

BBC Care Service Limited

# John Eccles House Science Park

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

John Eccles Science Park BBC Care Services Limited provides personal care services to people living in Oxford and the surrounding area. At the time of our inspection 30 people were receiving personal care from the service. 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.

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location was not supporting anyone with a learning disability/autism. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### People's experience of using this service and what we found

**Right Support:** Staff received the training they needed to meet people's needs. Management had systems and processes in place to ensure oversight of the safety and quality of the service. However, information obtained from these systems was not always analysed and used effectively to improve the service. Some people and relatives spoke positively about the service they received from staff. Others were not so positive, and most people reported staff punctuality was an ongoing issue. Some people told us they had difficulty understanding overseas staff. 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.

**Right Care:** The model of care maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. Care plans reflected the underpinning principles of Right support, right care, right culture. People were supported by staff who knew them well. Risks to people were identified and effectively managed. People had access to health care professionals. Medicines were managed safely; and people felt safe receiving support from staff. Appropriate checks were carried out when recruiting new staff to support people.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The service promoted positive care and support for people using the service. Most staff spoke positively about the support they received from the management team. People were involved in decision making and their views sought to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 6 January 2022, and this is their first inspection

#### Why we inspected

This was a planned inspection for a newly registered service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### 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 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 not always well-led

Details are in our Well-Led findings below

**Requires Improvement** ●

# John Eccles House Science Park

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

We gave the service 48 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 in the office to support the inspection.

Inspection activity started on 27 June 2023 when we contacted people using the service. We visited the

office on 29 June 2023 and finished on 3 July 2023.

#### 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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection, we spoke with the registered manager and the assistant manager.

We reviewed a range of records relating to people's care and the way the service was managed. These included care records for 5 people receiving personal care, staff training records, 3 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

#### After the inspection

We spoke with 6 people and 9 relatives, and we sought their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and records relating to the management of the service. We contacted 10 staff by email to seek their feedback. In addition, we contacted the local authority to obtain their views.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

### Staffing and recruitment

- Some people and their relatives told us staff were not always punctual. One relative said, "The carers [staff] often turn up late and it's not clear when they should turn up. Last Thursday they completely missed a visit and did not turn up at all". Another relative said, "I complained about the carers [staff] turning up early of an evening, the call was scheduled for 7pm but they were coming to put [person] to bed at 5.30pm". Others were more positive. One person said, "There has been no missed visits and if they [staff] are late, they will let us know." One staff member said, "Sometimes we are rushed because different clients request for their visits to be scheduled at the same time as other clients. This becomes difficult to beat the time and therefore we are rushing and reaching late."
- We discussed these issues with the registered manager, who said, "Our system should monitor visits electronically and alert us if staff are running late. We have experienced problems with the system, and we are looking to change to a new system shortly." Inspectors were able to establish people remained safe and there was no significant impact on them.
- Staff were recruited safely. Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. Staff rotas confirmed where 2 staff were required, they were consistently deployed. One staff member told us, "We've enough [staff]. Personally, I do have time to talk and interact with the clients."
- Many staff were recruited from overseas, and some people told us they had difficulty communicating with staff. Their comments included; "It's difficult to understand what they say", "Their [staff] spoken English is poor, but I can make myself understood" and "The carers [staff] seem well educated, I can understand them but [person] struggles to understand their accent at times." The registered manager told us part of the staff recruitment criteria was the ability to speak English to "A level standard."

### Learning lessons when things go wrong

- There was a system in place to report incidents. However, there was no formal system to investigate and analyse incidents to look for trends and help prevent reoccurrence. The registered manager said she would put a system in place immediately.

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

- People and their relatives told us they were safe. One person said, "I do feel safe with them [staff]".
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "I would record the abuse and immediately inform my line manager."

- Systems were in place to safeguard people from harm and abuse. The registered manager told us they would record and investigate all concerns and work with the local authorities.

#### Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. Risk assessments contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment. For example, 1 person had diabetes. The person managed their own condition, but staff were provided detailed information on what to do if they suspected the person was suffering from high/low blood sugar levels. Another person was at risk of developing pressure ulcers. Staff were guided to monitor this person's skin and apply prescribed creams. This person did not have a pressure ulcer.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were usually supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed.

#### Using medicines safely

- People received their medicines as prescribed.
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice. One staff member said, "Yes, I was trained to administer medicine."
- Medicine records were accurate, consistently maintained and up to date.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.
- Most people and their relatives told us staff wore PPE. However, one person told us staff, "Don't wear masks."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care plans contained relevant consent to care documents signed by the person. However, some documents had been signed by relatives who did not have authority to do so. We spoke with the registered manager who said she would take action to resolve this issue.
- Staff received training in relation to the MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member said, "One must be able to make their own decisions. I always ensure I allow my clients to have a choice when it comes to what they would like to wear, eat, drink and where they would like to sit."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Care plans reflected people's preferences on how they wished to be supported.

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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met, in line with current guidance and best practice. These included people's preferences relating to their care and communication needs and included hospital discharge reports where appropriate.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were well trained. One relative said, "I have only been on with them

for 4 days, but I think they [staff] are excellent."

- People were supported by staff who had the skills and knowledge to meet their needs. One staff member said, "My training did prepare me for my role, and I do feel more confident."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks, and supervision meetings.
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People were supported to maintain a healthy diet.
- People's care plans contained information about their dietary needs, support needs and preferences. Staff told us that they supported people with their meals and drinks during support visits to ensure people had a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues. For example, we saw 1 person had been supported by an occupation therapist.
- The registered manager told us they worked with external agencies and would make referrals as and when necessary.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us how the staff were caring and supportive. People and relatives told us, "[Staff name] was like an angel, and really got on with [person] it's like they really wanted to do the job", "The carers that come round are fine and they get on well with [Person]" and "They [staff] are good, lovely people. We have a good relationship with the carers, we have a laugh and a joke with them."
- Staff knew how people wanted to be supported and were aware of what was important to them. Care staff spoke with us about their professional relationships with people. One staff member said, "I make sure that I provide the best care while being extremely respectful of them. I also ensure that boundaries are not crossed in any way. I make sure privacy is ensured especially when caring for them."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- The registered manager met with people and their relatives on support visits and sought their feedback.
- We saw people and their relatives were regularly asked for their views of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting dignity and respect. One person told us, "[Staff member] treated me respectfully and washed their hands when they came in."
- People were treated with respect and their dignity was preserved. Staff told us they would ensure doors and curtains were closed when carrying out personal care. A staff member said, "I always ask for consent before doing anything; I always engage them in every possible activity. I am very respectful of their preferences, beliefs, cultures."
- People and their relatives told us staff encouraged independence.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans that supported a person-centred approach. We saw examples on how the service met people's individual needs. For example, 1 person's care plan detailed how they experienced difficulty with their bed. A referral was made, and an occupational therapist assessed this person, and a new bed and equipment were installed which improved the person's wellbeing.
- Care plans reflected people's health and social care needs and demonstrated other health and social care professionals were involved in people's care.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. For example, 1 person used glasses. Staff were guided to ensure the person wore their glasses, particularly when mobilising.

Improving care quality in response to complaints or concerns

- Most people told us they knew how to complain and were confident the management team would resolve any issues. One relative said, "I am in touch with the manager, and they are responsive." However, another person stated, "I tried to make a complaint, but the call did not connect to the land line, and it didn't connect to the mobile either."
- The complaints policy was up to date and available to all people and their relatives. Complaints we saw were dealt with compassionately, in line with the policy. Systems were in place to record and investigate any complaints.

End-of-life care and support

- At the time of the inspection no-one was being supported with end of life and palliative care needs. The service worked in partnership with GPs, district nurses and other healthcare professionals to support people

to have a dignified, pain free death.

- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any requests or advance wishes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We received very mixed views on how people and relatives rated the service. Their comments included; "They are brilliant, super", "They are good, lovely people", "[Person] does not think the agency is well orchestrated. To be honest I am thinking of cancelling the carers and doing it all myself" and "We have not been given any information about the service, no booklet or phone number, just the number of a carer but not who to phone in an emergency. I only got information about the agency by googling it."
- The registered manager demonstrated they worked with staff and external professionals to offer a good service and to review practices to drive improvements. They took part in the inspection in a way that demonstrated their commitment to learn and improve the service.
- Most staff felt the management team were supportive, fair and understanding. Staff told us, "Our manager is strict but that is an amazing thing because it pushes to know our mistakes and learn from them. On the other hand, this makes most carers fear to approach her, but she indeed has leadership skills. Most times she listens and acts immediately."

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, medicine records, spot checks and regular quality visits to people's homes. However, there was little analysis of information obtained from audits and monitoring that would allow the registered manager to look for patterns and trend to improve the service. We discussed this issue with the registered manager who told us they would implement a system to analyse information.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager had a good understanding of notifications and when to notify CQC. A notification is information about important events which the provider is required to send us by law.

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

- People and their relatives were encouraged to express their opinions either in person or via the telephone. However, the registered manager told us the information obtained was not analysed to allow improvements to be made.

- Staff had a clear understanding of their roles and their day-to-day work which focused on the people they supported. One member of staff commented on the benefits of staff meetings. They said, "I have meetings, and they are very useful to increase my skills as a carer."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams, Oxfordshire association of care providers (OACP) and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up-to-date professional guidance.
- Staff had access to additional training to support their continued professional development.

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 registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager was responsive to issues and concerns.