

BJP Home Support Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected BJP Home Support Limited on 5 and 10 March 2015. This was an announced inspection. We informed the provider at short notice (48 hours before) that we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information that we needed.

The service is registered to provide personal care to people living in their own homes. The service provides care and support to older people, who have a learning disability, mental health conditions, physical disability or

those people who are at end of life. Every third week BJP Home Support Limited provides a rapid response service and is on call during this time. The aim of the rapid response is to provide care and support to those people in their own homes whose informal care and support package has broken down unexpectedly and who may have had to go into a hospital or care home because they were unable to manage at home. This service is also provided to people who are discharged from hospital. This service is provided to people for up to six weeks and then the person is reassessed and their ongoing needs determined.

Summary of findings

The home had a registered manager. 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 were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Prior to the commencement of the service staff from BJP completed environmental risk assessments of the person's home. We saw that individual safety checks had been carried out in each home setting. Safety checks looked at the gas supply, electricity points, where the stop cock was, equipment to be used, fire risk, smoke alarms and all areas of the person's home. We saw that equipment such as hoists was checked to ensure that they had been serviced and was fit for use. This meant that the provider took steps to ensure the safety of people and staff.

There were risk assessments in place for people who used the service. The risk assessments and care plans had been reviewed and updated on a regular basis. Risk assessments covered areas such as scalds and moving and handling. Risk assessments required further development as they were not individual to the person. This meant that staff did not always have the written guidance they needed to help people to remain safe.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. However some records needed further detail to ensure care and support was delivered in a way that they wanted it to be.

Staff told us that the registered manager was supportive. Staff had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager had undertaken appraisals with staff.

Staff had received training which had provided them with the knowledge and skills to provide care and support. Effective recruitment and selection procedures were in

place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

The registered manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. The registered manager told us that staff had been on training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

There were enough staff employed to provide support and ensure that people's needs were met.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Care plans we reviewed contained lists of people's medicines and also information about where people kept the medicines, how they should be administered and what time they should be taken. We recommend that the service consider National Institute for Health and Care Excellence (NICE) guidance to ensure that all information on current medication list is up to date and accurate and take action to update their practice accordingly.

People and relatives told us that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People were provided with their choice of food and drinks which helped to ensure that their nutritional needs were met.

Staff at the service worked with other healthcare professionals to support the people. Staff worked and communicated with social workers, occupational therapists, hospital staff as part of the assessment process and others.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Summary of findings

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 safe.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Risk assessments required further development as they were not individual to the person.

Good



Is the service effective?

The service was effective

Staff had a programme of training and were trained to care and support people who used the service both safely and to a good standard. The registered manager had a plan in which to ensure that all staff received supervision and an annual appraisal.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 and had received training.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Good



Is the service caring?

This service was caring.

People told us that they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were in place. Some plans needed more information to ensure that care and support was provided in a way which was acceptable to the person.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Good



Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Good



Summary of findings

There were systems in place to monitor and improve the quality of the service provided. The service had an open, inclusive and positive culture.

BJP Home Support Limited

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.

We inspected BJP Home support Limited on 5 and 10 March 2015. This was an announced inspection. We gave the provider short notice (48 hours) that we would be visiting.

The inspection team consisted of one adult social care inspector, a pharmacist inspector and an expert by experience who had experience of domiciliary care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. 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.

During the inspection we spoke with 30 people who used the service or their relatives. We also visited an additional three people in their home. We also spoke with the registered manager, general manager, provider, senior support worker and a support worker. We contacted the local authority to find out their views of the service. We looked at ten people's care records, six recruitment records, the training chart and training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person said, “The staff are very good. I know all the staff and who is coming. I lock the door after them when they have gone.”

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. Staff were very aware of local safeguarding protocols and provided examples of how they had used them. Staff we spoke with told us that abuse and safeguarding was discussed at supervision and during staff meetings. Records looked at during the inspection confirmed this to be the case. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. They told us that the training had provided them with the information they needed to understand the safeguarding processes that were relevant to them.

Records looked at confirmed that the home's management team had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service. People who used the service and the relatives we spoke with during the inspection were aware of who to speak with should they need to raise a concern. They told us that they felt safe and trusted the staff who helped to provide them with the care and support that they needed. We found the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone.

We saw written evidence that the registered manager had notified the local authority and CQC of safeguarding incidents. The registered manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

The registered manager told us the service was provided from 7am until 11pm. This meant that some staff visited people at their home when the office had closed. The registered manager told us how senior staff were on call to provide support to staff. This showed that the provider took steps to ensure the safety of people who used the service and staff.

The registered manager told us that staff were issued with identification to show people who used the service that they worked for BJP. Staff were also given a first aid kit in case of emergency. Staff were supplied with a circuit breaker to keep them safe when working with electrical equipment and a bath thermometer. The bath thermometer was used to test the water temperatures of baths and showers of people who used the service to make sure that the water was of a safe temperature.

We were shown records which informed that prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Safety checks looked at the gas supply, electricity points, where the stop cock was, equipment to be used, fire risk, smoke alarms and all areas of the person's home. The registered manager told us that equipment such as hoists would be checked to ensure that they had been serviced and were fit for use. This meant that the provider took steps to ensure the safety of people and staff.

There were risk assessments in place for people who used the service. The risk assessments and care plans we looked at had been reviewed and updated on a regular basis. Risk assessments covered areas such as scalds and moving and handling. Risk assessments required further development as they were not individual to the person. For example we saw that people had a risk assessment for moving and handling. This risk assessment detailed the importance of staff ensuring good posture to prevent back injury; however it did not highlight any individual risks to the person. Another risk assessment for a person who needed the hoist informed of the importance of promoting dignity but did not detail the individual measures that were taken to keep the person safe. We pointed this out to the registered manager who said that they would review risk assessments for people who used the service.

During the inspection we looked at the records of six newly recruited staff to check that the agency recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. References had been obtained and

Is the service safe?

where possible one of which was from the last employer. The general manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service

The general manager told us that all new staff shadowed experienced staff until they were competent and confident. This helped to ensure that people were supported by skilled and experienced staff.

The registered manager told us that the service employed 130 staff. This included care staff, senior care staff, co-ordinators, rota administrators, a registered manager and a general manager. The registered manager told us that at the time of the inspection there were 310 people who used the service. The registered manager told us that there were enough staff employed to meet the needs of current people and if there was to be an increase in demand.

The registered manager told us the agency provided a flexible service in which to ensure that they met the needs of people. We were told and saw records which confirmed that people's needs were assessed on an individual basis. The registered manager told us that people and staff were provided with a weekly rota, which informed what time staff would be providing support and the names of staff. This meant that people would be aware of the times and staff who would be supporting them for the week ahead.

People we spoke with during the inspection said that the staff turned up on time and stayed for as long as they were expecting them to. Of the 33 people who used the service that we spoke with during the inspection there had been six occasions when staff had missed calls. When calls are missed the registered manager made a safeguarding referral to the local authority. Investigations had taken place as to why calls have been missed to ensure lessons are learnt and to prevent reoccurrence. One person we spoke with said, "I can set my clock by them. They always turn up when they say they will. I would be lost without them."

Some people who used the service relied on staff to support them with their shopping. People we spoke with confirmed that staff always provided them with receipts for their shopping and counted out their change. When we visited one person at home we looked at the financial

transaction sheet on which staff recorded what they had purchased for the person and how much it had cost. We could not audit the financial transaction record as receipts were disorganised and not kept with the actual record.

We asked the registered manager what staff would do in the event of a medical emergency when providing care and support for people who used the service. The registered manager told us that all staff were up to date with their first aid training. We looked at the training chart which confirmed this to be the case. The registered manager told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

During this inspection we looked at the medicine records of six people who used the

Service. We spoke with staff about medication and reviewed the provider's medication policies.

Of the six medication records we looked at, we visited three of the people in their own home to make sure that appropriate arrangements were in place to manage medicines safely.

The provider had a detailed medication policy in place which stated the different levels of medication support that was provided for individual people. We saw that the provider had recently updated their medication policy and that the level of support stated in the medication risk assessments did not currently match the level of support listed in the medication policy. We brought this to the attention of the registered manager at our visit and action was taken to address this issue. The level of support identified in the risk assessment matched the level of support given for all three people we visited. This was also the same level of support recorded on the Medicine Administration Chart (MAR) by staff.

Care plans we reviewed contained lists of people's medicines and also information about where people kept the medicines, how they should be administered and what time they should be taken. We recommend that the service consider National Institute for Health and Care Excellence (NICE) guidance to ensure that all information on current medication list is up to date and accurate and take action to update their practice accordingly.

Is the service safe?

Some medicines were in blister packs supplied by the pharmacy. The pharmacy labels had the instructions to ensure staff administered the medicines to people appropriately. We saw an example of this when we visited one person in their home. Staff recorded administration of these medicines as 'medipack' and did not list the individual medicines administered at each dose. Staff told us that the list of individual medicines administered were listed in their 'medication profile' within their care plan, however for this person for one medicine the dosage time on the medication profile did not match with the time of administration by staff. It was unclear from records when the medication profile for this person had last been reviewed. This meant that if one or more of the tablets were not taken because the person declined to take it or if it was accidentally destroyed or lost, the records would not accurately show which medicine had been missed.

For one person whose medicines were administered from the original boxes supplied by the pharmacy. The medicines were accurately recorded on a handwritten MAR. Also for two people who had help from care staff to apply creams good records were kept.

We were told that care staff were given medication training and were shown certificates of medication training for four members of care staff. We also saw that care staff we assessed by a supervisor to make sure that they were following guidance.

The registered manager completed an audit of the records made on the MAR when they were returned to the office to ensure that MARs were completed each time medicines were administered. However there was no audit of the medicines listed in the medication profile of the care plan to ensure that an accurate record was kept of the medicines administered by care staff. This was pointed out to the registered manager at the time of the inspection.

As part of the inspection process we spoke with people who used the service who needed help from staff to administer their medicines. People did not report any problems and advised that care staff were reliable.

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge to support people with their specific needs. One person told us, “I think that in the main they are trained and do know what they are doing.” Another person said, “They are marvellous I just couldn’t manage without them.”

The registered manager showed us a chart which detailed training that staff had undertaken during the last three years. We saw that training in food hygiene, safeguarding, fire, health and safety, mental capacity, first aid and medication was provided every three years. Moving and handling training was provided to staff every two years. We saw that staff had also received training in infection control, dementia, person centred care and in behaviour that challenges. The registered manager told us that some staff had received training specific to the people they cared for. This included training in catheter care, diabetes and epilepsy. We saw that staff held suitable qualifications and / or experience to enable them to fulfil the requirements of their posts. Staff we spoke with during the inspection told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people.

On the day of the inspection we spoke with staff about training they had undertaken in the last three years. Staff confirmed they had been trained in safeguarding, mental capacity, moving and handling, fire safety, medication, food hygiene and first aid. One staff member said, “I’m up to date with all of my training.”

Staff we spoke with during the inspection told us that they felt well supported and that they had received regular supervision and an annual appraisal. We looked at the records of seven staff which confirmed that they had received supervision on a regular basis and an annual basis.

The registered manager told us that they assume people who used the service have capacity unless they are told otherwise. The registered manager told us that they had any concerns in relation to a person they would inform the person’s social worker or health care professional. We were told that where necessary other professionals involved in their care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people’s choices. Staff told us that people and their families were involved in discussions about their care. The training chart informed that 100% of staff were currently trained in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

The service provided support to people at meal times. Those people who were able were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice. One person said, “I usually get a frozen meal or sometimes I have fish and vegetables.” They also said, “I have a little deep fat fryer and they come and do me chips. I am quite happy.”

The registered manager and staff we spoke with during the inspection told us they worked with other healthcare professionals to support the people. The registered manager told us how they communicated with social workers, occupational therapists, hospital staff as part of the assessment process and others. One person who used the service said, “Twice the carer has sent for the doctor for me because I was poorly.” People were provided with the equipment they needed prior to the commencement of the service for example raised toilet seats and hoists. This meant that people were supported to maintain good health and had access to healthcare services.

Is the service caring?

Our findings

All of the 33 people we spoke with as part of the inspection process told us that staff were caring and kind. One person said, “I had a fall and they could not have been more caring and comforting.” Another person said, “Just before Christmas I went into hospital with liver and kidney problems. When I got back home the staff were very good and most concerned for me. They were brilliant.” A relative we spoke with told us, “My husband who receives the care initially needed them to use a hoist when moving him, but they worked at it and involved me in encouraging him. He does not go out but is now walking with aids in the house.”

The registered manager told us there was a person centred approach to the support and care that people received and this was very evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff clearly knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions.

The general manager told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. We saw the key policies and procedures contained information on the service’s values and beliefs such as; privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with people.

Two people we spoke with during the inspection process told us how staff had been supportive following bereavement. One person said, “The staff who call on me were brilliant when my husband died. They were so compassionate and really helped me through.”

People told us they felt involved in making decisions relating to their care and support. For example, prior to using the service, people were visited at home by senior staff for an initial assessment. During this assessment people were asked what time they would like visits to take place and if they preferred a male or female staff. People or their relatives told us that they had been involved in making decisions about the care and support that they received. During the inspection we heard staff discuss changing the times of one of their calls to accommodate the needs of the person. We heard staff discuss the rotas and how they could accommodate this request from the following week. This meant that people were involved in making decisions about their care and that staff worked hard to accommodate this.

People's diversity, values and human rights were respected. Staff demonstrated to us that they knew how to protect people's privacy and dignity whilst assisting with personal care but how they also ensured that people were safe. Staff told us of the importance of encouraging independence. They told us about one person who was unable to use a knife and fork but didn't like to be fed by staff. The staff member told us how they made the person food that they could pick up with their fingers to encourage their independence. Staff told us the importance of closing doors and covering people up when they were providing personal care. A staff member we spoke with said, “Look after someone the way you would want to be looked after and I don't think you can go far wrong.”

Is the service responsive?

Our findings

People and relatives we spoke with during the inspection told us that staff knew them well and were responsive to their needs. One person said, “The girls are great. My daughter in law does my shopping but if I run out of anything they will go and get it for me.” Another person told us how the times of their visit hadn’t suited them and that they had spoken with staff at the office and their times had been changed.

Most people were referred to the service after they had been assessed by a social worker, however some people did pay privately for their own care.

BJP provided personal care and support to people to enable them to continue to live in their own home. The service provided flexible care and support to people between the hours of 7am and 11pm. Every third week BJP provides a rapid response service and is on call during this time. The aim of the rapid response is to provide care and support to those people in their own homes whose informal care and support package has broken down unexpectedly and who may have had to go into a hospital or care home because they were unable to manage at home. This service is also provided to people who are discharged from hospital. This service is provided to people for up to six weeks and then the person is reassessed and their ongoing needs determined. The general manager told us that for the rapid response referrals were acknowledged and responded to within two hours. Senior staff visited the person at home to undertake an assessment of the person’s needs and on some occasions would provide immediate care and support to the person if this was needed.

During our visit we reviewed the care records of ten people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Of the care records we looked at during the inspection some detailed person centred care and support that the person needed, however some plans of care were more task related. For example the care plan

for one person for eating and drinking clearly stated what the person could do for themselves and the assistance needed from staff. It also included evidence of personal choice. The care plan for another person clearly stated their morning routine and that they liked to have Weetabix and a cup of tea for their breakfast. However the care plan for hygiene and dressing for another person was more of a task list. It informed staff to check the water temperature, have toiletries to hand and check the person’s skin. The care plan did not state what the person could do for themselves and the support that was needed from staff. The care plan did not include any evidence of person choice. We spoke with the registered manager in respect of this who acknowledged that some care plans required further development.

The registered manager told us the service had received six complaints in the last 12 months. We were told that senior staff maintained regular contact with people and relatives to make sure that they were happy with their care rehabilitation and support. If any concerns were identified then these were acted upon quickly to avoid any unnecessary upset. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. The procedure was a little misleading as it informed that the complainant could contact the Care Quality Commission with their complaint. The Care Quality Commission cannot investigate individual concerns / complaints. However, we are interested in people’s views about the service. People who used the service told us that they did not have any concerns. People told us that they felt listened to and that they felt confident in approving staff or the registered manager. The service also had a simplified easy read version of the complaint procedure that contained pictures.

We saw that people had been asked to provide feedback on the service they had received. We found that the service had received many compliments. We saw that one compliment described a staff member as a ‘Ray of sunshine.’

Is the service well-led?

Our findings

People who used the service, relatives and staff that we spoke with during the inspection spoke highly of the registered manager and provider. They told us that they thought the service was well led. One person said, “They are very organised. I ring and speak with the office and they are very helpful. Some of the staff come out to see me to make sure that I’m ok and that I am happy with the care that I am getting.”

The service had a registered manager. We spoke with the registered manager, providers and general manager who told us there were clear lines of management and accountability and all staff who worked for the service were very clear on their role and responsibilities. Staff told us that the registered manager and other senior staff had an open door policy so that staff have access to support at all times. From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in strong teamwork, with a clear focus on working together. One staff member we spoke with said, “She (the registered manager) is very easy to approach and will always make time for you.”

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. A staff member we spoke with said, “We are encouraged as staff to come forward and speak out.” We saw staff encompassed the values of the service when speaking about their work and these were clearly embedded in practice.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that surveys were sent out to people and staff on an annual basis to seek their views on the care and service provided. We saw records to confirm that in January 2015 questionnaires were sent out to 260 people and that 91 were returned. The survey results were very positive. People thought that staff were punctual, reliable, competent and had a good attitude to their work.

The registered manager told us that senior staff also visited people who used the service in their own home to make sure that they were happy with the care and service they received. These visits would sometimes be at the same time a care worker was supposed to arrive at the person’s home. We were told that checks were made to ensure that staff arrived at the person’s home at the time they were supposed to.

We saw records to confirm that staff meetings and senior staff meetings took place quarterly. We saw that open discussion had taken place about the working patterns, safeguarding, training, supervision, documentation, medication, and improvements needed. When staff had been unable to attend meetings we saw records that information from meetings had been shared with staff at their supervision meetings.

We saw records to confirm that management meetings took place on a monthly basis. We saw that discussion had taken place about safeguarding, complaints, accidents and incidents, business growth, recruitment and complaints.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified.