BMM Care Ltd

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Inspection report

Grand Arcade
Office 6 & 7 Apex House
London
N12 0EH

Tel: 02084464770

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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

This inspection took place on the 12 and 16 December 2016 and was announced.

BMM Care Ltd (also known as Kare Plus Barnet) is a domiciliary care agency providing personal care to adults in their own homes. At the time of our inspection the agency was offering a service to thirty two people. There was a registered manager at 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.

There is no inspection history for this service at this location as the provider changed location on 21 June 2016.

We found there was one breach of the regulations as the service was not always undertaking robust risk assessments. In addition where an environmental risk assessment had identified an issue remedial action was not taken to address the risk.

The service checked with staff they had received their rota in advance of their shift but did not have a 'log in' system and therefore the management team relied on people or their relatives to tell them if staff had not arrived for their call. There were some 'spot checks' undertaken to check staff attendance and performance and to allow people to give feedback but these had not been regular prior to our inspection. However following the inspection a field supervisor had been employed and had completed 'spot checks' for all staff.

People told us they felt safe and that they liked being supported by familiar care staff. They confirmed they were informed by the office staff if there was a change of staff member. There were robust recruitment processes in place to ensure staff were safe to work with vulnerable adults. We found staff could recognise possible signs of abuse and understood their responsibility to report safeguarding adult concerns appropriately.

Staff received training to administer medicines and this was audited by the care manager to ensure they were competent and that they followed the correct procedure. Staff told us they felt well supported by the registered manager and the office team. Staff had received appropriate training to equip them to undertake their role. This included training in the Mental Capacity Act 2005.

We saw examples of where staff had supported people to access the appropriate health care services and care plans gave details of people's health care support needs.

Care plans detailed people's support to eat healthily and to remain hydrated. People's care plans were person centred and clearly outlined what people's support needs were and how they would like to be supported.

People told us staff were caring and kind in their manner. We saw respectful interaction between a staff member and people when we visited their homes. Most people and relatives told us they were involved in their care planning and most plans identified people's diversity support needs.

There were good lines of communication between the management team and staff with all staff describing them as 'approachable'. In addition we received mostly positive feedback about effective communication between the management team and people and their relatives.

The registered manager and care manager undertook audits of medicines and daily notes each month and had identified staff errors that had subsequently been addressed. However the lack of spot checks and lack of a staff 'log in' system meant that staff performance was not being audited robustly. In addition care plans although up to date did not always include the appropriate risk assessments and this had not identified by audit. There had been a quality assurance audit in 2016 to obtain feedback from people and their relatives. We saw actions were taken to address issues when raised in feedback from the survey.

There was a breach of the regulations in relation to the risk assessments for people using the service.

We have made one recommendation in relation to the monitoring of staff attendance.

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?

Requires Improvement

The service was not always safe. Whilst there were some good measures were in place to protect people from harm not all risks were assessed appropriately.

People told us staff arrived and left on time however there was no 'log in' process to ensure staff had arrived on time. Spot checks were not always being undertaken on a regular basis at the time of inspection.

There was a robust staff recruitment process to ensure staff were safe to work with vulnerable people.

There was a safeguarding adult's policy and procedure and staff told us how they would report safeguarding concerns to the appropriate body.

Staff had received training to administer people's medicines appropriately.

Is the service effective?

Good

The service was effective. Staff told us they had good support from the management team and staff had received training to enable them to undertake their role.

We saw examples of when people were supported to access appropriate health services.

People were supported to eat a healthy diet and remain hydrated.

Staff had received training about the Mental Capacity Act 2005 and could tell us how they gained people's consent before giving support.

Is the service caring?

Good

The service was caring. People told us staff were kind and respectful in their approach.

People were supported to maintain their dignity and privacy.

Most people and relatives we spoke with were involved in their care planning.

Is the service responsive?

Good

The service was responsive. People had person centred plans that gave guidance to care staff about the way in which people wanted to be supported.

People and their relatives were given information to support them to make complaints and complaints were acknowledged, investigated and addressed in an appropriate manner.

Is the service well-led?

Requires Improvement

There service was not always well-led. Although audits took place they did not identify the gaps in risk assessments and did not check staff performance in a timely manner.

The service had a registered manager in post and people told us they and management team were approachable and responded appropriately to concerns.

There were good lines of communication between the management team and staff.

A survey was sent out in 2016 to people and their relatives to obtain feedback with regard to the quality of the service. Most responses were very positive and action was taken to address a concern raised in feedback.

BMM Care Ltd

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.

The inspection took place on 12 and 16 December 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one adult social care inspector.

During our inspection we reviewed five people's care records and associated documents such as daily notes and risk assessments. We visited two people who received a service in their homes. We looked at four staff personnel records and spoke with three staff members, the care manager and the registered manager.

Following the inspection we spoke with we spoke with one person who used the service and three relatives and a commissioning body.

Requires Improvement

Is the service safe?

Our findings

People had risk assessments in their care plans. This included a 'General Environment Assessment' that stated for example, people's means of evacuation, naming their emergency escape exits and a fire risk assessment that identified if smoke detectors were in place. We saw two people's risk assessment stated there were no smoke detectors in the person's home and "No" was put in the section for 'Recommended Actions'. We brought this to the attention of both the registered manager and care managers as this should be highlighted as a risk to both the people using the service and staff, and appropriate measures recommended and where possible put in place.

We noted that some risk assessments were not in place. For example one person remained in bed for lengthy periods and had continence support needs both of which can adversely affect skin integrity. However they did not have a skin integrity risk assessment in place. We saw staff were noting skin changes on a body chart in November 2016 as there was a 'small dark red mark.' A skin integrity assessment should have been in place to identify the level of risk to the person and to state what measures should be put in place for staff to take to minimise that risk.

We saw that some people required hoisting to transfer from their chair to their bed. However although daily notes referred to hoisting the person for example in July and September 2016 "Hoisted [X] back into bedroom" there was not a moving and handling risk assessment available for staff reference. The BMM Care Ltd Moving and Handling policy and procedure stated "An initial appraisal of risk must be undertaken and reported to the appropriate person." This had not taken place.

Another person's care plan instructed care staff to `Ensure my wrist band is on'. The wrist band was a falls detector to alert a family member in the event of a fall. However there was not a risk assessment around the falls risk that described history, level of risk or measures to take to minimise that risk.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12.

People described staff as "good" and one relative described some staff as "outstanding". People and relatives confirmed they mostly had visits from staff familiar to them who arrived at the scheduled time. Saying for example "This lady here is always on time." The registered manager confirmed that they try to schedule the same carers routinely for each person and use the same replacement carers so there is continuity for people. The registered manager told us they would not take on new commissions if they did not have the care staff to provide a good service with a core team of familiar staff.

We asked the registered manager how the agency ensure staff arrive and leave on time they told us "During induction we explain what is required with regard to time keeping. We do spot checks to see they are there on time and we also have feedback from the clients." We found there was no 'log in' system to ensure staff had arrived on shift and although some telephone checks were undertaken records were not kept by the service. There were some spot checks records available but they were not occurring every three months as

the policy stated on all occasions. Some people and relatives confirmed that the office staff were in contact to check the service was running smoothly. However some said the office did not phone them to check. The registered manager told us they were in the process of employing a field supervisor and following the inspection sent documentation to show that spot checks had been carried out for all care staff.

We recommended that the service adopt quality assurance measures to ensure that the calls have taken place in a timely manner.

To ensure staff knew what calls they were making they received an up to date rota on their phone at the start of the week and prior to the weekend work. The care manager showed us that they checked with each staff member to ensure they had received and were able to meet the requirements of the rota.

Staff told us there were enough staff to meet the calls and that they were given enough time for the tasks required "Yes I believe there is enough time to do the work." Staff told us they had were paid their travel costs and had enough travel time between visits. One staff member explained "If I leave five minutes early one day to travel somewhere further away I will always make sure I give that time back to them that week. Usually calls to people are in the same area – if there is a problem with the travel times when I look at my rota I would raise it with the office and they would make adjustments".

There was a robust recruitment procedure. The management team asked potential staff to complete an application form and attend an interview to identify if they were suitable for the role. Recruitment checks were undertaken with the Disclosure and Barring Service (DBS) to ensure they were safe to work with vulnerable adults. In addition staff signed yearly disclosure forms to ensure they had not been found guilty of a criminal activity following their initial DBS check. The service requested references, proof of address and confirmation of identity from the staff before employment began. There was a probationary period when staff performance was evaluated to ensure their suitability for the role.

People told us they felt safe with the staff who visited them "They are not bad at all." There was a safeguarding adult's policy and procedure for staff guidance and staff had received safeguarding adults training. Staff told us how they would recognise signs of abuse and how they would report any concerns to the registered manager or the care manager. We saw that the registered manager had reported safeguarding adult concerns to the appropriate body and had changed procedure in response to findings to avoid a reoccurrence of the concern.

Staff who administered medicines had undertaken face to face medicines administration training. Medicines given were administered from blister packs and staff signed the medicine administration records MAR sheet. Some liquid medicines were given and people's plans advised staff with regard to the required supervision for example "Watch to take medicines as I will throw it away thinking it is water." When medicines or creams were given daily records were signed as "medicines given". People's care plans contained information such as "allergic to aspirin" one plan stated "I am allergic to some medicines" we brought this to the attention of the registered manager that guidance to staff should be specific. The registered manager agreed to clarify this particular guidance for staff.

Good

Is the service effective?

Our findings

Staff told us they felt well supported by the management team. "I am happy in my job" and "I got supervision six months ago and one last month, I believe I am well supported". We saw that most staff had received supervision sessions but there were some gaps for one staff member. However in addition to the supervision sessions some staff had received a spot check to ensure they were competent to do their job and to identify areas where they required further training or support. These were not occurring on a regular basis. The registered manager explained they had almost completed the process of recruiting a field supervisor and following the inspection sent us the supervision sessions and further spot checks that had been undertaken by the supervisor for all care staff members.

Staff confirmed they had received an induction to the service before working by themselves. One staff member who had been new to working in health and social care told us "I am enjoying it – they are very supportive." They confirmed they had received an induction that consisted of training such as first aid and moving and handling and that they had shadowed experienced staff before working on calls. In addition during their first month they had worked alongside experienced staff. The staff member explained "They (management) told me don't rush, when we feel you are confident you can work by yourself."
Staff told us they found the training offered equipped them to undertake their role. Staff records evidenced staff had received training in key areas to support them to undertake their role for example safe administration of medicines, safeguarding adults, effective communication, diversity, dementia care, fire safety, infection control and record keeping.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found they had systems in place to ensure they upheld people's legal rights.

Staff had received training in MCA and DoLS and confirmed they had found this helpful. Staff described clearly how they could not force someone to do something but would need their consent before acting. One staff member gave an example of how they would try and encourage a person who needed to wash by showing them their clean clothes and nice smelling soap. We heard one staff member reporting to the office when the person they were working with would not allow them to wash up after making them porridge for breakfast. The staff explained they tried to persuade the person but the person was adamant they could do it themselves, however the care staff was very aware they could not but had acknowledged they did not have their consent to continue. We saw that the care manager reported the care staff had not washed up due to lack of permission to the family member. People's files contained an agreement stating their consent to the care provided these were signed by the person. Where people required family support to make decisions the service had recorded who held lasting power of attorney for the person.

We found care plans clearly stated people's medical diagnosis. The service had supported people to access the appropriate health and social care professionals such as the GP and district nurse when required. For example one person described that the registered manager had worked with the GP to ensure medicines were in place for their family member when they came out of hospital without the correct medicines, "Helped sort out the medicine for [X] when they came out of hospital, she helped us, she did us a big favour sorting it out." Staff were able to give examples of when they had contacted the appropriate health care service. For example the care manager described contacting the GP when one person was presenting with mental health symptoms and how a staff member had contacted the emergency services and waited with a person when they had fallen and were found on the floor of their home.

People's support plans detailed their dietary requirements stating what tasks were required to prepare meals and to ensure people were well hydrated. Stating for example "Meal preparation including breakfast, lunch and dinner" and stated food to be avoided "I dislike cheese" and "Ensure I am drinking enough fluids to keep me hydrated." We noted that some people's care plans gave clear guidance to staff about how people liked their tea served with instructions to leave a flask of tea with the person so they had adequate drinks available until their next care call.

Good

Is the service caring?

Our findings

People told us "The carers are pretty good, we are quite happy with the care – we haven't had a bad one" and confirmed "The girls are polite and friendly." When observing staff practice we heard a staff member say "Let me help you with that" and "Thank you so much" in a respectful manner.

We asked staff members how they build a positive relationship with people. One staff member told us "I always ask what is their priority, what do they want me to do first - the priority is what they want first." The registered manager told us "We try and keep the same carer to client and try and limit the number of carers working with one person." People confirmed they usually had staff they were familiar with, describing 'favourite' ones and said that "We do have carers coming in we don't know but not that often, just twice, but they rang to let us know and say so and so is coming today." This gave a continuity of care that allowed for a good working relationship to develop.

Staff told us they maintain people's privacy and dignity by, for example, closing the door to the room when they are supporting people and other family members are present in their home. We observed staff supporting one person to clean spilt food from their clothes after eating in a proactive and sensitive way that maintained the person's dignity. People's care plans contained a privacy statement that clarified what data might be shared and with whom.

People we spoke with knew about their care plan and where it was kept and said "I know they do it well." People confirmed care was given as they wanted it to be given. Most people and relatives we spoke with confirmed they had input the initial assessment and the ongoing care plan. Within the care plans we reviewed we found that people and their family members were involved with the initial assessment and had input when the plans were updated. In addition in most care plans we looked at family members had regular contact with the office and there were for example e-mail records liaising with family to discuss changes and concerns.

Most people's care plans contained information about people's diversity stating for example "I grew up in India, an important part of my life" and stating people's religious and cultural support needs such as ""I am a Christian" or "I am Church of England". However one plan, although clear about what tasks were required in a person centred way, did not contain information about the person's ethnicity, religion or their diversity support needs. We brought this to the registered manager attention who agreed to ask the family members who organised the person's care further information to give staff a greater understanding of their diversity support needs.

People's care plans highlighted people's independence stating what they could do for themselves for example "I am able to take my own insulin" and stating the aim of providing the care and support was "To enable me to remain independent in my home."

Good

Is the service responsive?

Our findings

People had an "agreed activities" assessment that identified areas of support. This included for instance personal care, medicines administration and moving and handling. They also had individualised care plans that were person centred and gave a clear history and current circumstances of the person. This included a description of where they lived, for example with family or in sheltered housing and who in the family supported them. The care plans had a section called "How I like to live my life" that gave information such as "I dislike waking early" and "I like to laugh and joke with people." Information was included important to the person such as the name of their pet, and their favourite activities for example "bingo" or "visiting grandchildren".

Staff told us the care plan gave the information they required to support the people they offered a service to. We saw that care plans gave guidance to staff for example there were clear guidelines for staff with regard to assisting a person with their nebulizer at lunch time, stating support and time required to use the nebulizer "I will breathe for 10 minutes".

People's personal care support needs were listed "I need help with my daily living activities" These were written in a person centred way and described for example prompting to get out of bed, supporting with personal hygiene, meal preparation and medicines administration. Care plans we looked at had been reviewed and updated appropriately.

People and relatives told us they found the registered manager approachable and felt able to raise concerns. There was a complaints policy and procedure. People and their relatives were encouraged to complain and were given copies of the complaints policy. The policy contained an easy reference flow chart illustrating the complaints process. We saw that complaints had been recorded, acknowledged and addressed in an appropriate manner. There was also a form that guided the registered manager or care manager investigating to ensure the process was followed robustly.

Requires Improvement

Is the service well-led?

Our findings

The management team undertook audits to ensure the quality of the service. There was auditing of staff performance with the use of spot checks. The service used a spot check matrix to show when staff required the three monthly spot checks. The spot checks audited aspects of provider policy such as the wearing of id badges and checked the punctuality of staff as well as asking people for their feedback of staff performance. For example "[X] is very happy with [Staff member] and recorded they said "[Staff member] is lovely."

However we found the management team had not completed spot checks in a timely manner. In addition there was no 'log in' system to ensure staff had arrived to provide care and support as stated in people's care plans. Therefore the management team were reliant on staff, people or their relatives contacting the service when there was a problem. As such at the time of inspection there were significant gaps in the auditing of staff performance and checks to ensure staff attendance at care visits.

The care manager read through the care plans during a spot check to ensure these were up to date and completed accurately. However the auditing of care records had not identified the gaps in risk assessments we found at inspection. The registered manager sent information to show us a new field supervisor had been recruited and all staff had received a spot check following our inspection.

The management team collected people's daily notes once a month for auditing. This ensured that staff had reported all incidents appropriately to the management team and that staff completed the daily notes in an accurate and respectful manner. Medicines audits were undertaken by the management team who identified errors or omissions and addressed the concerns with the individual staff member. The registered manager explained they noted staff were not always signing the MAR correctly as such they arranged further medicines administration training for fifteen staff in June and July 2016. Spot checks had then taken place by the care manager to ensure the learning from the training was embedded. This demonstrated that appropriate actions were taken to address a concern once identified by the auditing process.

People told us the registered manager was proactive if there was a problem "Oh she gets things done" and "People from the office come to see us and she [registered manager] pops in sometimes to speak with us." People and relatives confirmed the office staff were approachable.

Staff spoke positively about the communication with the office staff "I feel I am well supported by the managers" and "If I had a concern I could go to the office or phone the office." Another staff member said "Yes it is very well run, they are good people they help – if you find something difficult they help." Another member of staff described the care manager as "wonderful" and the registered manager as "approachable" and said "You can communicate as often as you need to." We saw that there were regular team meetings in the office to share information.

Information was provided to people in a 'Service user guide' when the service commenced and contained for example 'A statement of purpose' and gave contact numbers as well as information about how to complain. There was a company handbook that contained information for staff that included policies such

as the medicines administration and data protection policy and gave clear guidelines with regard to dress code and the provider's expectations.

The service had sent out quality assurance questionnaires to people and their relatives in April 2016. The registered manager explained that they aimed to send a questionnaire at least every six months. Responses were favourable confirming for example staff carried out tasks properly and professionally and that care workers arrived on time. Responses from the survey were analysed and appropriate action had been taken by the registered manager when one staff member was not working as the service required.

The service had taken part in the local authority provider forum going on medicines training and the registered manager on end of life training. The commissioning body confirmed the service worked in a transparent way with them. BMM Care told us they were part of the UK Homecare Association and have signed up to the code of best practice.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(a)(b)

The enforcement action we took:

None