

Boocare Ltd

Boocare

Inspection report

Unit 11, Canvin Court
Somerton Business Park, Bancombe Road
Somerton
TA11 6SB

Date of inspection visit:
31 January 2019

Date of publication:
14 March 2019

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 ●

Summary of findings

Overall summary

Boo Care is a care service registered to provide personal care to people in their own homes (domiciliary care). The service specialises in providing a support to people in the local community and surrounding villages. We announced our intention to inspect the domiciliary service so we could be sure the registered manager, staff and people receiving a service were available to talk to us.

The inspection took place on 30 January 2019. This is the first inspection of the service since it was registered on 12 February 2018. 29 people were receiving a service at the time of the inspection.

People we spoke to told us they felt safe with the staff who supported them. One person said "I am very safe, very satisfied. They take their time and do all the things I ask." A relative said "They never let you down. They always turn up on time. There are absolutely no worries."

People received the care required to keep them safe in their own homes. They told us about the arrangements in place to enable staff to enter their homes safely and regarding their privacy and independence.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work with people in their own home. New staff received a comprehensive induction and could shadow experienced staff. They did not complete visits to people alone until they felt confident.

People were supported by sufficient numbers of regular staff to meet their needs. People received reliable support from a team they knew. Staff arrived on time and did not let people down.

People were assessed to establish whether they needed or required assistance with medicines. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered.

People received effective support from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident that staff were trained and competent to deliver the range of care and support required.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. When people needed to attend hospital, the service offered flexible support by moving the time of their visits.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day.

People who received a service and their relatives told us staff were always kind and polite. Staff were described as "Kind and compassionate" and "Good, nice and kind." People valued the companionship they received from their regular carers. One person said, "They are very caring. We have a good old laugh too."

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they required. Some people received two visits weekly to assist with a shower. Other people required several visits a day to enable them to stay safely in their own homes. Staff knew people and if they were unwell or if a family member was away additional visits could be made on a short-term basis.

People received care that was responsive to their needs because all staff involved in the service understood the importance of knowing people well and continually checking that the support they were providing continued to be what the person required.

The service was well led by the registered manager who put people firmly at the centre of the service they provided. They listened to people and acted to ensure the service they received was reliable, flexible and caring. People using the service, their relatives and staff found the registered manager to be knowledgeable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Policies and procedures minimised the risks of abuse to people and ensured they received care safely.

There were adequate numbers of staff to make sure people received care at a time which meant their needs and wishes.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People felt staff were caring and made sure they were comfortable and content.

People were involved in decisions about their care and support and felt able to discuss their wishes with staff and the provider.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was extremely personal to them and took account of their preferences.

People told us they would be comfortable to make a complaint

and felt any concerns raised would be dealt with.

Is the service well-led?

The service was well led.

People benefitted from a provider who had a clear vision for the service and was open and approachable.

There were systems in place to monitor the quality of the services and to seek people's views.

Good ●

Boocare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 30 January 2019. The provider was given notice because the location provides a domiciliary care service and we needed to be sure we could meet the registered manager and key staff. It also allowed us to arrange to talk to people who received a service.

Boo Care provides care and support to people living in their own homes. Most people were receiving personal care. Some of these people also received help with cleaning or shopping. This part of the service is not regulated by us and was not part of this inspection. The majority of people received regular short support visits at a time to suit them.

At the time of the inspection they were providing personal care to 29 people. We spoke with five people who received a service and three relatives. We met the registered manager, the supervisor and three staff.

We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People received care that was safe.

People we spoke to told us they felt safe with the staff who supported them. One person said "I am very safe, very satisfied. They take their time and do all the things I ask." A relative said "They never let you down. They always turn up on time. There are absolutely no worries."

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work with people in their own home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults. Staff could shadow experienced staff and did not complete visits to people alone until they felt confident.

Staff had received training in how to recognise and report abuse. Training records confirmed this. Staff understood incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The registered manager confirmed any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

Before a service commenced in a person's home risks assessments were completed which established whether it was safe for people to receive a service and whether it was safe for staff to work there. Care plans contained detailed individual risk assessments relating to people's risk for example of falling. The assistance people needed to move about their homes and the risks involved were recorded. The registered manager and staff could tell us about the ways in which people's risks were assessed and the action taken to overcome hazards and reduce the risk of harm.

Staff were aware of the care required to keep people safe in their own homes. They told us about the arrangements in place to enable staff to enter people's homes safely. Staff spoke in detail of how they kept some people safe by balancing their need for independence and the need to minimise the risk of harm.

People's records were accurate and up-to-date. Staff accessed this information in people's homes to provide knowledgeable, safe care. The registered manager emphasised the importance of communicating with staff verbally so they were fully informed about people. They worked alongside care staff and had contact with people daily. Staff could come into the office regularly.

People were supported by sufficient numbers of regular staff to meet their needs. People received support

from staff they knew. The registered manager was careful to balance the number of people receiving care with the number of staff available. They said it was important to ensure there were always sufficient staff to cover in the event of a crisis.

People said there were enough staff. Staff were very reliable and did not let them down. Relatives commented on the good time keeping of staff. Staff told us their work was well organised and logical. When two staff were needed to deliver care to people it worked well. They had enough time to travel from one person to another. One staff member said "You can spend the full time with people. It is nice to be able to have a little chat. We might be the only person they see all day."

When equipment was used in people's home staff were aware of their responsibilities and had received training. They checked equipment had been serviced. The supervisor was a manual handling trainer who could support and train new staff. The service liaised with occupational therapists to ensure best practice was maintained as people's needs changed.

People were assessed to establish whether they needed or required assistance with medicines. Some people wished to be independent and manage their own medicines. Some people were assisted by family members. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people. The supervisor assessed staff to confirm they were competent to administer medicines after they had been trained. Regular medication audits were completed. Any concerns regarding medicines would be followed up promptly.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons. Senior staff visited people's home and carried out "spot checks" where they observed staff practiced safe hygienic care. One relative said "They always wear gloves when they need to. They look very smart in their uniforms."

Is the service effective?

Our findings

People received care that was effective.

People received an initial assessment from the registered manager or supervisor to establish the amount and type of care they required. People and their families discussed the support they needed. Some people required weekly visits others received support up to five times a day.

Each person was assessed in the same way and a plan of care was established that met their needs and preferences and complied with current good care practice.

People received effective support from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident that staff were trained and competent to deliver the range of care and support required. Staff told us they received good training using a variety of methods. They were always kept up-to-date with people's care by the registered manager. Additional support and advice were available at any time. They told us the registered manager and supervisor were very "hands-on" and would work with them if required.

New staff were completing the Care Certificate as part of their comprehensive induction. This is a nationally recognised basic care qualification. Staff had regular up-dates including Moving and Handling practical teaching and assessment. Staff were issued with a very comprehensive Health and Safety Handbook.

When people were initially assessed they could request assistance and support with eating and drinking if this was required. Some people required assistance with shopping or food preparation and this formed part of the general service not regulated by us but essential to the maintenance of people's well-being and independence.

People's wishes and choices regarding their diet was respected. One relative said they made sure their relative's freezer was full and knew staff offered their relative choice and encouraged them to eat a variety of meals. Another person said they were pleased with the food prepared for them and they had previously been a chef.

If there were concerns about the amount people were eating or if they appeared to be losing weight the service contacted family members or their GP. One relative was pleased with the help their family member had received with additional drinks when they had needed them.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. When people needed to attend hospital, the service offered flexible support by moving the time of their visits. One person told us how staff had helped them to recover after they had an accident. They had reduced the amount of care as they had recovered. They said "They were so well trained. They asked how I wanted to be helped. Good, nice, polite staff."

People only received care and support with their consent. People signed a customer consent form following their assessment which enabled the service to use the information to plan and deliver their care and support. Staff told us they always checked when entering people's homes that they wanted care and support that day. One member of staff said, "We always ask what they want that day and respect their wishes." A relative said staff would "Work with and around" their family member according to their preferences on any given day.

Most people receiving support from the service at the time of the inspection were able to make their own decisions. However when people lacked the capacity to fully consent to care the managers and staff knew how to act in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

People's homes were assessed when they began to receive a service to make sure they were as safe as possible and staff could work with the minimum amount of risk. Staff understood they worked in people's homes and respected their ways of living and belongings. When additional equipment was needed to maintain people's independence or when their needs changed the service approached appropriate professionals to ensure it was installed safely.

Is the service caring?

Our findings

The service was caring.

People who received a service and their relatives told us staff were always kind and polite. Staff were described as "Kind and compassionate" and "Very polite and kind" People valued the companionship they received from their regular carers. One person said, "They are very caring. We have a good old laugh too."

Staff got to know people well and by "Knowing and understanding them" they could support them to be as independent as possible and offer reassurance and encouragement in their daily lives. People could make changes to their care and support at any time. They could talk to staff who arranged for senior staff to go in and see them. Every three months people's care was reviewed formally to make sure they were still satisfied.

People were treated with respect and their privacy was maintained. One person said "They are not pushy. They do not take over. They see when I need help to do things and hold back if I am ok. They do whatever I want. They chat to you but they listen to you too. I am certainly very pleased with the service I get."

Relatives told us of the patience and care shown to their family members when they were upset. One relative said staff had built up a good relationship and were always patient, always the same regardless of the problems they might encounter.

Some relatives could work with staff to support their family member. One relative spoke about the difference having "Help" had made to the lives of their family member and themselves. They said life had become a lot less stressful. Another relative said they had been able to go on holiday because staff had "Stepped up" and been particularly vigilant and kind.

Is the service responsive?

Our findings

The service was responsive.

People received care that was responsive to their needs because all staff involved in the service understood the importance of knowing people well and continually checking that the support they were providing continued to be exactly what the person required.

Following an initial assessment people sometimes accepted a visit time which was available but later wanted to change the time or frequency of visits. The registered manager adjusted the care provision as quickly as possible and told us how important it was to get the timings of visits and the care provided.

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they required. Some people received two visits weekly to assist with a shower. Other people required several visits a day to enable them to stay safely in their own homes. Staff knew people and if they were unwell or if a family member was away additional visits could be made on a short-term basis. One person had reduced their care as their health had improved.

The "Customer Care Plans" were written in great detail and were very personalised. The large amount of detail and information about personal preferences gave clear guidance to staff regarding the support the person required and how it should be provided. Plans were concise and easy to use.

The information regarding the person's lifestyle and preferences and details of the activities staff needed to undertake emphasised the importance of getting things just right for people. For example, one person could lift a bottle of water which was one third full. If the bottle was too full they would not be able to manage and would not be able to have a drink or take their medication later.

Information about people's underlying health conditions or possible developments such as pressure damage to people's skin enabled staff to care for them in an informed manner and to avoid possible preventable complications. People's needs were reviewed regularly and when additional support was required this was discussed with the person and their relatives if applicable.

Staff worked with families to support people. The amount of support families required varied and was agreed with them. Some family members were closely involved in the delivery of care. Others found the support staff gave enabled them to have peace of mind. Relatives who lived away were kept informed of any issues regarding their family members health and well-being.

People and their families were encouraged and supported to raise any issues or concerns with the staff, supervisor or registered manager. There was a formal complaints procedure however issues were dealt with promptly and informally. People and relatives said they could talk to staff, the supervisor or registered manager and action was taken promptly so formal complaints were not needed.

Some people received care and support at the end of their lives. The support offered was very flexible and could be varied to meet the needs of the person and their family. Each person's needs and their family's preferences had been considered on an individual basis. Staff worked with GPs and the community nursing team to ensure people's needs were met. The registered manager and staff spoke compassionately about the people they supported at the end of their lives and the support they could offer to their families. Staff told us the registered manager offered them support when they needed it and was always available to talk over any aspects of care for people at the end of their life.

Is the service well-led?

Our findings

The service was well led.

People were supported by a team that was well led. The registered manager was also the registered provider and ran the service daily. 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. The registered manager was a well-qualified nurse with extensive experience in community and residential care. They continued to use their skills and knowledge to support other health professionals.

The registered manager was supported by the supervisor. Both the registered manager and the supervisor were skilled and experienced and continued to undertake training and up-dates so they could champion best care practice.

As the service had grown over the past year the registered manager had planned and developed the systems and structures of the agency so the well-being of the people using the service remained central. They had personalised and adapted comprehensive management and compliance systems to reflect their values and beliefs.

The registered manager was supported by a team of well qualified staff who were clear about the lines of responsibility in the service. They felt supported by the registered manager and supervisor and knew there was always someone to give them guidance or assistance if needed. There were plans to appoint a further senior member of staff.

The supervisor carried out people's reviews, staff observations and supervisions and addressed any issues or problems people had. Both the registered manager and the supervisor worked as part of the care staff team which enabled them to monitor people's well-being on an on-going basis and provided support and back up for staff.

The registered manager had a clear vision for the service they wanted to offer and this was communicated to staff. They wanted to offer skilled care to enable the people they supported to achieve their optimum state of health and well-being. They recognised the uniqueness of people and treated them with dignity and respect at all times.

One relative said "The staff are all trained by [the registered manager] to have the same high standards." People receiving a service, their relatives and staff spoke of the support and care they received from the registered manager.

The service was well organised so people received their visits on time from a team of staff they knew well. The registered manager had implemented staff rotas that worked and enabled staff to meet up when

people required caring from two people. Everybody spoken with said they felt the service was well run.

There were quality assurance systems in place to monitor care, and plans for on-going improvements. Service user and advocates surveys were based around the Care Quality Commission Key Lines of Enquiry. People who completed the surveys confirmed they found the service to be safe, effective, caring, responsive and well-led. People could comment on the care they received and any issues raised were acted upon. Overall comments were very positive about all aspects of the service. The percentage scores were high however the registered manager wanted to achieve 100% in future surveys.

Staff received regular and useful feedback from the registered manager and supervisor. A detailed form was used to carry out "spot checks" on care being delivered in people's homes. This also gave people the opportunity to discuss with the senior staff any issues they had thought of and checked care was being delivered to the high standard required.

Staff received formal supervisions and had opportunities to attend minuted staff meetings. Minutes of staff meetings confirmed staff discussed ways to improve the service and how they worked. Staff came into the office regularly and could talk freely to the registered manager. Staff confirmed they were fully supported by the registered manager who maintained close involvement with people and worked with them to develop systems and maintain improvements.

Whenever it was beneficial to people receiving a service the registered manager and supervisor worked with the district nurse teams, GPs and social workers.

The registered manager notified the Care Quality Commission of any significant events which had occurred and was aware of their legal responsibilities.