

Body & Soul Assistance Limited

Body&Soul Assistance, Admin.

Inspection report

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West Yorkshire
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Tel: 07976684386

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Body&Soul Assistance, Admin is a domiciliary care agency providing personal care to people living in their own houses, flats and specialist housing. At the time of our inspection the service was supporting 1 person with personal care.

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 the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The governance of the service was not effective because systems were not in place to identify areas where improvements were needed. The provider did not have a number of governance systems in line with their regulatory requirements. Care plans and risk assessments were basic and there was limited record keeping.

Systems required to ensure the safe recruitment of staff were not in place. However, the person in receipt of services told us they felt safe, staff kept them safe and there were sufficient staff to meet all their needs. Not all staff knew about systems to safeguard people.

We have made a recommendation about staff training on safeguarding.

The person in receipt of care told us that the culture of the service was open and met all their needs. They told us staff helped them manage their medication well and they were responsive to their feedback.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 06 September 2017).

Why we inspected

We inspected due to the length of time since the last inspection.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Body&Soul Assistance, Admin on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to staff recruitment and the good governance at this inspection. We have made a recommendation about staff training on safeguarding.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not well led.</p> <p>Details are in our well-led findings below.</p>	<p>Inadequate ●</p>

Body&Soul Assistance, Admin.

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it

is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 11 December 2023 and ended on 24 January 2023. We met with the provider remotely on 12 December 2023 and, 23 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well led section of the full inspection report for further details.

During the inspection

We spoke with 1 person who used the service. We also spoke with 2 care staff and the registered manager who is also the nominated individual. A nominated individual is a person who supervises the management of a regulated activity across an organisation. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used technology such as electronic file sharing to enable us to review documentation sent to us by the provider.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks. Risk assessment was based on verbal direction given by the person in receipt of services. The care plan we reviewed was basic and there was no evidence this had been reviewed or updated. Staff told us they did not have access to written care plans or risk assessments.

The lack of appropriate information within care records put people at risk of receiving care and support which was not always safe. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

The provider did not always operate safe recruitment processes. The required recruitment checks were not carried out on staff which significantly increased the risk of unsuitable staff caring for people. We did not see evidence all staff were subject to a Disclosure and Barring Service (DBS) check prior to delivering care on a one to one basis in people's homes. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider ensured there were sufficient numbers of suitable staff to meet people's needs.

Recruitment processes were not robust to ensure staff were suitable to work. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were not always safeguarded from abuse and avoidable harm. Safeguarding systems were in place and the person in receipt of services told us they felt safe with the staff who supported them. However, not all staff had received safeguarding training in line with best practice guidance and some were unclear on their safeguarding responsibilities.

We recommend the provider consider current guidance on staff training and take action to update their practice accordingly.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. The registered manager and the person in receipt of services told us no accidents or incidents had happened at the service. Staff told us how feedback

was used to ensure person-centered care.

Using medicines safely

People were supported to receive their medicines safely. The person in receipt of services told us they received their medicines safely and staff received spot checks to ensure their competency in the administration of medication. Staff told us how they ensured they met the person's medication administration wishes and how they recorded this.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices. The person in receipt of services told us staff ensured they received care and support that reduced their risk to infection. This was supported by staffing detailing the actions they took to ensure the control and prevention of infection.

Is consent to care and treatment always sought in line with legislation 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

The provider was working in line with the Mental Capacity Act. At the time of the inspection no one was subject to any deprivation of liberty restrictions. The person in receipt of services told us they were offered choices and supported to make everyday decisions.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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; Continuous learning and improving care
The provider did not have an effective management structure. The provider did not monitor the quality of care provided in order to drive improvements. Governance systems were not in place for the provision of regulated activity. For example, there was no evidence that audits for any part of the service had taken place, including actions to ensure staff were safely recruited. In addition, the provider consistently did not send us their PIR.

The provider did not have a system to evidence they provided person-centred care that achieved good outcomes for people. We found widespread lack in record keeping that should be in place to make sure people's care was appropriate. However, we noted the person in receipt of services told us they received person-centred care, meeting all their needs and had good outcomes and there was a positive and open culture at the service.

The provider had not consistently created a learning culture at the service which meant people's care did not always improve. The person in receipt of services told us there was a learning culture and staff responded to feedback to ensure their person-centred care. However, there were no recording systems to support this.

This meant the provider did not operate systems effectively to monitor the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. The person in receipt of services told us they were fully engaged in the development and delivery of the service to meet their specific needs.

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 provider understood their responsibilities under the duty of candour. The registered manager explained

the process they would follow should an accident or incident occur, which included being open and transparent with people and investigation agencies.

Working in partnership with others

The provider worked in partnership with others.

The person in receipt of services told us the provider worked well with health care professionals to ensure they received person-centred care.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate systems effectively to monitor the quality and safety of the services provided. They lacked complete information within care records which put people at risk of receiving care and support which was not always safe.</p> <p>Regulation 17(1),(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were not robust to ensure staff were suitable to work.</p>