

B S Care Limited

BS Care Limited

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

What life is like for people using this service:

Improvements to the assessment of risks and implementation of plans to reduce these risks were needed in some areas for people to ensure their safety. Quality assurance processes were in place but needed some further development to ensure they were always effective in identifying areas for improvement promptly, as well as identifying trends.

People and staff were encouraged to provide feedback and make suggestions. People were supported by skilled and competent staff. People received their medicines safely and as prescribed.

People received compassionate support which met their needs from kind and caring staff. People had the developed meaningful relationships with the staff, which was helped by the registered manager ensuring consistency of staffing. Staff knew what was important to people and ensured people had support that met their needs and choices. People's dignity and privacy were respected and their independence was promoted.

The registered manager was open and committed to making improvements.

Rating at last inspection: Requires Improvement (report published 15 May 2017)

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults. At the time of the inspection the registered manager told us they were providing personal care to approximately 150 people across Portsmouth, Hampshire and West Sussex.

Why we inspected: This was a planned inspection based on our last rating and aimed to follow up on some concerns we found in January 2017. In addition, we had received some information of concern prior to the inspection which we had asked the provider to investigate. We explored the areas of concern as part of our inspection.

Follow up: As the service remains rated as Requires Improvement, we will request an action plan from the registered provider about how they plan to improve the rating to Good. In addition, we will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

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 completely safe.

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was not completely well-led

Details are in our findings below.

Requires Improvement ●

BS Care 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 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.

Inspection team:

Two inspectors and two Expert's by Experience conducted the inspection. 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 older people with varying needs living in their own homes.

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

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback. We visited the office location on 6 November 2018 to see the registered manager, office staff and to review care records, policies and procedures.

What we did:

Before the inspection we reviewed information, we had received about the service since the last inspection.

This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 29 people using the service to ask about their experience of care. We spoke with eight members of staff, the registered manager and the nominated individual for the provider. We also requested feedback from six external health or social care professionals.

We looked at the care records for eight people, eight staff employment related records and records relating to the quality and management of the service. We also looked at how the provider managed medicines. Details are in the Key Questions below.

The report includes evidence and information gathered by the Expert's by Experience and feedback from one external health care professional.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. No one we spoke with raised any concerns around any aspect of safety and told us they felt safe receiving support from BS Care Limited. One person said, "Yes I have got to know the carers well so there is no reason to feel unsafe", they said they would call the office if they did feel unsafe at any time. Despite people's positive feedback, we identified an area of practice which was not consistently safe.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were understood by staff. However, care records were not consistently completed and at times lacked clear assessment of risks and plans to ensure staff knew how to mitigate the risk or manage it should it arise. This included risks associated with diabetes, choking, other specific health conditions and social situations. The registered manager said they would review people's care records to ensure all risks were assessed and plans implemented to give staff guidance.
- Some people told us that at times they were supported by new and unfamiliar staff. One person said, "My rota had a strange name on it and no one rang me to explain and I worried about them knowing what to do. That was recently, at a weekend". A second person told us, "New carers are not always introduced to you" and a third person said, "I have had strangers arrive and then it's up to me to tell them what to do. That does worry me".
- A lack of clear, recorded assessment of risks and guidance for staff to follow, poses a risk to people at times when they are supported by new or unfamiliar staff.
- Other areas of risk for people had been assessed and plans implemented. This included, where conditions posed risks of cross infection, risk associated with people's mobility and risk associated with people behaviours that could present challenges to them and others.
- Environmental risks were assessed before packages of care started.

Using medicines safely:

- At our last inspection in January 2017 we were concerned that the management of medicines was not always safe and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This had improved and the provider was no longer in breach of regulation.
- Most people managed their own medicine and the provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way.
- People said that they felt they received their medicines on time and in a way they wanted.
- Training had been reviewed in the light of previous concerns with medicines management. Training was now a full day in length, having previously been half a day and now included sections on recording and reporting. Staff files also demonstrated that staff received regular 'spot checks' from senior staff whilst on duty, which included testing staff knowledge of issues surrounding medicines management.
- Medicines records were maintained and there was a system of recording and identifying medicines errors. Where medicines errors or unexplained gaps in recording had occurred, action was taken.

Staffing:

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- Staffing was provided to people in line with their preferences as much as the agency were able to.
- Everyone we spoke with said they would recommend the agency to a friend or family member. No one expressed concerns about staff not arriving for their visits and said staff stayed for the allocated amount of time. However over 50% of people we spoke with expressed concerns about the timings of their visits. Whilst we were told this by people, we did not find any documented evidence to reflect that visits were late but we did find documentation which reflected that some visits took place earlier than planned. The registered manager and deputy manager were aware of a situation that had arisen in two locality areas which meant visit times had been affected. They had taken action about this and were working to rectify any rota issues that were outside of the agreed time bands made with people.
- We examined in detail the rota allocation, daily care records and the time band provided for six people, for the week of our inspection. We found no concerns regarding late or missed visits for 5 of these people.
- The registered manager monitored feedback from review meetings where people were asked about any concerns regarding the timings of their visits. We saw that based on reviews undertaken this year, 91 of 155 people said staff always arrive when expected, 58 said almost always and only 3 said this rarely happened. Action had been taken to address the concerns expressed by these three people.
- The registered manager and deputy manager told us visit times were discussed with people at their assessment and their preferences was asked. BS Care Limited did not provide time specific visits unless these were needed for a specific reason, such as to administer time specific medicines. Instead they allocated hour time slots for the visit to take place. In addition, they also allowed a further 30 minutes outside of these visits before they were considered 'late'. The registered manager said people were advised of this at the time of the assessment and it was also documented within their care plans. The registered manager told us that if they could not accommodate people's specific preferences this was discussed with people and they were provided with the option of requesting an alternative agency but people had chosen not to take up that offer.

Learning lessons when things go wrong:

- The provider had a system to record accidents and incidents. Where individual accidents or incidents required further investigation, this took place and the registered manager identified further learning for the individual staff involved. For example, we saw an accident as a result of moving and handling which identified the need for further staff training and an increase in observations on their practice.

Supporting people to stay safe from harm and abuse:

- The service had effective safeguarding policies in place. People were supported by staff who had been trained and who understood safeguarding, what to look for and how to report concerns.
- Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

Preventing and controlling infection:

- Staff had received training in infection control and had access to protective personal equipment such as gloves and aprons.
- People told us staff practiced good infection control measures.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

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 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.

- Where people did not have capacity to make certain decisions, capacity assessments were undertaken. However we found one person's records did not reflect that this had been done and their consent forms for personal care had been signed by family members, with no recorded evidence of this person's legal right to provide this consent. The registered manager said they would review this.
- Despite these records people were supported day to day by staff that knew the principles of The Mental Capacity Act 2005. Staff understood people's rights to make their own decisions whenever possible and for people with capacity to take risks and make potentially unwise decisions.
- Staff described approaches that demonstrated they encouraged people to make their own decisions and that staff respected these. They were clear they would report any concerns about a person ability to make or understand a decision to the office.
- Everyone we spoke with confirmed they were always asked their permission. One person, when asked if staff ask for their permission before providing care said, "Yes they ask exactly what I need to be helped with". A second person said, "Today the carer was new but she did ask".

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

- People's needs were assessed before the service began to provide support and people confirmed this. One person told us "Yes I had someone come out before carers started to visit to assess my needs". This included their physical, social and emotional support needs, as well as any needs associated with protected equality characteristics. Staff confirmed they received information about people new to the service before they went to them to provide care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Eating and drinking:

- Where people needed support with their nutrition and hydration needs this was provided.
- One person said, "I do what I can but if they see I am struggling to peel potatoes or grate cheese they will

step in and help". Another person said, "They always ask which dish I would like them to sort. It's always my choice". A third person told us, "I need to drink a lot in the night so they leave me bottles that I can unscrew. A jug would be too difficult. We put a shelf up so that I could reach them".

- Staff told us they always ensured they left drinks with people, helped them to make meals and to eat these if required. They told us they would report to the office if they were concerned that a person was not eating or drinking enough.

Staff providing consistent, effective, timely care:

- Where people required support to access healthcare professionals this was organised and staff followed guidance provided. One person told us, "Yes they have contacted my GP when I needed them".

Staff skills, knowledge and experience:

- People were supported by staff that had received training and supervision relevant to their roles. People felt staff were well trained and told us, "They know what they're doing".
- Staff had completed an induction before starting to work with people. This included training, shadowing more experienced staff and they were also required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff said they were supported in their role through supervisions and training. Ongoing refresher training was provided annually to assist them and to ensure they maintained the skills and knowledge required to enable them to carry out their roles effectively.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported with kindness, compassion, dignity and respect:

- Everyone spoke positively about the support they received from the care staff and often described their care staff as "friends". One person told us, "Very kind and caring. A young carer does my personal care in the morning. I have phoned BS Care to recommend that she be rewarded for her caring ways".
- Staff recognised when people were distressed and provided support. One person said, "They see me on teary days which I try to hide from family and they listen and raise my spirits. It's lovely to have them to understand as they know what my life is really like".

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

- Staff recognised what was important to people and respected this. One person told us, "They are also lovely to [named] who gets embarrassed that he's not able to do more for me. They include him in conversations. They take care to treat us as a couple".
- Staff supported people to express their views and maintain their independence. One person said, "Carers recognise I need to keep myself independent as possible" and another person told us, "They encourage me to be independent so they keep watch when I shower. It gives me security but I'm still doing it". A staff member said "I think helping people improve is part of the job. It's easy to just do things for someone, but you can take away their independence if you do".
- People and their relatives, where appropriate, were involved in routine reviews of their care.

Respecting and promoting people's privacy and dignity:

- People told us they felt their dignity was maintained mostly. Most people had been asked if they had a preference of the gender of carer that supported them.
- At the time of our visit to the office we identified one person who was receiving personal care visits by a male carer on occasions when they had requested at assessment that they would prefer a female member of staff. The registered manager told us this should not happen and they would resolve this. During our telephone interview a further three people told us that that they had experienced this but as soon as they had raised it with the service, changes had been made. The deputy manager told us they flagged people's preferences on their rota allocation system as they were made aware of concerns. The registered manager told us they would look at a system for inputting this into the rota management system at the time of assessment.
- Staff were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; using their preferred names and always asking first.
- The provider recognised people's diversity and their protected characteristics. People's diverse needs, such as their cultural or religious needs were reflected in their care planning and staff had received training

to support their understanding of equality and diversity needs.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care:

- People were empowered to make choices and have as much control and independence as possible, including developing care plans. Care plans were developed following an assessment of needs and people told us they and their relatives were involved in these. One person said, "Yes the manager and my daughter was involved three months ago".
- The agency tried hard to provide consistent carers to people and where staff had built relationships they had developed a good understanding of people wants and preferences.
- Care plans were personalised to a degree but some would benefit from more detailed information about people's preferences. For example, care plans were clear that people who were able to would provide direction about preferences to the care staff but where people may not be able to give this direction more detail would be beneficial.
- People told us they received the support they needed. One person told us, "The girls understand a particular condition and they sympathise with me. They remind me how things taste and smell". One person told us, "I chose all I needed from BS at the beginning, carers and I discuss the basics" and a second person said, "I had a choice of seven visits per week but I decided I only needed five visits a week".
- The provider had a system of reviewing care plans regularly to ensure they were relevant, up to date and reflected people's needs. Most people told us they were involved in reviewing their plans. One person said, "It was reviewed recently. I went through every page and crossed out or altered many inaccuracies. It was brought back three days later, not everything had been changed but it was better. I made the extra corrections and then signed it". This reflected this person was involved in the development of their care plan and able to make amendments where they wanted these. Another person said, "BS has asked me regularly if there are any changes in my health that may need further visits or a change in support". However, one person also said "I was unhappy on Saturday (date) when (staff member) ran in, asked me to sign my risk assessment and ran out again. Usually she would spend time and go through it with me. I've no idea if there were any changes". We discussed this with the registered manager who confirmed that the care plan had been reviewed with the person a few days before, and taken to the office to be retyped before returning to the person for signing. This reflected this person was involved in the development of their care plan and was able to make amendments where they wanted these.

Improving care quality in response to complaints or concerns:

- People were aware of the complaints procedure and how to make a formal complaint if they were unhappy about any aspect of the service provision. They felt comfortable to call the office to raise concerns.
- Most people told us that when they had raised a complaint, action had been taken to address this. One person said, "Yes I have complained when they had a staffing problem and visits were very late. It has changed a bit since then". A second person said, "Yes I have once when I asked them not to send a male carer 'Yes they listened to me and didn't send the male carer again".

End of life care and support:

- The registered manager informed us no one was receiving end of life care at the time of our inspection.
- The provider had a policy, based on national guidance in place to provide support to staff about the actions to be considered when a person was approaching the end of their life.
- The provider had ensured staff had received training to aid their understanding of supporting people at the end of their life.

Is the service well-led?

Our findings

Quality performance, risks and regulatory requirements; Continuous learning and improving care:

- At our last inspection in January 2017 we found systems and processes to monitor the service were not operated effectively because accurate records were not maintained in relation to the regulated activity. This was a breach of regulation 17 of the health and social care act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and was no longer a breach but further improvements were needed.
- The provider had numerous systems in place to monitor and assess the safety and quality of the service. These included monitoring complaints, safeguarding, training, incidents and accidents; recording the immediate action taken to address the individual issues but lacked recorded detail about wider lessons learned or any potential themes.
- Planned reviews of people's care were monitored to ensure they took place and that care plans or risk assessments were updated where needed. However, this system had failed to identify the lack of some risk assessments we found and reported on in the safe question, as well as the need for more person-centred information we have reported on in the responsive question.
- The registered manager and provider monitored any events of missed visits for people. The office staff did this manually at the time of the inspection via audits of 10% of people's daily records. As these records didn't go to the office for a period of up to 8 weeks, this meant missed visits may not be identified promptly. The registered manager told us staff would call the office if they identified that there has been a missed call.
- In addition, where concerns were reported in care records these were not identified until the records reached the office meaning prompt action may not be taken.
- Following the inspection, the registered manager told us these records were now being collected weekly so any issues could be identified sooner. The provider was also exploring alternative electronic monitoring systems to enable a quicker and more effective process to identify these areas of improvement. In addition, the registered manager told us that some training had been reviewed to take on points of learning we had shared during feedback to reinforce to staff.
- Medicines management records were audited when these records were sent to the office and action was taken to address concerns.

Leadership and management:

- There was a clear staffing structure in place and everyone understood their roles and responsibilities. They all expressed an ethos for supporting people in the way in which they deserved and providing good care.
- Everyone said they were satisfied with the care they received and that they would recommend the service to others. They felt that communication with their care staff was good and generally most people were satisfied with the level of communication from the office staff. However, there were some people who expressed they felt this could improve.
- For example, one person said, "They do listen if you have to ring about something", whereas another person said, "The office workers are always very polite and say they will sort something or call you back but it just doesn't happen".

- People knew who the registered manager was and although most said they hadn't had much contact with the manager, they expressed no concerns in feeling confident to raise concerns.
- We saw records confirming that where action was needed to improve staff performance this was done.
- Staff said they felt respected, valued and supported.

Engaging and involving people using the service, the public and staff:

- People and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service and culture.
- The service involved people as much as possible. They no longer used feedback surveys as they felt these were not effective in gaining people's views; An independent online service was used to collect views. Thirty-eight reviews had been collected and the service was rated five stars. Comments included: "Excellent carer, my relative has taken to them (sic) straight away. He has never allowed anyone in since his wife passed away and to see him happily talk to the carer when they showed interest was fantastic"; "BS Care provide excellent staff and service that is second to none, always available and they do keep me informed. Just a great team of very caring and helpful people, so helpful and friendly".
- During reviews of care, people were asked for their feedback and where needed action was taken to address any issues of concern.
- Staff meetings and supervisions were available for staff to share any feedback. Staff said they could make suggestions, raise concerns and felt confident these would be addressed.

Working in partnership with others

- The service worked in partnership with other organisations to support care provision and service development. For example, the deputy manager provided us with examples of working with adult services to discuss call time expectations with some people.