Care Quality Commission

BM Care Management Solutions Ltd

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Inspection report

Hill Top Works
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Tel: 01455846343

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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

The inspection visit took place on 28 November 2016 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

At our last inspection on 16 March 2015, we asked the provider to take action to make improvements to their procedures for monitoring and improving the service. This action has been completed.

BM Care Management Solutions is a home care agency based in Earl Shilton in Leicestershire. It supports people who live in their own homes. At the time of our inspection six people used the service.

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

People who used the service were safe. They told us they felt comfortable with and trusted the care workers who supported them. Staff were recruited under procedures that ensured only people suited to work at the service were employed. Staff understood and applied their responsibilities for protecting people from abuse and avoidable harm. They advised people about how to keep safe in their homes.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

Enough suitably skilled and knowledgeable care workers were deployed to meet the needs of the people using the service. Care workers regularly supported the same people and therefore understood their needs.

People were supported to take their medicines at the right times by staff that were trained in medicines management.

Care workers were supported through supervision and training. People who used the service told us told us they felt staff were well trained and competent.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights.

Staff supported people to have meals. They also supported people to access health services when they needed them.

People were involved in decisions about their care and support. They received the information they needed about the service and about how the service could support them.

People told us they were treated with dignity and respect. The registered manager actively promoted values of compassion and kindness in the service and care workers shared those values.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. When people expressed preferences about their care and support these were acted upon by the service.

The provider had effective arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. The quality assurance procedures were used to identify and implement improvements to people's experience of the service.

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.

Staff understood and put into practice their responsibilities for protecting people from abuse and avoidable harm.

Staff underwent a recruitment process that ensured as far as possible that only people suited to work for the service were recruited. Suitably skilled and knowledgeable staff were deployed to meet the needs of people using the service.

People were supported to take their medicines by staff that were trained in the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision, appraisal and training and were supported to study for further qualifications in health and social care.

Staff understood their responsibilities under the Mental Capacity Act 2005. They ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff supported people with their meals.

Staff supported people with their health needs. They understood the health and medical conditions people lived with.

Is the service caring?

Good

The service was caring.

Care workers regularly supported the same people and developed caring relationships with them.

People were involved in discussions about their care and support including when their care was delivered.

Care workers respected people's privacy and dignity when providing care and support.

Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on their individual needs.

People knew how to make a complaint if they felt they needed to.

People's feedback was acted upon.

Is the service well-led?

Good

The service was well-led.

The provider had improved their arrangements for monitoring the quality of the service since our last inspection.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

People using the service and staff knew how to raise concerns and were confident their concerns were taken seriously.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This inspection took place on 28 November 2016 and was announced. The provider was given 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an inspector and an 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

Before we visited the office on 28 November 2016 we made telephone calls to people using the service. We spoke with six people who used the service.

On the day of our site visit we looked at three people's care plans and associated records. We looked at staff training records and schedules of their supervision meetings and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff that were suited to work for the service. We looked at records associated with the provider's monitoring of the quality of the service. These included the provider's most recent satisfaction survey. We spoke with the registered manager, a homecare visit coordinator and three care workers.

We contacted the local authority that funded some of the care of people using the service who provided us

with a copy of a report of their inspection of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe for a variety of reasons. These included care workers being punctual and trustworthy. A person told us, "I've never felt worried having them here" and another said, "I feel confident with them all. You hear so many bad things in the news about other people with carers. I'm lucky". The provider carried out satisfaction surveys every two to three months. We saw from responses people made that they consistently fedback that they felt safe.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act. They told us about signs that would alert them to the possibility a person may be at risk of abuse. One told us, "I'd notice if a person's behaviour changed, for example if they had become withdrawn or appeared nervous". Another told us they identify "Unexplained marks and bruising" and a third told us that changes in a person's behaviour, for example not eating could indicate a concern. Every care worker we spoke with told us they were very confident that any concerns they raised would be taken very seriously by the registered manager. The registered manager had reported concerns to a local authority safeguarding team that a person who no longer used the service may have been at risk from their relatives. This showed that the registered manager and care workers had a good practical understanding of protecting people from abuse or harm.

People's care plans included risk assessments of activities associated with their personal care routines, for example supporting people with their mobility. The risk assessments were detailed and included information for care workers about how to support people safely and protect them from harm or injury. Care workers told us they read care plans. Care plans we looked at contained signed statements that care workers had read and understood the care plans. People told us they felt safe when they were supported because care workers were careful. A person told us, "I'm handled very gently" and another told us that when care workers used equipment to move them from one position to another they "were nice and gentle".

The provider had procedures for staff to report incidents and accidents that occurred during home care visits or were discovered when a care worker arrived for a home care visit. Care workers we spoke with were aware of those procedures. Reports that care workers made were reviewed and investigated by the registered manager who took action to reduce the risk of similar incidents happening again. For example, they visited people and involved them in reviewing and updating risk assessments. One person was helped to rearrange some of their furniture into a safer layout after they had experienced a fall at home.

A contributing factor to people being safe was that the provider deployed enough suitably skilled and knowledgeable staff to be able to meet people's needs. An indicator of this was that people mostly experienced home care visits at times they expected. Comments from people included, "They're usually on time" and "Timing is not too bad mainly". The provider's monitoring of care worker's punctuality showed that all home care visits were made within 30 minutes of the times people expected. No person who used the service at the time of our inspection had experienced a missed call.

The provider operated recruitment procedures that ensured as far as possible that only staff suited to work for the service were recruited. Candidate's suitability was assessed through a review of their job application form then when they were interviewed by the registered manager and a senior care worker. All necessary pre-employment checks were carried out before a person started work including a Disclosure and Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We saw evidence that people who were interviewed were asked questions that tested their suitability to work with people who require personal care. The provider told us that only 50% of people applying for a position with BM Care Management Solutions were offered a position. They applied a 'mum's test' at interviews which they used to decide if they would be confident about the person being interviewed caring for a relative of theirs. This showed that the provider took care to ensure only suitable people were employed.

Most people who used the service did not require support with their medicines other than to be prompted or reminded to take them. People's care plans included information for care workers about how to support people with their medicines. For example, to remind people or to hand people their medicine with a drink of water and to watch the person take it. People who used the service confirmed that was how they were supported. A person told us, "I do my own tablets but they make sure I've had them". Another said, "My neighbour sorts out my pills into little boxes. The [care worker] brings me a glass of water and watches me take them". Care workers were trained how to support people with their medicines. What they told us about how they supported people matched what we saw in people's care plans. We found that the support people received to take their medicines was safe.

Good

Is the service effective?

Our findings

People using the service told us they felt that care workers were well trained and knowledgeable about their needs. Comments from people included "They seem very capable" carers are very good, they know what they are doing" and "They've been coming a long while now and know me so well and what I like".

The provider had a staff training and development plan which ensured that all staff were trained to enable them to support people who used the service. For new staff this began with an induction about the service and its policies and procedures. New care workers 'shadowed' an experienced care worker to watch how they supported people on at least two occasions before they themselves supported people. Alongside the induction training, new staff were supported to achieve the national Care Certificate. This was launched in April 2015 and is a benchmark or the skills people require to be effective care workers. The provider introduced the Care Certificate in April 2016 and all new staff were being supported to achieve it. Care workers also completed a course of 'e-learning' in various subjects, for example food hygiene, infection control and record keeping. They could only progress to other subjects if they achieved a 'pass mark' in a subject. Care workers told us this style of learning suited their needs.

Class room training took place in a well-equipped training room. The room had a hospital bed which most people using the service had at home and a hoist and other moving and handling equipment. Moving and handing training helped care workers experience what it felt like to be transferred from bed to chair and vice-versa by hoist. Training included helping care workers to experience what it felt like to have sensory loss, for example reduced sight or hearing. A care worker we spoke with told us, "The training has been really good. If I was unsure about anything they explained it really well".

The registered manager carried out `field supervisions' to check that care workers put their training into practice and continued to show they had the competencies to support people with their needs. Care workers told us they found those supervisions to be helpful and supportive. One told us, "I've been here five months and I've had two supervisions. They were very supportive and gave me confidence". Another more experienced care worker told us, "The training is very good. It's a very good company that way". All care workers were supported to achieve further qualifications in adult social care.

Care workers were supported by regular communications from a senior care worker. These communications advised and reminded care workers about best practice and provided them with feedback from observations of their practice. We found the communications to be constructive and supportive feedback, for example how to improve record keeping and learning from incidents that had occurred. A care worker we spoke with valued those communications. They told us, "Oh my goodness, they are fantastic. It keeps us well up to date". Care workers also had supervision meetings every two to three months when their performance was discussed. They told us they found those meetings helpful and supportive.

The Mental Capacity Act (MCA) 2005 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had a thorough understanding of the MCA. Care workers we spoke with had a good understanding of the MCA and how it protected people who did not have mental capacity to make decisions about their care. They knew that every person who used the service was presumed to have mental capacity because there were no reasons to say otherwise. No person using the service was under a Court of Protection order. They understood that they could provide care and support to a person using the service only with their consent and that people should be given information in a way that supported them to make an informed decision. A care worker told us, "I always explain to the person how I'm going to support them. Then I ask if I can do so. If they say 'no' I respect that. But later I will ask again and explain the benefit to them of my support so they can make an informed choice".

Staff supported people to eat and drink by reminding them when this was required. They also assisted people to make their own meals, make meals for them or warmed up meals their relatives had made. Comments from people who used the service included, "Most of them cook for me. I choose and they cook it. They make me cuppas too" and "They get my breakfast and drinks. Then they do my lunch". Care workers had training in food hygiene and preparation which gave them the skills to provide support with people's eating and drinking requirements.

People were supported to access health services when they needed to, for example when they had health care appointments. Care workers or the registered manager took people to health care appointments and reminded them when a nurse or other health professional were visiting them. Care workers had training about medical conditions people lived with. This meant they could identify and act upon any changes they identified. For example, a care worker called NHS 111 when they found people to be unwell or they reported concerns they had to a person's GP or district nurse. A person's relatives added a comment to a satisfaction survey about how a person had been supported with their health needs. They wrote, 'Since [person] was discharged from hospital her dedicated carers have helped her with her recovery, making it speedy. We as a family cannot thank them enough'.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. A person told us, "I trust them. They are so caring, they are all lovely". Another person told us, "I love them". When people participated in the provider's satisfaction surveys they consistently reported that care workers were kind and caring.

All initial assessments of people's needs were carried out by the registered manager or a senior care worker. This assessment identified people's needs and what mattered to people, for example the gender of care worker a person wanted to be supported by and the times they wanted care workers to visit. Care plans we looked at showed that people's preferences were recorded. People's preferences were consistently taken into account when home care visits were planned. This included ensuring that people were supported by the same care workers most of the time. This mattered to people. A person told us, "It's mostly the same two or three who come to me" and another person said, "I get the same carers. It's been so much better than when it used to be someone different all the time". All care workers we spoke with told us they saw the same people because they covered small geographical areas where their home care visits took place.

Care workers told us that they were able to develop caring relationships with people because they supported the same people. A person who used the service told us, "They've been coming a long while now and know me so well and know what I like". Another person told us it mattered to them that they had a regular care worker because they felt comfortable about asking them to do things they might be reluctant to ask a 'relief' care worker to do. Other people told us that being supported by the same care workers meant they developed a trusting relationship with them. One person explained, "I don't worry with them being around. They are trustworthy".
People who used the service were involved in decisions about how their care and support was delivered. For example, they decided about the times they wanted home care visits and the extent of support they wanted which could vary from day to day. People told us they were given information about their care and support. They were told which care worker would be visiting them which they found reassuring. They were told when a different care worker would be visiting which meant they could prepare to see a 'different face'.

People told us they were supported to be independent where this was important to them. Care workers knew what people could do for themselves because people's care plans included details about the extent of support people relied upon and what they needed support with. A person told us, "I'm lucky to be able to do some things myself" and another said, "They let me do what I can". Care workers involved people in making meals if they were who able to.

People who used the service were given a `user guide' that included information about how the service was organised and the support it could provide. It also included information about independent advocacy services and organisations they could contact if they had any concerns.

The provider promoted dignity and respect through policies, staff training and supervision. Since our last inspection they introduced a detailed `Dignity in Care' guide for staff which was based on nationally recognised best practice. It included exercises which taught staff to understand about people's diverse

cultural needs. This showed that the provider placed a high emphasis on dignity. People who used the service told us that they were treated with dignity and respect. A person told us, "They treat me so politely" and another person said, "They are nice and polite".

Care workers told us how they treated people with dignity and respect in ways that people felt comfortable when they were supported with personal care. People who used the service told us they felt comfortable. A person told us, "They cover me with a towel in the shower and keep the curtain closed". Another said, "They do certain things so well which I could otherwise find embarrassing". What people told us showed that care workers supported people with respect.

The registered manager checked that care workers treated people with dignity and respect by carrying out unannounced observations of care workers when they supported people. The registered manager checked care worker's notes of home care visits for evidence that people were supported with dignity and respect. In addition, some care worker supervision meetings focused solely on dignity-in-care and how care workers practised it. This showed the provider placed a high emphasis on people being supported with dignity and respect.

Good

Is the service responsive?

Our findings

People we spoke with told us that they experienced care and support that was focused on their needs. Comments from people included, "They always do things the way I like" and "They know my ways so well.

The registered manager or a senior care worker visited people before they began to use the service in order to assess their needs. People contributed to those assessments of their needs and decisions about how they wanted to be supported. The provider respected people's preferences, for example about the times they wanted home care visits and the care workers they wanted to support them.

When planning the delivery of care, the registered manager and care coordinator `matched' care workers with people so that people were supported by care workers who would naturally empathise with them. For example, a person who used the service was supported by a care worker who shared a social interest. Care workers we spoke with told us they developed an understanding of people's needs and preferences from reading their care plans and from getting to know people by regularly supporting them. They told us they found people's care plans to be informative and easy to follow. People we spoke with told us the care and support they received was what they expected and that they stayed for the scheduled duration of a home care visit. Comments about the latter included, "They stay the full time" and "They stay the proper amount". Care workers stayed even after they completed all care routines. A person told us, "They'll chat for a few minutes if they have time left". This showed that care workers adhered to the provider's policy on `Ask to leave early'. Under this policy, care workers were not allowed to leave a home care visit before staying for the scheduled period, even if they had completed all the care routines.

A reason why people were satisfied with their care and support was that they had not experienced missed calls. Three people told us they had never experienced a missed call.

People's care plan included details about their needs, preferences and how they wanted to be supported. Care workers were required to make notes of the care and support they provided at the end of each visit. People who used the service told us they saw care workers make notes. A person told us, "I see them fill it [a log] in and have a look now and then" and another person told us, "They write no end of notes. The paperwork is always done". We looked at three people's notes. We found that the notes provided assurance that care workers supported people in line with their care plans.

Care workers told us they understood people needs from reading their care plans and from having supported them regularly. One told us, "We change people's lives. Without us some people couldn't cope". People who used the service told us, "They will do anything I ask". Another told us their care workers often helped with tidying their house. They told us, "They do house help for me like hovering and tidying up". People were supported to participate in activities outside their home. A person was supported to attend activities organised by a local charity which helped them avoid a sense of social isolation.

People's care plans were reviewed annually by the registered manager or a senior care worker or more often if required, for example if a person's circumstances changed. People were involved in the reviews. A person

who used the service told us, "They came and asked me lots of questions and planned what I wanted. I had two care companies before, this one is better than them".

People using the service were provided with a `service user guide' that included information about how to make a complaint and which organisations they could contact if they were not satisfied with the care and support they received. The provider's complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. A person told us they had made a complaint about an aspect of the care and support they received. They told us, "After I complained it got better". Another person told us, "I've not had to complain at all".

The registered manager acted upon the feedback people provided through regular satisfaction surveys. They visited people who expressed they were less than satisfied to discuss their concerns and made changes. For example, earlier in 2016 some people reported that they were not always informed if a care worker was going to be late or if a different care worker was going to visit them. In response, the registered manager made improvements to the way home care visits and care worker's rotas were organised.

Good

Is the service well-led?

Our findings

At our last inspection on 16 March 2015, we found that the provider did not have effective arrangements for monitoring and assessing the quality of the service. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2008 which following the legislative changes of 1 April 2015 corresponds to Regulation 17 of the Health and Social care Act 2008 (Regulated activities) Regulations 2014. We asked the provider to make improvements to their system for monitoring, assessing and improving the service. After our inspection they submitted an action plan of what they would do. At this inspection we found their actions had been completed and improvements were made.

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people using the service, their relatives and staff and a variety of audits. People's views were sought at reviews of their care plans and during visits the registered manager made to people's homes to observe the care provided by care workers. Those visits were used to monitor that care workers practised the provider's values and standards especially with regard to respecting people and treating them with dignity. The registered manager and a senior care worker checked care workers records of home care visits to monitor whether they provided care in line with people's care plans and whether people were treated with dignity and respect.

There were other monitoring and quality assurance activities. These included audits of care plans and care records, monitoring of punctuality and duration of home care visits, evaluation of staff training and observation of care worker's practice. The results of audits were consistently positive. The results of audits were shared with staff.

People using the service and staff told us the service was well led. Two of the people we spoke with told us, "I would definitely recommend the agency" and "It appears a good enough company. I'd recommend it. My friend uses them now". Another person told us, "I've had BM [the service] a long time and it is a good company for me".

People`s needs were very well known to the registered manager and a senior care worker who organised home care visit rotas for care workers. They were involved in the assessment of every person's needs before they began to use the service and they also reviewed people's care plans They planned staff training and supervision to support staff to be able to meet the needs of people who used the service. Care workers we spoke with spoke in positive terms about the service. Their comments included, "It is a very good company. Everyone is supportive of each other", "We all work together to provide a high standard of care" and "It is a great company to work for".

The provider had an open and transparent culture. This was communicated to people using the service through the service user guide they were given. It was communicated to staff through policies and procedures, training, supervision and regular communications by email. The provider gave a high profile to supporting people who used the service with dignity and respect and had systems for monitoring that happened. Care workers told us they felt confident about raising any concerns they had about the service

with the registered manager. When concerns had been raised they were investigated. The registered manager cooperated with the local authority safeguarding team and the Care Quality Commission (CQC) when asked to investigate concerns and report their findings.

Care workers told us they received helpful and constructive feedback from the registered manager about their performance and that they were supported through training opportunities. One told us, "The supervision I've had has helped me improve my performance. I was told about what I needed to improve on and I was supported to do that".

The provider had a clear sense of what they wanted to improve and how. We saw this from their Provider Information Return and from speaking with the registered manager. They had acted on the report of our previous inspection and made improvements to the design and content of care plans, planning home care visits and their procedures for monitoring and assessing the quality of the service. Monitoring systems ensured that improvements were sustained. The provider worked with the local authority's 'quality improvement team' to achieve and sustain the improvements. The most notable improvements were that people who used the service began to experience improved punctuality of home care visits. The provider had also invested in an electronic home care visit monitoring system that was expected to be operational from January 2017. Staff training had been improved by the introduction of the Care Certificate. A care worker told us, "The manager is passionate about what they do and that has a trickle down effect".

People who used the service were involved in making improvements to the service. Their views were regularly sought through satisfaction surveys and visits by the registered manager. A person told us, "I've had long chats with the manager" and another person told us, "A person comes from the office. They ask me if I'm happy". The provider acted on people's feedback about the regularity of care workers. For example, people were supported by the same care workers most of the time because care workers were reorganised into small teams covering specific geographical locations.

Since our previous inspection the provider had joined a consortium of other home care agencies operating in Leicestershire. The purpose of the consortium was to share ideas about how to improve services and where possible to pool resources, for example sharing a training room and training resources.

The registered manager understood their legal responsibilities including the conditions of their registration with CQC. This included ensuring there was a system in place for notifying the CQC of serious incidents involving people using the service.