

BM Care Management Solutions Ltd

Suite 8 Old Anglo House

Inspection report

Suite 8, Old Anglo House
Milton Street
Stourport-on-severn
DY13 9AQ

Tel: 01299333166

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09 September 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Suite 8 Old Anglo House is a domiciliary care agency providing personal care. The service provides support to people living in their own homes. At the time of our inspection there were 15 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider had failed to operate robust recruitment procedures, including undertaking relevant checks on prospective staff. People's care plans and risk assessments were not always regularly updated. The provider failed to ensure the service was being managed effectively and failed to ensure comprehensive quality and safety monitoring. Medicine management was not always safe as records were not always in place and checked regarding people's current prescribed medicines.

We have made recommendations about the recruitment and training of staff.

Most people told us they were not aware of the content of their care plan and did not have a copy. This meant people were not always fully involved in making decisions about their care. Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.

People told us they felt safe whilst receiving care from staff. People's privacy and dignity were respected, and independence encouraged. People did not feel rushed by staff while they were receiving personal care.

People told us they felt staff were well trained. People felt staff supported them with maintaining a good quality of life. People were supported with their nutrition and hydration when this was required. People told us they were happy with the support they received to eat and drink. Staff knew what they needed to do to make sure decisions were taken in people's best interests and involved the right professionals or next of kin when needed.

People received support from kind and caring staff. People told us they, or their relatives, were involved in making initial decisions about the care they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service at their previous premises was good (published 29 December 2016).

Why we inspected

The inspection was prompted in part due to concerns received about the service operating outside of their registration. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the provider's recruitment practices and the leadership of the service at this inspection.

You can see what enforcement action we have taken at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Suite 8 Old Anglo House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post, who was also the provider.

Notice of inspection

The first site visit for the inspection was unannounced. However, the second site visit was announced to ensure there would be someone available in the office.

Inspection activity started on 16 May 2022 and ended on 16 September 2022. We visited the location's office on 25 May 2022 and 09 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service from a variety of sources including notifications received from the provider (events which happened in the service that the provider is required to us about). We sought feedback from the local authority. We used all of this

information to plan our inspection.

During the inspection

We visited the office location to review written records. We looked at 12 staff files in relation to recruitment. We reviewed a range of records, including five people's care records and medication records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

We spoke with five people who used the service. We spoke with seven staff members, including the provider, care coordinator, senior carer and care workers.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not always safely recruited, with all pre-employment checks completed before they started work. Some staff started working before their Disclosure and Barring Service (DBS) checks had been received. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider had failed to complete any risk assessments for staff commencing work without a suitable background check. This put people at risk of receiving care from individuals who may not be suitable or safe to deliver that care.
- Where staff had criminal convictions, the provider had not completed a risk assessment to ensure they were suitable to work with people prior to them starting work. This put people at risk of receiving care from someone who might not be safe to be working with vulnerable adults.
- The reasons for any gaps in some staff members' employment histories had not been recorded. We discussed this with the provider, who explained some gaps related to staff having career breaks whilst caring for their young children. This put people at risk of receiving care from someone who was not suitable for the role.
- References were not always requested for prospective staff or were not from appropriate referees. Therefore, the provider could not be assured the candidate was a suitable person to employ.

The provider had failed to operate robust recruitment procedures, including undertaking any relevant checks. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt there were enough staff available to support people at the times requested to suit people's personal preferences.

Assessing risk, safety monitoring and management

- People's care plans and risk assessments were not always regularly reviewed and updated. As a result, the provider was not following their own policy of updating these records at least every three months. This placed people at risk of receiving care that did not meet their current needs. However, the staff we spoke with knew what people's needs were.
- Environmental risk assessments were carried out in people's homes. This identified hazards in the environment that may have posed a risk.

Using medicines safely

- The provider could not be assured that people received their medication as prescribed. We saw examples of gaps in medication administration records (MAR), suggesting people may have missed doses of critical medication for example, anticonvulsant medicine used to treat epilepsy. The provider told us they were confident people have received their medication. They said they were working with their electronic records supplier to address the issues with staff recording of medicines administration not being backed up when handsets did not have access to the internet.

- People told us staff assisted them to take their medication where needed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe whilst receiving care from staff.
- People were kept safe from the risk of abuse. Staff had received safeguarding training and were aware of their responsibilities to keep people safe.
- Staff were aware of the different types of abuse and how to report any concerns.

Preventing and controlling infection

- Staff confirmed they had access to enough personal protective equipment (PPE). However, people told us staff did not always wear the appropriate PPE when supporting them. One person said, "They [staff member] doesn't always wear a mask when they visit me. I didn't know they [staff member] had to". The provider told us the wearing of PPE is monitored through spot checks on staff.
- Not all staff had received infection prevention and control (IPC) training.

We recommend the provider ensures all staff have had appropriate infection prevention and control training.

Learning lessons when things go wrong

- Although staff knew how to report accidents and incidents, the provider did not keep a record of the types or frequency of these reports, to enable them to look for patterns or trends and take action to reduce the risk of reoccurrence. Therefore, robust systems were not in place to ensure learning occurred when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained.
- Not all staff had completed all training the provider had deemed mandatory for their induction. For example, five staff had not completed first aid training and four staff had not had any medication administration training.

We recommend the provider ensures all staff have completed the training required to ensure they deliver safe and effective care.

- Feedback from staff regarding their induction was mixed. Some staff told us they received an induction which they felt had prepared them for the role. This involved being supervised (shadowing) to ensure they felt ready to provide support independently. Other staff told us they had only completed online training and were not offered any shadowing opportunities prior to lone working. The provider told us they were looking to improve the quality and topics of training available.

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

- Prior to using the service, an assessment of needs was undertaken to ensure the service could meet the person's needs.
- People felt staff supported them with maintaining a good quality of life. One person said, "They [staff] come every few months from the office to review my care, and we agree anything that needs changing. They [staff] are great".

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

- People were supported with their nutrition and hydration when this was required. People told us they were happy with the support they received to eat and drink.

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

- Staff liaised with healthcare professionals to seek advice and guidance, so they were working in line with best practice. This ensured individual needs were met safely.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact the office and update them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The provider told us everyone currently using the service had capacity to make decisions regarding their care needs, therefore no formal capacity assessments had been recorded on file.
- Staff knew what they would need to do to make sure decisions were taken in people's best interests and involve the right professionals or next of kin when needed, if people receiving care lacked the capacity to consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received support from kind and caring staff. One person said, "They [staff] are as good as gold, I am happy with them all".
- Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- Staff spoke about people with respect and understood their needs well. One staff member said, "My favourite thing about working for [provider] is the people we work with and helping them to live the lives they want".

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

- People told us they, or their relatives, were involved in making initial decisions about the care they received.
- Records did not always demonstrate that people who used the service and their relatives were involved in reviewing people's care needs regularly once the service had started. However, the provider explained all care plans were being updated onto a new computerised system, and that staff were going out to meet with people and their relatives to discuss and agree the plans going forward.

Respecting and promoting people's privacy, dignity and independence

- People told us their rights to dignity and independence were respected by staff.
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

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

- Care reviews were inconsistent and not person-centred. This increased the risk that care would not be provided in a way that was based on people's preferences or met their changing needs. The provider assured us this would be improved alongside care plans being created on a new electronic recording system.
- Most people told us they were not aware of the content of their care plan and did not have a copy. This meant people were not always fully involved in making decisions about their care. The provider assured us this would be addressed.
- Staff did not always have access to people's electronic or paper care records. The provider was in the process of transferring records over on to a new electronic system and could not be assured that staff consistently had access to the level of guidance required to provide responsive care.

Meeting people's communication needs

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

- The provider did not have a clear understanding of, and so had not applied, the principles of the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships that mattered to them, such as family, community and other social links. This helped to protect people from the risk of social isolation and loneliness as social contact and companionship was encouraged.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint or concern and felt it would be responded to. One person told us, "I get on great with 95% of staff. There is only one who is not very active, so I mentioned it to the office, and I have not seen [staff member] for a while".
- However, we found where CQC had received complaints and shared them with the provider to respond to this in line with their complaints policy, the provider told us they had no records of these complaints.

End of life care and support

- The provider told us they were introducing and developing their new electronic care recording systems to record people's preferences at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People we spoke with were not always aware of who the manager was. They referred to the care coordinator as the manager. Not knowing who the manager of the service was left people at potential risk of not being able to raise concerns and seek resolution.
- The provider had not fulfilled their responsibilities for reporting events and incidents that were legally required to the CQC.
- The provider was aware their current system for recording people's care was not working as well as required to support good care to people. They told us records could be stored in different formats including paper and the computerised system, making it difficult to get an overview quickly of people's care and to identify any gaps in information, patterns or trends. Therefore, the provider did not have effective quality assurance systems in place to ensure people received appropriate care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider shared information with people and their relatives when things had gone wrong and worked with people to address any concerns.

Continuous learning and improving care

- The provider sought the views of people using the service and staff. However, the provider was not able to show what timely action had been taken in response to areas identified for improvement.
- The provider did not have robust systems in place for ensuring incidents and accidents were monitored, reviewed and risks mitigated. The provider could not be assured they had learnt from lessons to improve the standards of care.
- Systems for continuous learning and improving people's care were not effective. For example, audits had been completed to review medication administration records completed by staff and each one identified gaps in recording and potential missed doses of medication. However, no further exploration was undertaken to gain an understanding of why this may be happening repeatedly over a number of months. Therefore the provider could not be assured opportunities to drive through improvements in people's care were always taken.
- Staff did not have regular supervision, to receive feedback on their performance and constructive feedback on how this might be improved.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate quality assurance and checks were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from the staff team was mixed. Some staff told us they were able to speak up and make suggestions and described the management team as approachable and responsive. However, other staff told us the culture of the service was not open or inclusive. We raised this with the provider who stated those staff have now left employment with the service.

Working in partnership with others

- Staff worked in partnership with external healthcare professionals to ensure that people received joined up care. For example, they liaised with people's GPs and community nurses. However, care plans were not always updated in a timely manner to reflect when people's healthcare needs had changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure the service was being managed effectively and failed to ensure comprehensive quality and safety monitoring.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate robust recruitment procedures, including undertaking any relevant checks.