

Barmat Healthcare Limited

Barmat Healthcare Limited

Inspection report

Jhumat House
160 London Road
Barking
Essex
IG11 8BB

Date of inspection visit:
12 April 2021

Date of publication:
27 April 2021

Tel: 02082141170

Website: www.barmathealthcare.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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

People had received their medicines as prescribed. Staff had received a competency assessment following their medicines training and a medicine support plan was in place, which included information on how to support people with medicines.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care, which included audits of medicines. Spot checks had been carried out to check if staff followed care standards. The outcomes of spot checks were communicated to staff.

Risk assessments had been carried out to ensure people received safe care. Pre-employment checks such as references had been sought to ensure staff were suitable to support people. Systems were in place to monitor staff time-keeping and prevent infections.

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 previous rating for this service was requires improvement (published 17 January 2018) and there were breaches of regulation. CQC had issued requirement notices for Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led to check if the service was compliant with the requirement notices issued at the last comprehensive inspection and to see if improvements had been made.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Barmat Healthcare Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Barmat Healthcare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out 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.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the registered manager would be in the office to support us with the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as staff timesheets and policies. We also spoke to one care staff and a relative of a person that used the service. We also contacted professionals that worked with the service for feedback.

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 Requires Improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure medicines were being managed safely. We found a person had not received their medicines as prescribed and medicines as needed (PRN) were not being recorded. We also found staff had not received a competency assessment following their medicine training to check they could manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- People were given medicines safely. We checked medicine administration records (MAR) and found medicines were being administered as prescribed.
- A medicine support plan was in place, which included information on how to support people with medicines safely.
- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to. A competency assessment had been carried out to check staff understanding on managing medicines safely. A staff member told us, "I have had training in medicines. I got competency assessments on how to administer medicines, how to record and what will happen if there is side effects before being signed off to administer medicines without supervision."
- A relative told us, "They do handle medication safely. I do not have any issue with them. They give medicine on time. If I have to score the staff, I will have score them 100%."

Assessing risk, safety monitoring and management

- Risks had been identified and risk assessments were in place covering areas such as on people's home environment and health conditions. Assessments included control measures to minimise risks. Examples included assessments on how to support people safely if they were to have a seizure. These assessments included what action staff should take to ensure people were safe.
- A relative commented, "They do know my (person's) support needs. They at times make suggestions, which I think is really good. They back it up with evidence. The staff are good, they are too good. They do mitigate any risks. They mitigate everything. They know the risks well."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- Staff had received safeguarding training and understood their responsibilities to keep people safe. A staff

member told us, "I got training on safeguarding. In brief, safeguarding means voicing concerns to recognised authorities. Abuse is like inflicting pain, harm or just doing something that does not need to be done to somebody. This can be verbal, physical, sexual, financial. If I see this, I will report to my line manager, I can also let CQC and the area safeguarding team also know. If it is urgent, then I need to alert the police as soon as possible for the safety of the person."

- A relative commented, "My (person) does feel safe with them. They make (person) happy, I can see (person) is always smiling and playing with them, which makes me happy with them."

Recruitment and Staffing

- There were sufficient numbers of staff to support people. Staff were sent rotas in advance and were given time to travel in between appointments to ensure missed and late calls were minimised. A staff member told us, "I am given notice two weeks in advance for visits, so I know how to plan."

- A relative told us there were sufficient staff and they came on time. A relative commented, "No one has ever cancelled any shifts, which is amazing. They come early, which is good. They are never rushed. They handover thoroughly."

- Records showed that relevant pre-employment checks, such as criminal record checks and proof of staff's identity had been carried out. References had been requested and received. This ensured staff were suitable to provide safe care to people.

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.

- We were told there had been no accidents or incidents since our last inspection. However, the registered manager was aware on how to manage accidents and incidents and told us these would always be investigated and analysed to learn from lessons to minimise the risk of re-occurrence.

- An accidents and incident policy was in place and we were shown a template that would be used to record accident and incidents.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.

- Risk assessments had been completed to prevent and minimise the spread of infections. This included control measures such as wearing Personal Protective Equipment (PPE) and included information on people that may be at risk.

- Staff confirmed they had access to PPE such as gloves and aprons. Information on care plans included that staff should wear PPE when supporting people and a risk assessment had been completed to ensure staff were protected from infections. A staff member told us, "I have enough (PPE), my gloves, aprons, my visors, masks. I am given all those. We have done a lot of risk assessments such as COVID-19 risk assessments."

- A relative told us, "When they come in, they use hand gel, put their uniform and PPE on. Infection control is good."

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 comprehensive inspection, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection, we found the service failed to ensure robust audit systems were in place to identify shortfalls such as on medicines and act on them, nor had they ensured people were safe at all times and had not maintained outcomes of audits to ensure people received safe care. Although spot checks were being carried out, the outcome of the spot checks had not been communicated to staff. At this inspection, we found improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Quality assurance systems were in place. Audits had been introduced and were being carried out on medicine management, infection control and review of care plans to ensure people received person centred care.
- We found improvements had been made with medicine management. The service met the requirement notices on Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
- Spot checks were also completed regularly for staff, which checked on care delivery and medicine management. The outcomes of the spot checks were discussed with staff. A staff member told us, "We do spot checks once in a week. We sit down and I can give feedback on things that need improving and so does my manager. We do an analysis on how the week went to improve. We set targets."
- A relative told us, "I am so pleased with them. It is one of the best agency I have seen so far. They give (person) the respect and dignity I want. They make sure (person) is safe."

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

- Systems were in place to involve and engage with people and staff.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of staff spot checks, the management team also obtained feedback from relatives about the service and performance of staff. A relative told us, "I am very happy with the service. I have no concerns."

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 was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times. .
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "(Registered manager) is a good manager. They always available to be contacted. They support me."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns, and these would be dealt with.
- A relative told us, "(Registered manager) is a good manager, they check with us regularly. They come for reviews every time. They do things thoroughly."

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent out to staff to obtain their feedback. The registered manager told us that as they supported a limited number of people, surveys had not been completed. However, feedback was sought from spot checks and through telephone to identify potential areas of improvement. A relative told us, "(Registered manager) always wants feedback to improve. They will carry out audits, to see how they can improve."

Working in partnership with others:

- The service worked in partnership with professionals to ensure people were in good health.
- Staff told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health.