

BWA Health & Care Services Ltd

Blay Domiciliary Services

Inspection report

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Date of inspection visit:
08 June 2022

Date of publication:
18 July 2022

Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Blay Domiciliary Services is a domiciliary care service. It provides care for people living in their own homes. CQC regulates the personal care and support. There were 65 people who received personal care 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

At the last inspection the principles of the Mental Capacity Act (MCA) had not been followed when people lacked the capacity to consent to their care. We saw that improvements had been made and where people lacked capacity to consent an assessment had been completed. However, further improvements were needed to ensure assessments were decision specific.

At the last inspection there was insufficient information to show relatives held appropriate legal authorisation for any care related decision making. This had now been addressed and clear documentation was in place to evidence where relatives held legal authorisation. This included details of what the authorisation covered.

Staff received training on how to protect people from abuse and knew the procedure to follow to report concerns. People and their family members spoke highly of the staff and management team. People told us staff were polite, caring and friendly towards them. Systems and processes were in place to support people's safety. People's needs, including their safety in relation to care were assessed and monitored.

Where people were supported with their medicines these were managed safely. Medicines were administered by staff that had received training and had their competency to administer medicines assessed.

People received support from staff that had undergone recruitment checks. Staff worked within the providers policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

Quality monitoring was undertaken and kept under review by the provider to drive improvement. The views of people and their relatives were sought including involvement in decisions relating to their care.

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 29

April 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has improved to good.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 findings below.

Is the service well-led?

Good ●

The service was 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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection. This was because we needed to be sure that a member of the management team would be in the office to support the inspection. Inspection activity started on 8 June 2020 and ended on 21 June 2020. We visited the office location on 8 June 2020.

What we did before the inspection

We did not ask the provider to send us a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the registered manager the opportunity to share information they felt relevant with us at this inspection.

The inspection was informed by other information we had received from and about the service. This

included feedback from the local authority and notifications from the provider. A notification is information about important events, which the provider is required to send us by law.

During the inspection

We looked at four people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We spoke with one person that used the service and contacted four people's relatives to get their views of the service. We also received feedback from four staff that worked at the service and the operations manager. The registered manager was not available at the time of the inspection.

After the inspection

We asked the operations manager to email copies of the audits they undertook so that we could see how the provider monitored the service to drive improvements. They sent this to us within the required timeframe.

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Records showed the provider had made safeguarding referrals to the local authority.
- People told us they felt safe with the staff and confirmed that staff respected their homes and promoted their safety. One person said, "Staff are lovely and always check I am happy with the care they provide."
- Care staff told us they received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns to the management team. Staff were also able to explain what whistleblowing meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

Assessing risk, safety monitoring and management

- People's health and care needs were assessed, and care plans were in place so that staff had guidance on how to meet people's needs. Risk assessments were completed to help ensure care was provided in a way that reduced risks to the person and staff.
- Staff had access to people's care plans and risk assessments and confirmed they read through these before providing care to any new people. Staff said they had the correct information on people's needs to be able to provide people with safe care.
- People and their relatives confirmed they had a copy of their care package within their homes which included care plans and risk assessments.

Staffing and recruitment

- There were enough staff to meet people's needs. The operations manager confirmed that earlier in the year there had been some staffing issues due to the pandemic but confirmed that this had now been resolved. People we spoke with confirmed there had been some issues during this period and said that this had improved in recent months.
- Pre-employment checks had been made before staff worked with people. These included reference checks and criminal records checks. These checks helped the provider make informed decisions as to the suitability of staff.
- People and their relatives confirmed that they mainly received care from a regular team of staff. Some people told us that they would like a rota so that they knew each day who would be supporting them. One person said, "We used to have a rota before the pandemic, it would be nice to have one again." We fed this back to the operations manager.

Using medicines safely

- Where staff helped people with their medicines people told us this was managed well.
- Staff recorded when medicines had been administered, or when appropriate, if medicines were not required or refused on the medicines administration record (MAR) charts.
- Staff confirmed that they received training for medicines management.
- Recent audits of medicines had been completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- People told us that staff followed guidelines to reduce the risk from infection transmission. One person told us, "The staff wear their PPE."
- Staff confirmed they had supplies of PPE and completed testing for COVID-19 following the government guidelines. This meant the risks from infection transmission was reduced.

Learning lessons when things go wrong

- The operations manager was able to show that monitoring and audits had assisted them in identifying areas for improvement. For example, they had identified in their complaints audit that carers names were to be included in the report, so that any patterns could be easily identified. This helped them to take action to ensure people received the support they needed.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

- People's mental capacity had been considered but further work was needed to ensure capacity assessments were decision specific. However, we saw sufficient improvement had been made to confirm the provider was no longer in breach of this regulation.
- Where a relative held legal authorisation for a person, this was recorded and detailed what was covered.
- People and their representatives were consulted and involved in their care and treatment.
- Since the last inspection care staff had received training on the mental capacity act and the deprivation of liberty safeguards. Staff we spoke with understood how to support people with various degrees of capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's abilities and the support they required was assessed prior to them using the service. This was to ensure they could be supported safely, and their needs could be met.

- Assessments were in place for people's health and support needs and these were kept under review and updated to reflect any changes.
- Most people did not require staff to support them to access a range of health care professionals but if this was needed it was included in their care plan.

Staff support: induction, training, skills and experience

- Training records showed that staff were provided with ongoing training and staff confirmed training was provided to them.
- Staff told us they received ongoing support through supervision and appraisal. This provided staff with an opportunity to discuss their training and development requirements.

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

- Where needed people were supported with their meals and drinks and told us they were happy with the support they received from staff.
- People's nutritional requirements and preferences had been assessed when support was provided.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection no statutory notifications had been submitted by the provider. Notifications are changes, events or incidents that providers must tell us about by law. Since the last inspection the provider had submitted statutory notification to ensure CQC were made aware of reportable incidents or events at the service.
- Audits undertaken such as medicine management, complaints, staff training and infection, prevention and control identified areas for improvement.
- The management team shared their knowledge with staff through staff meetings, supervisions, handovers and communications.
- Staff were clear about their roles and responsibilities and felt listened to, valued and supported.

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

- Surveys to collate feedback from people, relatives and staff were undertaken and we saw any actions identified were addressed.
- People and their relatives told us that communication with the management team was good and any areas that needed improvement were addressed. For example, if call times had not been suitable or consistent, these had been addressed.
- Staff confirmed that meetings took place on a regular basis which they found informative and gave them an opportunity to give their views.
- The provider was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things

go wrong with care and treatment.

Continuous learning and improving care; Working in partnership with others

- The management team supported staff to develop their skills and abilities to improve people's experience of receiving care. Staff told us training they received helped them in providing care to the people they supported.
- The provider and registered manager worked with commissioners and the local authority to ensure people remained safe.