sure [my relative] is safe. [My relative] is so relaxed and so comfortable."
- The service had relevant policies in place, including safeguarding and whistleblowing policies. These detailed the process for reporting concerns. We discussed the safeguarding and whistleblowing procedures with the registered manager. She was aware of her responsibility to report such allegations and concerns to the local authority safeguarding team and the CQC.
- Care staff had completed safeguarding training. Staff we spoke with were clear about the importance of their role in safeguarding people and said if they had concerns about people's safety they would report their concerns immediately to the registered manager. They were confident that the registered manager would respond immediately.

Assessing risk, safety monitoring and management

- The service had assessed different risks people faced and completed risk assessments which included a plan for staff to follow to minimise the risks. Risk assessments covered risks associated with the environment, use of mobility equipment, transfers and falls. Risk assessments also included details of control measures in place to reduce the possibility of the potential risk occurring. For easy reference, people's care records also included a risk analysis document which provided a summary of potential risks and controls in place.
- We noted that three people were diabetic and there was a fact sheet in their care plan which provided details about diabetes. However, there was not a risk assessment in place to specifically cover diabetes. We discussed this with the registered manager. Following the inspection, the registered manager completed a diabetes risk assessment for each person who required one. The risk assessment was comprehensive and included details of prevention methods, guidance for staff on how to recognise symptoms and what action to take in the event that the risk occurs.
- Care staff we spoke with were aware they needed to report any concerns relating to people's safety to the registered manager. They told us that they would not hesitate to do this and were confident that the registered manager would take appropriate action.

Staffing and recruitment

- Staff records showed recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from

working with vulnerable adults.

- The registered manager told us that at present the service had sufficient staff to support people safely and in a timely manner.
- One person and relatives told us there were no issues with regards to care worker's punctuality and attendance. One person said, "They are on time. There are no issues with timing." One relative said, "They arrive on time and stay for the duration of the visit."
- The service used an electronic monitoring system where staff logged when they arrived at a person's home on an app on their phone to indicate when they arrived at a person's home and when they left. The registered manager explained that this enabled the service to monitor staff punctuality and ensure staff stayed for the duration of the visit.
- We looked at a sample of call logs for February 2020 and noted that there were no issues with punctuality and attendance.

Using medicines safely

- The registered manager confirmed that at the time of the inspection, the service did not administer medicines to people. As a result of this, we did not look at how the service managed medicines as part of this inspection.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Staff had completed training in infection control prevention. This helped them to follow good hygiene practices during care and support.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- The service had a system in place for managing accidents and incidents to reduce the risk of them reoccurring. There was an accident/incident form in place. The registered manager confirmed that there had not been any accidents or incidents since the service started operating.
- The registered manager told us she would analyse accident and incidents to consider lessons learnt and reduce reoccurrence. This would then be discussed with staff at team meetings to ensure lessons were learnt so that this reduced the risk of similar incidents and accidents occurring in the future.



# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff and this was confirmed by one person and relatives we spoke with. One person told us, "Care staff are brilliant. They attend to my needs and do things to perfection." One relative said, "[Care staff] are respectful of [my relative's] needs. It has been such a positive change to [my relative]. [My relative] is much better [since receiving care from the agency]."
- Newly employed staff received training and an induction to the service. They also shadowed experienced colleagues before they started supporting people independently.
- Staff had completed mandatory training, which covered a range of areas, including food hygiene, infection control, health and safety, safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA). The training was provided by the registered manager who had received a qualification to provide the training. The registered manager provided classroom-based training and told us, "You can't ask the computer a question, a computer cannot alter a service user's needs. When you do face to face training you can tailor training to meet the needs of the person."
- Staff were supported through regular spot checks of their performance and supervisions to discuss their performance.

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

- Records showed that people's needs were assessed at the start of the care package to ensure the service was able to meet people's needs. Information gathered during the assessment meeting had been used to formulate individual plans of care for people.
- Care support plans included details of people's individual needs, their goals and action required by staff to help support people to meet their needs.
- Staff completed notes for each visit, recording the care and support provided to help the service track and review people's progress.
- One person who used the service and relatives told us they had been involved and consulted during the assessment process. People's care needs, and personal preferences had been discussed with them before they started receiving care from the service.

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

- At the time of the inspection, the service assisted one person with eating and drinking and this was documented in their care plan. We spoke with this person about this aspect of their care and they told us they were satisfied and happy with the support they received from care staff.
- We spoke with the registered manager about how the service monitored people's health and nutrition. She said that if she had concerns about a person's weight, she would contact all relevant stakeholders,

including the GP, social services and next of kin.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access the healthcare services they needed.
- People's healthcare needs were mostly dealt with by the person's family. However, care staff said they would contact emergency services if the person was seriously unwell.
- Records showed that the registered manager had contact with community healthcare and social care professionals about people's needs.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training and understood the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- People's care records included a mental capacity assessment which included details of whether a person was able to express their views and if relatives were involved.
- People had signed their care records to indicate their consent to the care provided.
- Care staff were aware of the importance of ensuring people were able to make their own decisions as much as possible. They told us that they always ensured people were given a choice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This was the first inspection for this newly registered service. This key question has been rated good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person who received care from the service and relatives told us that people were treated well and with respect when being cared for by care staff. One person said, "They are respectful and caring and treat me like a family member." One relative said, "[Care staff] are very caring. The service is very caring. It has changed our life."
- The service treated people's values, beliefs and cultures with respect. There were practical provisions for people's differences to be observed. For example, provisions had been made to support people's diversity, and this included gender preferences.
- People's personal relationships, beliefs, likes and wishes were recorded in their care support plans. People's cultural choices were respected, and the registered manager was knowledgeable about these and knew how to support people to meet these needs.
- The registered manager promoted an inclusive culture within the service that respected people's rights, equality and diversity. The assessment processes took into account considerations of people's protected characteristics as identified in The Equality Act 2010. This helped to ensure the diversity of people's needs was reflected in the delivery of care. People and staff were matched according to their individual preferences.

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

- The registered manager and care staff we spoke with were aware of the importance of seeking consent from the people they supported so that they received support that provided maximum choice and independence. The service had policies and systems in the service that supported this practice.
- People's care plans contained information about people's preferred ways of communication and how staff should support them to help express their views and make their needs known.
- People and relatives we spoke with told us that people had been consulted with about their care arrangements and had agreed them with the registered manager that were at suitable times.
- People's care records contained key information about their care. This included their likes and dislikes, interests, and language. We noted that some people's care records contained more information than others in respect of people's interests and cultural requirements and we raised this with the registered manager. She advised that she would ensure all care records included detailed information.

Respecting and promoting people's privacy, dignity and independence

- One person we spoke with told us they were treated with dignity and respect. Relatives we spoke with told us that people were respected and they had no concerns in respect of this.
- The registered manager was aware of the importance of ensuring people were given a choice and

promoting their independence. They were aware of the importance of respecting people's privacy and maintaining their dignity.

- Daily logs demonstrated that people undertook tasks with sensitivity and care.
- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in the office and, electronically. Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Referral documentation included detailed information about people's medical conditions and the support they required.
- Care plans viewed were person centred and holistic. They were comprehensive and were reviewed when people's needs had changed. They gave clear guidance for staff on how people's needs should be met.
- Care plans included a plan which outlined the support they needed with various aspects of their daily life. They also contained information about people's past, previous interests and occupations. This information assisted care staff to understand people's individual's needs so that they could provide appropriate care and have meaningful conversations with them.
- We viewed completed daily records and noted that staff wrote information that detailed the person's state of health and wellbeing, and their ongoing progress.
- One person and relatives told us there was a copy of their care plan in homes.
- People received consistency in the level of care they received and received care from regular care staff.

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.

- Care plans captured people's communication needs and provided information about how staff can best communicate with people.
- One person and relatives we spoke with told us staff communicated well with them.
- The registered manager explained that if people required information to be presented in different formats, the service was able to do this.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place which explained the process for reporting a complaint.
- The service had not received any formal complaints since the service registered with the CQC. Staff we spoke with were aware that they needed to report to the registered manager any complaints and concerns about the service that were brought to their attention by people using the service, people's relatives or others.
- The registered manager explained that she encouraged people to speak with her if they had any concerns and that there was an open-door policy so that people could speak with her at anytime. This was confirmed by one person and relatives and care staff we spoke with.

## End of life care and support

- At the time of our inspection the service did not provide end of life care to people.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This was the first inspection for this newly registered service. This key question has been rated good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service planned and promoted person-centred care for people. One person and relatives we spoke with felt the service provided a personalised care that met people's needs appropriately.
- Staff had been trained so that they had skills, knowledge and experience to provide effective care.
- The registered manager was aware of their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. There was evidence the registered manager had transparent conversations with health and social care professionals where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The service was set up in a way that promoted good quality care. Care staff we spoke with spoke positively about how the service was operating.
- The registered manager was aware of her regulatory responsibilities and was committed to providing a safe, caring, effective and responsive service to people. The registered manager was clear about her role and had the skills, knowledge and experience to lead the service.
- We observed that the service was well organised. Staff were clear about what was expected from them and this was detailed in their job descriptions.
- There was a communication log for each person which enabled staff to record important information and messages for other staff. The registered manager explained that this ensured people received continuity of care by ensuring staff had up to date information.
- The registered manager explained that the aim of the service was to provide a personalised service that met people's individual needs and whilst the service aimed to grow, she would do this in a responsible manner ensuring care remained personalised.
- Systems were in place to monitor and improve the quality of the service. The registered manager undertook a range of audits of the quality of the service in order to improve the service.
- The registered manager also carried out spot checks to assess staff performance when assisting people with personal care in the person's home.

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

- There was a positive and open culture at the service.
- Staff told us morale was high and there was good communication with the registered manager. One member of staff told us, "It is really good here. The support from [the registered manager] is very good. She is very nice. She is very understanding. Communication is very good." Another member of staff said, "Communication is perfect. I have no complaints. I have all the information I need. The agency is running well."
- The registered manager held monthly meetings with care staff and we saw documented evidence of this. Care staff told us that they received up to date information and were able to openly share information and concerns at these meetings. One care staff said, "Staff meetings are helpful. [The registered manager] gives us updates and new information."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People were regularly asked about their satisfaction with the care they received. The registered manager carried out quality monitoring which included telephone calls to people and relatives and home visits. This enabled the registered manager to consistently monitor people's experience and take immediate action if an issues were identified. The registered manager confirmed that they carried out a satisfaction survey. We noted the feedback obtained was positive.
- The registered manager had established positive working relationships with stakeholders associated with people's care. For example, the registered manager contacted social workers to raise concerns about people's health.