

BWA Health & Care Services Ltd

# Blay Domiciliary Services

## Inspection report

Rowan House  
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Date of inspection visit:  
11 February 2020  
12 February 2020  
27 February 2020

Date of publication:  
29 April 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Blay Domiciliary Services is a domiciliary care service. At the time of the inspection they were providing personal care to 75 people who lived in their own homes. CQC only inspects where people receive personal care. Personal care is help with care related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided. The domiciliary care service operated from the provider's office in Derby.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive ways possible and in their best interests. The policies and systems in the service did not support this practice. The provider had not trained or checked staff competency on the Mental Capacity Act and how it related to the people they cared for.

Statutory notifications had not been submitted as required. Notifications are changes, events or incidents that providers must tell us about. The provider had not submitted these for allegations of abuse in a timely manner.

People received safe care and the provider had assessed and acted to reduce risks to people. Staff had been trained and understood how to report safeguarding concerns to help prevent people experiencing harm. The management team had an overview of staff deployment at all times. This helped them to respond and coordinate staff to ensure people's care was provided in a timely manner. The provider had completed checks on staff as part of their recruitment process; these checks helped the provider recruit staff who were appropriate for the job role. The provider had processes in place for staff to follow to help ensure the safe management of medicines and the effective prevention and control of infection. The service identified learning from any incidents to help it improve.

Assessments had been completed on people's health and care needs. Staff had been trained in most areas relevant to people's needs and the provider had systems in place to check staffs' competency and understanding. People's nutritional and hydration needs were met. The service worked with other health and social care professionals to ensure people received effective care.

Staff were friendly and caring to people. People were involved in their care and this was promoted by the provider's systems and processes. Staff worked to promote people's dignity and independence and treated people respectfully.

People experienced responsive and personalised care. The provider regularly reviewed people's care with them to ensure it remained responsive to their needs. People's communication needs were assessed and met. Complaints had been investigated thoroughly and openly; any lessons learnt had been identified.

The provider's governance systems were not always effective. This was because they had not ensured staff were trained and had their competence checked in the MCA and had failed to submit notifications in a timely manner.

The provider had checked on people's satisfaction with their care and checked that care was safe and delivered in line with the provider's expectations. Where shortfalls were identified, the provider had taken steps to ensure the service improved. People and staff felt involved and listened to; they felt the management team were open and approachable.

We have identified a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the principles of the MCA had not been followed when people lacked the capacity to consent to their care. We identified a breach of regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registration) Regulations 2009. This was because statutory notifications had not been submitted as required. We have made a recommendation around quality assurance and governance arrangements to support continuous learning and improvements.

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 last rating for this service was Good. (published 23 August 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of the report.

#### Follow up

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?

Good ●

The service was 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 section below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Blay Domiciliary 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. 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 included one inspector and one 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

Blay Domiciliary Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection 75 people were supported with personal care.

The service had a manager 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. The registered manager was not present for the inspection; the operations manager acted in her absence.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that senior staff would be in the office to support the inspection.

Inspection activity started on 11 February 2020 and ended on 27 February 2020. We visited the office location on 11 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service. We received feedback from partner agencies and professionals. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the

service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided, and six relatives whose family members used the service. We spoke with the operations manager, a client area manager and team leader and the accounts manager. We spoke with three members of care staff and one team leader by telephone.

We reviewed a range of records. This included three people's care records and a selection of medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance processes were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further documentation on the MCA, staff training, medicines and policies sent to us by the operations manager.

# 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 question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff provided. One person told us, "Yes, I feel very safe with them." Another person told us, "Staff make sure I'm safe and wash my hair and they wash the bits I can't reach safely."
- Staff told us, and records confirmed they had been trained in safeguarding procedures. Staff told us how they would report any safeguarding concerns if they had any. The provider had completed checks on staffs' competency and knowledge in safeguarding. This helped to ensure people were kept safe and protected from avoidable harm.
- Records showed the provider took action to investigate allegations of abuse and worked with the local authority to do so.

Assessing risk, safety monitoring and management

- Risks were identified and assessed, and actions to reduce known risks had been included in care plans for staff to follow. For example, what methods and equipment staff were to use when assisting a person to move safely.
- People told us they felt staff promoted their safety and managed any known risks well. One relative told us, "[Family member] has had no falls or injuries with [Blay Domiciliary Services], and the staff work well with the nurses to keep them free of bed sores. [Family member] sometimes had leg ulcers but they are now clear, and they have had the odd urinary tract infection, but not now. Staff also make sure she has plenty to drink."
- Staff told us risks to them during their work were well managed. A system was in place to monitor where staff were, and this was checked to ensure staff were home safely after calls. Risk assessments were in place for staff working in people's own homes to identify and reduce risks.

Staffing and recruitment

- Recruitment processes were followed. Staff told us, and records confirmed the provider completed pre-employment recruitment checks. These included references from previous employment as well as checks on any criminal records. The provider reviewed this information and used it to make judgements about whether prospective staff were suitable for the job role.
- People thought there were enough staff employed and no-one told us they had experienced a missed call. Whilst some people commented calls would sometimes be later than planned, this was not by long and there would be an explanation. One person explained, "Staff are very reliable, sometimes they are late. I phone them, or they phone me; it's only a few minutes, it's never too long."

- Staff shared the view there were enough staff to ensure people experienced no missed calls. However, staff also felt there were certain times, such as school holidays where covering colleagues' annual leave created more pressure. Staff told us they still managed to cover people's calls during these times. Records showed the provider discussed pressures on staffing, such as from sickness absence and looked at ways to ensure continuity of care to people. The management team had an overview of staff deployment at any time and were able to respond and coordinate staff to ensure care calls were provided in a timely manner.

#### Using medicines safely

- Medicines administration record (MAR) charts showed people received their medicines as prescribed. When people required prescribed creams, there were sufficient instructions for staff to how and where to apply these. Medicines audits had been completed, and these checked to ensure medicines care was provided in line with the providers policies and procedures.
- Where people required care to help them with their medicines this was included in a care plan for staff to follow. One relative told us, "Staff do [family members] tablets and medication and put it on a chart for us to check."
- Staff told us, and records confirmed they had been trained to administer medicines safely and had had their competence to do so checked.

#### Preventing and controlling infection

- People were satisfied with the actions staff took to help prevent and control infections, including hand washing and wearing any protective equipment, such as gloves and aprons. A relative told us, "Staff use gloves and an apron. [Family member] is free of infection, they've had one just once, it was a couple of years ago. Staff are helping to keep them free of infection. Staff also use shoe covers."
- Records showed staff had received training in infection control and food hygiene. This helped to ensure staff provided care in line with infection prevention and control guidance.

#### Learning lessons when things go wrong

- Staff told us, and records confirmed accidents, incidents and near misses were reported. The provider was able to demonstrate what actions had been taken following any reported incidents to ensure people's safety and manage risks. This showed lessons were learnt when things had gone wrong.



# 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 Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Staff support: induction, training, skills and experience

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- We reviewed two people's care records where the provider had recorded they were unable to make decisions due to their mental capacity, and that all decisions would be taken by their relative. However, for one person, records did not show, nor could the provider confirm that the relative had legal authorisation to make decisions on behalf of this person. For the second person, records stated a relative held legal authorisation, but there were no details of what that covered. The provider had not satisfied themselves that relatives held appropriate legal authorisation for any care related decision making.
- Despite the provider having policies and procedures in place for the MCA, there were no mental capacity assessments or best interest decision making recorded for these people's care and treatment. The provider told us where people lacked capacity they would liaise with the local authority or relatives and they would take the lead in decision making.
- The provider had not provided training to staff or checked their competency on the MCA. They told us they provided training on delirium and behaviours that challenged for people who lacked mental capacity. The provider was not fulfilling the requirements of the MCA.

The provider had failed to act in accordance with the requirements of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other training relevant to people's health and care needs had been provided to staff. This included, managing medicines, health and safety and moving and handling. Staff told us they completed an induction period and went out with more experienced members of staff before they were asked to work on their own. One relative told us, "The staff seem well trained and they sometimes have a shadow trainee with them, but there's always at least one regular [member of staff]."
- Staff told us, and records confirmed checks were made on their competence and knowledge in their job role. Where staff required specific skills, they had attended training with local hospital teams.
- Staff had the opportunity to review their work, performance and training needs with a manager. Records showed the provider had acted to address shortfalls in staff performance through supervision.

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

- Assessments were in place to cover people's healthcare and well-being needs, for example details of any equipment people required to safely mobilise.
- Details of what care people required at each care call had been planned and assessed.
- Changes had been made to assessments of people's care needs when required to help ensure their care was effective.

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

- Where people received care with their meals, they told us this was done well. They said food was well prepared, nicely presented and staff tidied up afterwards.
- Care plans were in place for people's nutritional needs when this care was provided. These provided guidance to staff to ask people what they would like and reflected any preferences. For example, when a person preferred breakfast on a tray on their lap. Risk assessments had been completed to help identify any risks such as swallowing difficulties.
- Staff told us how they promoted people's choices when they provided meal care. For example, by offering choices of frozen meals, or by working with relatives who had made meals ready to heat up in the fridge. Staff also told us they ensured people were helped to have enough to drink. One staff member told us, "If a person says they don't want anything to eat or drink, I will prompt them, or leave things for them."

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

- People consistently told us staff worked effectively to promote their health and well-being. They gave examples of how staff would alert them to any medical or health concerns and would arrange for them to see a doctor if required. One relative told us of when staff had called an ambulance when their family member required one.
- Records showed care staff had worked with other agencies to ensure effective care for people. For example, care plans prompted staff to check people were wearing their pendant alarms, so they could request emergency assistance if needed.
- The provider liaised with the commissioners of people's care when required to ensure effective outcomes. One social care professional told us they had always received a quick prompt to any issues.

# 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 told us care staff were friendly and caring. One person said, "Staff are polite and respectful, I mainly have regular staff who I know. They help me and listen if I'm worried about things." Another person told us, "Staff are all polite and friendly and some chat to me; I ask them about their families and they tell me how they are getting on."
- The provider assessed how sensitive and pleasant staff were with people. The provider's assessment processes checked whether people had any equality and diversity needs and how these were to be met. This helped ensure people were well-treated.
- Staff spoke warmly about the people they cared for. Staff understood people's equality and diversity needs, such as those relating to their faith and told us how those were met.

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

- People told us they felt involved in their care. One person told us, "Staff are very considerate; they do what I ask, and they check with me before doing things or going around."
- The provider's processes supported people's involvement in their care. For example, the provider checked people were satisfied and felt consulted about their care needs. Their results showed people had replied positively to this question. One person told us, "Staff had to put [care] into place very quickly but now they check it all with me all the time and I am fully agreeable and it's ok with the care plan."
- Care plans showed people had been asked about their care needs and their views and preferences had been identified. People were familiar with their care plans. One person told us, "We can change the care plan." Another person told us, "I've used them for a good few years. I do have a care plan, I know and have agreed it. I'm not sure how often they review it, once a year or something like that. Yes, I think they do listen to me."

Respecting and promoting people's privacy, dignity and independence

- The provider observed staff competence and checked to ensure staff treated people with dignity and promoted people's right to choose.
- People told us staff were respectful of their privacy and dignity and promoted their independence. One person told us, "Staff help me with dignity. I can say I am more relaxed now."
- Staff told us of how they provided care with dignity. One staff member told us, "With personal care, it's about meeting people's needs and choices. If the person is in bed in the bedroom, we close curtains and

doors, we use towels to cover people, we don't expose people unnecessarily. We treat people the way we would want ourselves or our parents to be treated."

- Care plans identified what care people required, and what people could do themselves. This helped to promote people's independence. One staff member told us, "[To promote people's] independence, we encourage people to do more, we find different ways to encourage, we keep trying."

# 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 now improved to Good.

This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and contained information about what was important to people. One staff member told us, "Care plans do have details about the person, who they are, where they worked. Some people decline to fill this in, but some do. [They tell us] if they are married, have children, what makes them happy; one lady likes to watch comedy." This helped staff understand more about the person they were caring for.
- People told us they could make changes to their care plans when needed and these were kept under review. One person told us, "Staff do a review each year and they do take it seriously." Records showed care plans had been regularly reviewed with people.

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.

- Communication needs were assessed, and the assessment process identified if any communication aids were required. Staff told us how they worked with people to support any communication needs they had.

Improving care quality in response to complaints or concerns

- The provider had invested in a call monitoring system. This enabled them to monitor call times, ensure all calls were completed and make interventions in a timely manner to minimise late calls when necessary. People's feedback on call times was positive.
- The provider had a complaints process, and this was followed when people had raised any issues or complaints. This helped to ensure complaints were managed and resolved. We saw the provider had made changes in response to people's feedback to improve their service. No-one we spoke with told us they had needed to make a complaint. One person told us, "There's no improvements needed for me."
- Compliments about the service had been received. These had been shared with staff to help re-enforce good practice.

End of life care and support

- No one was receiving end of life care at the time of this inspection. The management team told us assessment processes were in place to provide this care should it be required. Records showed these were

in place.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- No statutory notifications had been submitted by the provider for this location. Notifications are changes, events or incidents that providers must tell us about. The management team told us they had responded directly to the local authority over any safeguarding referrals and investigations. However, they had not submitted statutory notifications to CQC for when these allegations of abuse had been raised. Following our inspection, the provider notified us of two incidents of allegations of abuse; these occurred prior to our inspection and we had not been notified in a timely manner as required.

The provider failed to notify us of incidents. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The provider's quality assurance systems had not always identified shortfalls and when improvements were needed. For example, the lack of assurances around legal authorisations for decisions when people lacked the mental capacity to do so, the lack of MCA training and competency checks and statutory notifications not sent in a timely manner.

We recommend the provider seeks advice from a reputable source around quality assurance and governance arrangements to support continuous learning and improvements.

- The provider completed checks on the quality and safety of services; this included checks to ensure people were satisfied with their care. Where shortfalls had been found, actions had been taken to make improvements.
- Policies and procedures were in place to help support the good governance of the service.
- The management team held regular discussions on staffs' job roles to help ensure all members of staff including the management team were clear on their role and responsibilities.
- The provider had used their quality assurance checks, assessments of staffs' competence and people's feedback to help continuously improve the service.
- Learning from accidents and incidents was identified and actions taken to make improvements and reduce future risks.

- Staff worked with a range of health care professionals to help achieve good healthcare outcomes for people.

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

- People were involved in assessments and reviews of their care. The provider kept in regular contact with people as well as providing a regular newsletter. People told us they could easily contact the office and speak with staff if they needed to.
- Staff had meetings to discuss their work in teams; they told us these were helpful. Staff told us they thought their views and opinions were listened to.
- People had the opportunity to discuss any needs associated with equality characteristics as part of the assessment process. For instance, if people wanted to discuss how aspects of care would be provided in line with their faith.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team understood the duty of candour and had dealt with any investigations openly and transparently.
- People's feedback formed part of their assessment and care planning; the provider was committed to putting people at the centre of their care and support. This supported a person-centred culture at the service.



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 18 Registration Regulations 2009 Notifications of other incidents  Statutory notifications had not always been submitted in a timely manner as required. 18(e)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The principles of the MCA had not been followed.