

Givecare

Bosworth Homecare

Inspection report

Unit 7a Woodhouse Business Centre
Woodhouse Street, Woodville
Swadlincote
Derbyshire
DE11 8ED

Tel: 01283807867

Website: www.givecare.co.uk

Date of inspection visit:

28 February 2017

01 March 2017

03 March 2017

Date of publication:

30 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 28 February, 1 and 3 March 2017. This was an announced inspection and we telephoned the provider two days' prior to our inspection, in order to arrange home visits with people.

At our last inspection in February 2016, we identified concerns with how some decisions had been made where people no longer had capacity and how complaints had been investigated. The quality assurance systems had not identified where medicines may not have been given and information about how the provider could make improvements was not fed back to people. On this inspection we found improvements had been made but further improvement was required.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection 91 people were receiving a service.

There was a registered manager in the service. 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.

Where people did not have the capacity to make some decisions, suitable systems were not in place to ensure assessments were carried out and decisions had been made in people's best interest.

Quality monitoring systems were in place but these had not identified our concerns with how capacity was assessed; that concerns were not recorded and had not been effective for ensuring people received their support visits at the agreed time.

Potential risks were identified and management plans were in place to guide staff on the best way to reduce these risks. Staff understood their role in protecting people from harm and poor care. Where people needed support to take their medicines, systems were in place to ensure they received them when needed.

There were recruitment procedures in place to ensure staff were suitable to work within a caring environment. Staff had access to training to improve their knowledge of care and enhance their skills. Staff sought people's consent before providing care and supported people when they needed help with their decision making.

People received kind and compassionate care. Staff supported people to maintain their dignity, independence and privacy. Staff gained information about what was important to people so that they could provide care which met their preferences.

People received care that was individualised to their personal preferences and needs. People were

supported to express their views about the service within quality monitoring calls and through a survey. People were provided with information about how the provider had responded.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Registration Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

The provider had identified that people did not always receive their support when agreed and improvements were needed. People were kept safe by staff who knew how to safeguard people and protect them from harm. Staff understood how to recognise potential abuse and were confident reporting any concerns. Risks associated with people's care were assessed and staff knew how to support people. The provider had recruitment processes to check the staff's suitability to work with people. Medicines were suitably managed to reduce any risks associated with them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

When people were unable to make decisions about their care, the provider had not assessed their capacity to make individual decisions, and was not able to show how decisions made were in their best interests. Staff had the knowledge to care for people and they received training to develop their skills. People were able to make choices about the food they ate and were supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind and caring way and people had developed positive relationships with them. Staff knew people well and treated them in a dignified and respectful manner.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always receive their support at the agreed time. People felt able to raise any concerns and complaints although some people were not confident these were satisfactorily resolved. People were involved with the assessment and planning of their care, and the provider was responsive to people's changing needs.

Is the service well-led?

The service was not always well-led.

Systems were in place to assess and monitor the quality of care although these did not ensure people were receiving their support at the agreed time, or had decisions made in their best interests. Further work was needed to drive improvement. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. The quality of service people received was monitored through feedback from people.

Requires Improvement 

Bosworth Homecare

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 checked 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 visit took place on 28 February, 1 and 3 March 2017 and was announced. One inspector carried out this inspection with an expert by experience. An expert by experience is someone who has personal knowledge or experience of this type of service. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service. We visited five people and one relative in their home and observed delivery of care directly by shadowing two care workers, spoke with five staff, the registered manager, the compliance manager and area manager. The expert by experience spoke with six people and six relatives on the telephone. We also consulted with commissioners of the service. There were 91 people receiving a service at the time of our inspection.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

The provider had identified that more staff were needed and were recruiting new staff. They acknowledged that people had mixed views about whether there were enough staff working in the service to meet their needs. People had agreed the time they would receive their support visit and understood that staff may be late or early, but within a 30 minute timeframe. We saw that people received calls later or earlier than planned. One person told us, "I have regular staff in the mornings which I really like but the afternoon and evening staff are all different." A relative told us, "They are short staffed at the moment. The regular ones know what to do but they were sending so many new people and I had to show them things like how to put the pads on." Another relative said, "There are so many different carers coming in. There have been 10 different carers this week. It's confusing for [Person who used the service]." The provider was developing a six week action plan to address this concern. The registered manager told us, "We have new staff completing their induction now and we are confident that people will start to see the difference." We asked them to share the plan with us in order that we could review the improvements.

Other people were satisfied with the times they received their support visit. One person told us, "I'm really pleased that I have my regular girl in the mornings. The staff are great and I have recommended this agency to other people." A relative told us, "A lot of the time it's the same carers unless they are off and so they have been able to get used to them. They are generally on time, within about half an hour and sometimes stay longer depending on what is needed. It's good because the carers always come together so always arrive at the same time." Another relative told us, "[Person who used the service] is really happy as they have the same person everyday which is fabulous for them. The staff member is on time and always stays for the full time." We shadowed two members of staff on their usual care calls and saw that they arrived at the time that people expected them to. Staff used a telephone to record when they started and finished their visit to record the actual time spent with people. For people who needed a time specific call to ensure they were safe or administer any medicine, an alert was sent to senior staff to ensure there were no missed calls.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk and knew the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "Our training covered what the signs might be and what to do if we were worried. I wouldn't have a problem with reporting anything. It's our job and we need to look out for people and make sure they are safe." The registered manager understood what incidents needed to be shared with the local authority safeguarding adult's team; where concerns had been identified, reports had been made to the local authority and we had been notified of these events.

People received their medicines when they needed these. Staff knew what support people needed and one member of staff told us, "We have very clear guidance about when people need promoting or assistance to take their medicines. If we have any involvement at all, we must always watch the person take their medicine before we sign the records." The records showed that when people received support, the medication administration records (MAR) were completed to show whether they had received their medicines as prescribed. One person told us, "They put the tablets out for me from the pack and they do the

MAR sheet. In fact one member of staff is going to phone the GP today for me to check something on the MAR sheet. They are brilliant." Another person told us, "They give me my tablets from the box and there has never been a problem." If records were not signed, one member of staff told us, "It's our responsibility to check people have had their tablets and if the sheet wasn't signed then we'd contact the office and they would check whether this had been given and what action to take to make sure people weren't ill."

People felt safe when they received their support. Staff knew people well and people were confident that the staff supported them in a way which helped to keep them safe. People had been assessed by health care professionals to ensure all the equipment met their needs and had personal equipment to keep safe. A copy of any assessment was available within their support plan and staff received specific training for the equipment. One relative told us, "They are all very good using the hoist. I have no worries about that. We are in the process of sorting the paperwork for ceiling hoists and we're waiting for the occupational therapist to train the staff." One member of staff told us, "If the physiotherapist or occupational therapist comes out to people, they send us a copy of the report, so we know what we need to do. If there are any changes to be made, then one of the senior staff visit and make the changes and discuss it with people."

People confirmed that the staff ensured their safety was maintained when they supported them. One person told us, "I always feel safe with them; they are very thorough and I feel that they know what they are doing." Another person told us, "I definitely feel they are safe, if we didn't they'd be gone, no question about that. They are efficient and get the job done without any problems." Another person said, "I trust them; even the younger ones. The staff at night always makes sure that the door is locked properly and they leave the key in the safe outside. There has never been a problem with this." A relative told us, "I don't feel safe giving them a wash but I do feel that they are safe with them. I would recommend them as they really know what they are doing and are reliable and friendly."

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. We saw that staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training. Where staff had applied for police checks on line they could apply to have these renewed annually for a small fee and these were checked by the provider.

Is the service effective?

Our findings

On our last inspection we found that where people did not have capacity to make certain decisions, it was not clear how these decisions had been made and whether other people had the necessary authorisations to make decisions on behalf of others. This meant there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw improvements had been made however further improvements were required.

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. 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.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. New capacity assessments had been developed to record where people lacked capacity and how decisions were being made in their best interests. However, the assessment covered all decisions to be made and was not decision specific and there was no information to record how any judgement was reached. These assessments were also being completed for people who had capacity and therefore best interest decisions were not required. The staff had received training in the MCA but they had not identified that assessments should only be completed where people lacked capacity. They had also not recognised that the assessments needed to be decision specific to ensure these were made in their best interests.

This evidence demonstrated there was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff received an induction into the service after all recruitment checks had been received, and then completed training for the first week. One member of staff told us, "I absolutely loved the training, especially the dementia training. I learnt so much and could relate it to people I knew. It's been really beneficial and I made the right choice starting here. I love it." New staff worked alongside an experienced member of staff to ensure they received the experience and knowledge to support people safely. One member of staff told us, "When I first started here I asked the staff to watch what I was doing especially when filling in the medicine forms. It took a little longer to begin with but I gained the confidence I needed so I could work alone safely." New staff also completed the care certificate which sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were supported to gain further knowledge and the skills they needed to care for people. People felt that staff were trained to provide the care they needed and one person told us, "I think they are well trained

and the supervisor makes sure they know what to do." A relative told us, "I do think they are well trained. They all seem to know how to use the hoist and there has never been a problem. They also seem to know how to talk to [Person who used the service] who has dementia." Staff told us they had received further training to refresh their knowledge for health and safety and moving and handling. One member of staff told us, "We had training to learn about the new slide sheets and how these could be used to help people to move. We were able to ask questions and see how they should be used so we knew what to do." This meant staff were given opportunities to update their skills and knowledge to support people safely.

People received care from staff who were supervised and their performance and knowledge was assessed by senior staff. When spot checks were carried out they concentrated on the staff members appearance, their attitude, how they supported people to move and how personal care was delivered. One member of staff told us, "The senior staff come out and check we know what we are doing. We always have a stock of gloves and aprons from the office which we use. The seniors check we are doing thing right and people are treated properly. It's only fair that they do this as they have to trust us when we work alone." People told us that the staff looked professional, clean and tidy and wore a uniform and that they all wore disposable gloves for personal care tasks and disposed of them afterwards. One person told us, "They do put gloves on and then put them in a bag and into the dustbin when they go."

People had an individual support plan which included information about how they wanted to be supported and consented to us looking at their records with them. When people started using the service they were visited by staff who asked them how they wanted to be supported. One member of staff told us, "We have information from the commissioners but we need to get to know people and find out what they want, so we ask them how they would like us to provide the support." People were visited by senior staff after two weeks and asked if they were satisfied with the quality of the service. One member of staff told us, "We need to make sure people have a support plan they agree with and are getting what they wanted."

People retained responsibility for managing their own health care and when people needed support this was provided. Where staff recognised that people may be unwell, people were confident that support was provided to receive the right health care. One relative told us, "Once [Person who used the service] wasn't feeling very well and had a high temperature. I was going to leave it before phoning the Doctor but the carer advised me to phone straight away and I'm glad they did as [Person using the service] ended up in hospital." Another relative told us, "If they notice any bleeding or sore areas they let me know and they will say, 'We will keep an eye on this!'" One member of staff told us, "If we notice anything is different or people need different support then we let the office staff know. They are very good at calling the doctor or nurse and getting people the help they need." We saw changes in people's health care was recorded in the support plan.

Some people needed support to prepare and eat their meals. We saw that people were asked what they wanted to eat and able to make a choice. Snacks, food and drinks were left available for people so they had access to these between support visits. One person told us, "They do my breakfast and meal later and I always choose what I have. They always wash up the pots afterwards and I never feel rushed. They also always leave me with some water and a cold drink which I chose." Another person told us, "They will prepare whatever I want for my meals and make me a drink."

Is the service caring?

Our findings

People were supported and encouraged to maintain their independence and staff promoted their dignity. One person told us, "They are very kind and always give me a choice for my meals. When they wash me, they are gentle and thorough and check I am properly dry. They encourage me to do what I can for myself. They always call out when my neighbour lets them in so that they don't frighten me." A relative told us, "I think they encourage them to do the bits they can as they wash [Person who used the service]. They are good at making sure they close curtains and doors when they do any personal care. I can hear them laughing. It's like a girls outing."

Staff demonstrated their concern for people's welfare and people were confident they knew how to provide the support they needed. One relative told us, "[Person who used the service] has dementia but the carer is very kind and patient with them. I'm often in the house when they come and they speak to them gently and always asks if there is anything else they want. The carer understands them and I like the way they approach [Person who used the service]. They understand."

People felt the staff treated them with respect and listened to what they had to say. One person told us, "I'm really fond of the staff. They are very straight with me and they don't mess around. They always treat me with respect. We know each other's ways now and we have a good laugh. They know me and what I can manage myself. For example, they will put spare pads in a place in my drawer where I can reach them if I need them." Another person told us, "They are so kind to me. I couldn't have coped without them." And, "There are quite a lot of new girls coming but they are all kind and we have a chat. They always do what I ask such as when I ask them to put cream on my legs and they always ask 'Is there anything else you need?' They also take their time and don't rush me. They let themselves in with the key and call out. I feel happy asking them anything." This demonstrated that positive caring relationships had been developed between people who used the service and the staff.

People were given choices in the support they had and staff asked them what they needed. One relative told us, "They speak to [Person who used the service] very nicely and the carer will point out anything that is not right such as a red area on their skin. They all respect our home and tidy up after themselves. They will always check with them before they start helping them to bed. They know that they can make decisions and they enjoy chatting together." We saw staff asked people what they would like to eat and whether they wanted to take their medicine. When they left people's homes they asked if there was anything else they could do. A relative told us, "They are very kind. They will stay for a few minutes longer than they are allocated if they need to. They don't just rush off. They also never just barge in to our home. They get clean sheets from the cupboard and any washing they put straight into the washing machine. The other day there were some crumbs on the floor and they said 'let us Hoover for you'. I know they are happy to see them. When the doorbell goes they say, 'Oh it's the girls' and smiles. They must see others with dementia because the way they speak to them; there is no abrasiveness, and things flow as opposed to jerk. All in all, they are fine."

Is the service responsive?

Our findings

On our last inspection we identified that not all complaints had not been fully investigated and details of the investigation and outcome had not been given to all people. On this inspection we found that where people had made a formal complaint, this had been recorded and there was evidence of any investigation and the outcome was provided to people.

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service and they had a copy of the complaints procedure in their home. However, people had mixed views about how their concerns were addressed when raised on the telephone. These concerns were recorded in their personal care notes but there was no information to report how this had been addressed. One relative told us, "I've had to speak to them several times about the times they come here and they say all the right things at the time but then the calls are still late, so it doesn't really have any effect." Another relative told us, "I'm not sure they are interested as I have spoken with them as the staff don't come when they should. They are all wonderful staff but don't come when we need them."

Other people had confidence that any issue would be addressed. One person told us, "I would say something if I wasn't happy but it's my daughter who usually deals with anything like that and I know that the carers do phone my daughter sometimes to let her know if there is anything I need." Another person told us, "I wouldn't hesitate to phone them if I had a problem." One relative told us, "The complaints procedure information is in the folder. I would be happy to complain if I needed to and I think they would deal with anything." Another relative told us, "I wasn't happy about some carers so I complained. The manager spoke with them and they are still coming to us and it is better. They speak to [Person who used the service] now rather than at them and they will sing together."

People felt the staff that supported them, understood their needs and were capable of delivering the service that they required in their preferred way. However, people told us they would like greater consistency with who supported them as they often received support from staff who they did not know. One person told us, "I don't get the same staff any more. Sometimes I have to tell them what to do and it's not ideal." One relative said, "It's lovely when I get the usual staff, they know all the family so well and we feel comfortable with them. It's not the same when we get a stranger and [Person who used the service] feels uncomfortable when they don't know them." The provider had recognised that people would benefit from receiving care from the same group of staff and there were plans to recruit more staff to enable them to receive this.

People had a support plan developed when they started to use the service. Each person had care records which were kept in their home and the staff updated the records every time they visited. One person told us, "The staff always write in the book when they have visited and write down what they have done. If there are any problems then they record that too and let the office staff know." Care records contained specific details about individuals to provide the staff with an overall picture of the person, to support them to get to know the person better and understand their needs, preferences and communication methods. Where people's support needs changed, the care records were reviewed to reflect the actual care people needed. One person told us, "The care plan is reviewed and we will get new paperwork this week as we have a new

sling." A relative told us, "I think the care plan is reviewed quarterly and they go through it with me and [Person who used the service]. They do make sure they listen to them." And, "They go through the care plan and include both of us in the discussion."

People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

On our last inspection we found that improvements were needed as the provider had not identified where medicines may not have been given and information from the quality review was not fed back to people. On this inspection we found these improvements had been resolved. However, on this inspection we found further improvements were still required and have resulted in a breach of regulations. As where people lacked capacity, assessments had not been completed which were decision specific and there was no evidence to demonstrate how decisions were made. This meant not all systems ensured that the service was effectively well led and there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were consulted about the quality of the service. When new people started receiving a service they were contacted by the provider and asked whether the support plan was agreed with them, whether they had experienced any problems with the service and if they wanted to raise any complaint. Quality monitoring visits were conducted by senior staff to ask if people were happy with the service. One relative told us, "They come out to see how we are getting on. They sometimes come out with the carers themselves to see how they are doing." Another relative told us, "They are run in a professional way and if there was a problem I would talk to the staff in the office. They come out every six months to check that we are happy."

A quality assurance survey was completed annually and people and staff were asked for their views about the service in a form of a questionnaire. The results of the last survey had been analysed and people were provided with feedback about what the service did well and what improvements were needed. One person told us, "They do come out and do checks every so often. We did once get a questionnaire asking us what we thought but there were no problems." The report was available upon request in different formats to ensure people could understand the outcome of the survey.

Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. One member of staff told us, "I've had to make a report about the conduct of another member of staff before. I wasn't happy with how things were being done. It was dealt with straight away."

The data management systems at the office ensured only authorised persons had access to records. Records were kept securely and confidentially in lockable filing cabinets. The provider ensured that confidential information was stored suitably for example key safe numbers were not held next to addresses in any written records and one member of staff told us, "If we need to have a key safe for people and we have to write it down, then we don't include it together with people's details, that way it's secure."

The registered manager worked in partnership with the local authority and commissioning teams. Where quality audits were conducted by the local authority or concerns were raised, for example, for staff to record their visit times by telephone; action was taken which helped to monitor whether people were receiving their visits on time.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the office.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Where care and treatment was being provided, the registered person had not acted in accordance with the Mental Capacity Act 2005.