

BSS & Associates Limited

# BSS Coventry

## Inspection report

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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:

BSS Coventry is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported two people. The management team of BSS Coventry consisted of two directors, one of whom was the registered manager.

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

- The directors were committed to providing a good quality service that ensured people received support focussed on them as individuals and met their needs.
  - Systems were in place to identify risks and to promote people's safety.
  - Staff knew how to protect people from abuse and avoidable harm to keep them safe.
  - Staff knew people well and risk management plans contained clear instructions for staff to follow to keep people as safe as possible
  - Medicines were managed safely and staff recruitment procedures were robust.
  - There were enough staff to provide a small team to visit each person. The service provided consistent staff which was important to people.
  - People's needs were assessed and staff received training and support to be effective in their roles.
  - People's right to make their own decisions about their care were supported by staff who understood the principles of the Mental Capacity Act 2005.
  - Relatives said staff were kind and caring and had made a positive difference to their family members lives because staff knew them well and understood what was important to them.
  - People were provided with support which was individual to them and was responsive to changes in their needs.
  - Care plans supported staff to provide personalised care. People were supported to be as independent as possible and to try new experiences within the community.
  - Quality assurance processes were effective.
  - The directors and staff were committed to support people with complex needs to maintain independence and remain living at home.
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- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report.
  - Rating at last inspection: This was the first inspection since the service was registered in August 2017.
  - Why we inspected: This was a planned inspection based on the date of registration and people were receiving a regulated service.
  - Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is 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 Well-Led findings below.

Good ●

# BSS Coventry

## 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:** The inspection was carried out by one inspector.

**Service and service type:** BSS Coventry provides personal care and support to people living in their own home. CQC regulates the personal care provided.

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.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection because we needed to be sure the registered manager and other staff would be available to speak with us.

Inspection visit activity started on 5 February 2019 when we contacted relatives of people who used the service by telephone. We visited the office location on 7 February 2019 to see the registered manager, speak with staff and to review care records and policies and procedures.

**What we did:** We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We assessed the 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. We used this information to plan our inspection.

We spoke with the registered manager, a director and two members of care staff. We spoke with the relatives of two people who used the service by telephone.

We reviewed a range of records. For example, two people's care records and records relating to the management of the service. These included systems for managing complaints, and minutes of management

and staff meetings. We also looked at the provider's quality assurance systems. For example, reviews of care and surveys completed by people.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were supported by staff who understood how to protect them from the risk of abuse.
- Care staff had completed training on how to recognise abuse and understood the importance of safeguarding people. They were aware of the different signs of abuse and their responsibilities to report concerns to the registered manager.
- No safeguarding referrals had been received since the provider registered with us. The registered manager knew the procedure for reporting concerns to the local authority and to us (CQC).

Assessing risk, safety monitoring and management.

- People had an assessment of their care needs completed at the start of the service. This identified any potential risks to providing their care and support. For example, where people required support to manage behaviours due to anxiety, guidance was available so staff knew how the person was to be supported to keep them safe.
- Staff knew about risks associated with people's care and had completed training to manage people's risks and keep them safe. Such as helping people to move and managing specific behaviours.
- Relatives confirmed staff knew how to manage identified risks. One person told us their family member used equipment to help them move. They told us, "Staff know how to use the hoist safely, they had a manual handling assessment in the home using [names] hoist." Another said, "Staff know how to manage [name's] behaviours and how to use distraction techniques to calm situations and to take [name] away from people if their anxiety escalates."

Staffing and recruitment.

- There were enough staff employed for each person to receive care and support from a consistent staff team.
- Relatives told us staff arrived when expected. One told us, "They are very punctual."
- Staff had the time they needed to provide all the support people required which ensured people received the service they expected. One staff member told us, "The main purpose of [names] service is to do things that they enjoy such as going shopping or to the park. We have enough time to support the person to do what they choose."
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work.

Using medicines safely.

- One person was supported by staff to take their medicines. Their relative told us "We have never had any

concerns that medicines were not given as prescribed."

- Staff had been trained in safe medicines management. However, competency assessments were not completed following staff training to make sure they put their training into practice and worked in line with the providers medication policy. The registered manager told us a medicine competency assessment would be implemented.
- Staff signed a medicine administration record (MAR) to confirm medicines had been given.
- Completed MARs were returned with the daily records to the office every month for auditing by the registered manager. These procedures helped to make sure people were given their medicines safely and as prescribed.

Preventing and controlling infection.

- Staff understood their responsibilities in relation to infection control and hygiene. People confirmed staff washed their hands and wore disposable gloves when required.

Learning lessons when things go wrong.

- The registered manager told us there had been no accidents or incidents since the service registered with us. The provider had a procedure in place to record and review any incidents if they did occur.

# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. Assessments included people's physical and mental health needs as well as what was important to them.
- Care records documented the support people required. People's needs were kept under review to make sure they continued to be met.

Staff support: induction, training, skills and experience.

- Staff received an induction when they started work at BSS Coventry. One staff member said, "My induction was good. I did lots of training and completed the Care Certificate. I learnt a lot about reflective practice and personal development." The Care Certificate sets the standard for the fundamental skills and knowledge expected of staff within a care environment.
- Staff felt supported in their role; they received ongoing training and one to one meetings to support and guide them with their work.
- People said staff were sufficiently trained and competent to support their family members individual needs, such as Autism and specific behaviours. One relative said, "Staff are well trained, they are very clued up. They will try to talk to [name] to reduce their anxiety while guiding them to a safe area away from other people."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- People using the service made daily decisions for themselves, or with the support from relatives and staff.
- Staff understood the principles of the MCA and sought people's consent before they provided support. A relative confirmed this, "[Name] has capacity to make their own decisions. Staff always ask for consent before they do anything or arrange activities."
- Records demonstrated people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.



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

- We looked at how people's nutritional needs were managed. No one at the time of this inspection visit required staff support to plan, prepare or cook meals.
- Relatives told us they provided people's food and drink, although people did go to café's and other places to eat with staff support.
- Staff understood people's individual dietary needs. For example, one relative said, "The tablets [name] takes suppresses their appetite so they are reluctant to eat and drink, but staff do encourage [name] to do this when they can." Another told us their family member required their food cut into small pieces and drank from a straw to prevent choking. They said staff understood how to support their family member with this.
- Guidelines were available for staff to follow to reduce the risk of choking and the action to take if the person started to choke.

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

- People were supported by family members to arrange healthcare appointments.
- Staff would support people to attend healthcare appointments if requested.
- Staff monitored people's wellbeing, such as their general health and let families know of any concerns, so they could arrange medical advice if needed.
- Health passports were completed for people and contained information health professionals would require, to support people safely, if they needed to go to hospital.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- Relatives spoke positively about the standard of care their family member received and of the staff who visited them. One told us, "The care staff are consistent, punctual, kind and caring."
- Relatives told us staff had a good understanding of how to treat people well and that this was reflected in their practice. For example, "Staff treat [name] really well and he looks forward to them coming."
- People felt valued because staff took an interest in them and demonstrated they cared about them. One staff member said, "We have good working relationships with people and their families. They feel confident with the service as they have staff they know and trust, we arrive when expected and listen to people."
- Staff enjoyed spending time with people. One told us, "We get on together extremely well. I look forward to working with [name], going out together and experiencing new things and having fun."
- Staff knew people well and were aware if they were becoming agitated or anxious. They knew how to interact with people to help reduce their anxiety and prevent behaviours escalating.

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

- Relatives confirmed their family member was consulted and involved in developing their support plan and in reviews of their care. One told us, "We are both fully involved with the care, nothing is done without discussion with us."
- Staff understood people's communication skills. They took time to listen to people and involve them in decisions about their care. One staff member told us, "I have a good rapport with [name] ... we laugh, joke and sing together."
- One person had been involved in the interview process for new staff.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respected their individuality so they were not discriminated against. A relative told us, "Staff are very mindful and respectful of [name]. They have a very caring approach." Another said "When they go out together they go as friends, so other people are not aware they are staff. This is important for [names] self-respect."
- People were supported to maintain their independence and to continue to do things for themselves.
- Staff understood the importance of maintaining a family life. They supported relatives and provided emotional support. One staff member told us, "This service is very person centred. It really does help people to become more independent as well as supporting family members, so the home situation does not become too stressful and breaks down."

# Is the service responsive?

## Our findings

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

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.

- People's care and support was planned with them when they started using the service. Each person had a care plan in their home for staff to follow.
- Care plans were detailed and provided staff with information about how they should support people in a way that met their likes, needs and preferences. A relative told us, "Staff have a good understanding of [names] needs and know how to respond to their autistic behaviours and challenges."
- There were clear instructions in care plans about how to reduce the person's anxiety. For example, 'Staff must follow my care plan and routines at all times ... This helps me have a clear understanding of boundaries and expectations'.
- Plans were person centred and included 'What people like and admire about me.' 'What is important to me,' and 'How best to support me'. Things people said were important to them were routines and continuity of staff. A relative told us, "Routine is very important to [name] any changes to this will cause distress. [Name] has two regular care staff, and has a good relationship with them both."
- People were introduced to care staff before they started working with them and had continuity of care from a consistent staff team. The registered manager told us, "It is really important to people to have continuity of care workers, we would never send staff to people if they have never been there before."
- Staff understood how people communicated. Relatives told us, "[Name] has limited verbal communication, but has had the same staff for two years so they know how [name] communicates really well." And, "[Name] does use basic Makaton (a sign language for people with a learning disability) and staff understand this and can sign back."
- People had opportunities to experience new activities of their choice. A relative told us, "Staff support [name] to access community activities such as cinema, cafes, shopping and pubs. They sometimes stay at home and do cooking or art and crafts which they enjoy. We were told this person would only go to one specific shop and one café when the service first started. Now they enjoyed 'shopping' and eating out. Staff said this was due to the trust they had built up with the person and that they now felt safe with staff."
- People had control over their care and the service was led by them. A relative said, "[Name] will decide what activity to do on the day but staff do need to be flexible as they will change their mind."
- Information was available in different formats, such as pictorial, large print or other languages if required. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Improving care quality in response to complaints or concerns.

- No formal complaints had been received since the service registered.
- People were given information about how to raise a complaint when they started to use the service. A relative told us, "We have complaints information if we need it. I have never had to make a complaint, but 100% would have no problem phoning [registered manager] if I did."

- The provider regularly checked people were happy with the service they received so any concerns could be dealt with before they developed into a complaint.

# 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.

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.

- BSS Coventry was led by two directors, one of whom was the registered manager.
- The directors were committed to providing a good quality service. The registered manager told us the aim of the service was to support people who had complex behaviours to remain at home with families and enjoy their chosen lifestyle within the local community. This was achieved and evidenced through the feedback we received from relatives and staff.
- People who used the service often became anxious or agitated which resulted in behaviours that had prevented them from accessing community activities and doing things they enjoyed. Since BSS Coventry had supported people their anxieties had reduced as they were supported by staff they knew and trusted. People regularly accessed community facilities such as shops, pubs, cafes, parks, and cinemas that enhanced their wellbeing. Feedback from reviews with people included, "I have gained confidence with staff I trust and with staff taking me out."
- A staff member told us, "The service has really changed people's lives and experiences. With our support people are able to remain at home with their families, they have increased their social activities and now regularly access local community facilities."
- People and relatives were happy with the quality of care they received because the service was flexible, reliable and managers and care staff took time to get to know them. One told us, "We are very happy with the care, nothing they can improve that I can think of. We have had other care company's but this one is spot on."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager was available throughout our inspection and demonstrated good knowledge of the people who used the service.
- Staff received good support from the management team to carry out their roles. A staff member told us, "The directors are both experienced in this field. They are knowledgeable and very involved with the people who use the service. They meet with people regularly to discuss how things are going. The person I support loves this."
- Staff received regular training and support to ensure they worked in accordance with the providers policies and values the of the service.
- The provider's quality assurance processes put people at the centre of their care and ensured they delivered an outcome based service. The directors visited people regularly to discuss their care, observed

staff practice in people's homes, sent six monthly questionnaires to people and staff, and carried out regular audits of the service. Which included checking records staff completed during visits to people when they were returned to the office.

- We looked a sample of returned records. We noted where medicine administration was part of the care plan staff completed a medication administration record when they gave people medicines, but this had not been recorded in their daily records. The registered manager advised they would speak with staff to ensure they did this in future.
- Staff enjoyed their work and felt supported by their managers. One said, "I really love my role. It can be challenging at times but I enjoy supporting people to experience new opportunities."
- Comments from a staff survey included, 'Management are very efficient, very caring, flexible and fair'.
- There was an 'on call' system at evenings and weekends so staff working outside office hours always had access to management support and advice.
- The registered manager understood their regulatory responsibility to inform us about significant events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care.

- There was a strong emphasis on continuous improvement and seeking people's views.
- Feedback from people, relatives and staff was encouraged through meetings, reviews of their care and quality questionnaires. Feedback was used to support continuous improvement.
- Staff attended regular individual meetings and staff meetings which gave them the opportunity to discuss any issues of concern and share ideas and suggestions.
- People were provided with telephone numbers so they could contact the office in an emergency. One person told us, "We have numbers to contact the office and the manager, I have never had a problem getting in touch if I needed to."
- People had regular meetings with the managers and reviews of their care to ensure the service continued to meet their needs. One relative told us, "We do have care reviews with [registered manager] and he meets with [name] regularly to see if all is still okay. He also phones to make sure everything is working well."

Working in partnership with others.

- The provider was committed to working in partnership with other organisations to improve outcomes for people. As the service was small the provider was developing links with other professionals such as local authorities and health care professionals.