

BS Care Management Services Ltd

4 Commonwealth House

Inspection report

4 Commonwealth House
Montreal Road
Tilbury
Essex
RM18 7QX

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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 ●

Summary of findings

Overall summary

About the service

4 Commonwealth House is a domiciliary care agency providing the regulated activity of personal care to people living in their own homes. At the time of our inspection there were 2 people using the service.

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

People received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager and staff knew how to identify and report any concerns.

Staff had been safely recruited and pre-employment checks carried out, and the service had enough staff currently to meet the needs of the people using the service.

Staff had received an induction and training to enable them to meet people's needs. We saw supervisions, spot checks, competency checks and meetings for staff were carried out and staff told us they felt supported by the registered manager to perform their role. People were supported with their medicines by trained members of staff.

The registered manager carried out an assessment of people's needs and how they liked to be cared for. Care plans included guidance for staff on how to meet those needs. People's nutritional needs were met. They were supported to maintain a balanced diet and where required supported to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had access to personal protective equipment (PPE), and regular competency checks had been carried out by the registered manager.

We received positive feedback about the leadership and management of the service. There were systems in place to monitor, maintain and improve the quality of the service.

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

This service was registered with us on 2 August 2017 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

4 Commonwealth 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

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 January 2023 and ended on 17 January 2023. We visited the location's office on 9 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used information gathered as part of monitoring activity which took place on 13 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the director who is also the registered manager. We reviewed a range of records. This included 2 people's care plans and 1 person's Medication Administration Record [MAR]. We looked at 2 staff files in relation to recruitment, training and supervision. We looked at a sample of the service's quality assurance systems including medication and care plan audits.

Following the inspection to the domiciliary care service, we continued to seek further clarification from the registered manager to validate evidence found. We spoke to a further 2 members of staff via email correspondence, 1 person using the service and 1 relative to obtain feedback of their experience.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had safeguarding policies and procedures in place, and staff had received training on how to protect people from harm.
- The registered manager was aware of their responsibilities to report safeguarding concerns to the local authority and CQC. At the time of inspection, no safeguarding concerns had been raised.
- Staff we spoke to, knew how to identify different types of abuse and report any concerns they had. They knew how to safeguard people from the risk of abuse. One staff member said, "I would alert my manager, if I felt the situation was not handled appropriately, I would contact CQC and any other local authority or the police."
- People told us they felt safe, one person told us, "We have the same carers, they have got to know me and [name] and we feel safe with them." One relative told us, "Of course, we know as a family, [name] and [name] are being well looked after."

Assessing risk, safety monitoring and management

- People's care plans included information about risks to people's health and wellbeing. For example, where people were at risk of developing pressure areas, pressure relieving equipment was in place and support given on each care visit to help prevent the breakdown of their skin integrity.
- The registered manager and staff member were able to describe the risks identified to people they support and how they were able to mitigate the risk. One member of staff told us about people they support who are at risk of falls, "I manage the risk by removing any object or obstruction which may present a hazard. I ensure the environment is well lit and create enough space for movement."

Staffing and recruitment

- People were recruited safely, and appropriate checks were carried out, including Disclosure and Barring checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff currently to support people's needs, and people and their relatives told us they had not received any missed or late calls.

Using medicines safely

- Where required, people received their prescribed medicines by a trained member of staff.
- The registered manager carried out audits of people's Medication Administration Records [MAR] and carried out competency checks to ensure medicines were being given safely.

Preventing and controlling infection

- The registered manager and members of staff had completed training in infection prevention and control and were provided with the personal protective equipment (PPE) they needed. One staff member said, "We are provided with adequate PPE, I have also completed infection control training and I am aware of how to put on and remove PPE, I also received information on hand washing techniques. The registered manager also carries out PPE competency assessment checks on us."
- The registered manager had relevant policies in place to support effective infection prevention and control and was following current guidance.

Learning lessons when things go wrong

- At the time of inspection, no incidents or accidents had occurred, however the registered manager had systems in place should any incidents or accidents occur, these included an incident form to capture all relevant information and an overview log to monitor and identify any trends or patterns.
- Staff we spoke to knew how to report incidents appropriately, one member of staff told us, "We have a report log in place, in the event of an incident and accident. We have also been trained on how to complete an incident report form."
- The registered manager evidenced regular communication with their staff team, by carrying out spot checks and holding staff meetings. Staff confirmed they were kept informed about any changes to people's care and support needs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out a comprehensive assessment of people's care and support needs prior to commencing the service. One relative told us, "An assessment took place in [persons] home, my sibling was present to discuss the care and support required with [names] involvement."
- People's care and support needs were reviewed regularly to ensure care continued to be delivered as required. This was overseen by the registered manager in the form of telephone conversations with people and their relatives and conversations and meetings held with the members of staff.

Staff support: induction, training, skills and experience

- The registered manager told us they carry out a meet and greet with any new members of staff by way of introduction to people using the service before their care visits commence. One staff member told us, "I went through the company's induction and training program, I completed online training and also attended face to face training, I completed the shadowing and introduction to the service user before I commenced my duties. I was supported well by the registered manager, and I built my confidence to support people."
- We saw a member of staff had completed their Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink in line with their care plan. We saw people's dietary requirements were being supported in line with their cultural wishes. A relative told us, "It's the food they [carers] go above and beyond with. They know how to prepare and cook meals, they support [name] and understand the importance of being able to provide traditional food respecting [names] cultural wishes which goes a long way."

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

- The service worked effectively with other professionals when required. For example, we saw where a person's low mood had been identified in their care plan, there was guidance for staff to follow. The registered manager had followed this up by contacting the person's GP to request a review.
- Staff ensured people were supported and had access to health and care professionals when needed. We saw a person was attending regular weekly appointments and staff supported this person to ensure they were ready and on time for their transport.

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 registered manager and staff members had completed MCA training and encouraged and supported people to make their own decisions. The registered manager told us, "We refer to people by their preferred name, ask what they would like and always gain consent from the person."
- One member of staff said, "The Mental Capacity Act is about protecting and empowering people who may lack the mental capacity to make their own decisions about their care and treatment. It also covers decisions about day-to-day things like what to wear or what to buy for the weekly shop etc. I am aware I cannot assume a person lacks capacity to make a decision themselves, unless it's proved otherwise."
- The registered manager told us a person's relative had Power of Attorney (POA), however we were unable to find a copy in the person's care plan on the day of inspection. Following the inspection, the registered manager had requested a copy to place in the person's care plan to ensure information was clear regarding who the decision maker was for the person.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives told us the staff team were kind and caring. People received consistent care and support from a small team of staff. One person told us, "They [carers] are always here and on time, they are respectful and always do what I ask of them." One relative told us, "The carers are respectful of [name] and [name] cultural preferences, ensuring they are respectful of [name] and [name] traditions."
- The registered manager told us, "I complete any assessment for referrals we receive with no discrimination and will accept as long as we are able to meet the person's care requirements and have staff availability."
- Staff spoke positively about their roles and the people they care for. One staff member told us, "We always have enough time to engage with the people we look after. This enables them not to feel rushed, so they are able to express themselves."

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

- People told us they knew about their care plans and they could decide what care and support they needed. One person told us, "The registered manager came to the house, I told them exactly what I like and dislike. My care plan is kept at home and they [carer] read it to me when I ask them to"
- Staff told us how they support people to be involved in making decisions about their care. One staff member told us, "Where a person may be unable to communicate verbally, I always ask if they are happy with the choices being made for them as they may be able to respond in other ways, either by a smile or a nod of their head." "Another staff member told us, "[Name] is able to tell us exactly what they would like, and we always support [name] with their choices."

Respecting and promoting people's privacy, dignity and independence

- The registered manager led by example in how they spoke about people in a caring and respectful way. They had worked together with people and their relatives to ensure good outcomes for people and this was reflected in the positive feedback we received from the people we spoke to.
- Staff encouraged and promoted people's independence wherever possible. One staff member told us, "I always ask and listen to what the person wants. When we go out [name] is supported to choose their own shopping, we communicate and [name] tells us how they feel and what they want."
- Confidential information about people was stored securely to promote their privacy and dignity. People had a copy of their care plan in their own home which the registered manager reviewed regularly for people and staff members to access.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were person centred and reflective of their needs. They considered all aspects of people's care including preferred name, health, medicines, moving and handling, personal care and nutrition and hydration requirements.
- The registered manager maintained an ongoing dialogue with people and their relatives to ensure the information remained accurate, up to date and reflective of the person's needs.
- The registered manager had not yet undertaken any formal care reviews with people or their relatives due to the length of time since the service provided for people commenced. However, they advised us a yearly review for people would be scheduled or sooner if required.

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 (AIS). 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 registered manager was aware of their responsibilities under the AIS. People's care plans contained information about their ways of communicating and their preferred methods.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints. At the time of our inspection the service had received no complaints.
- One person we spoke to told us, "The registered manager has told me about the complaints process. I am very happy with everything they are doing." One relative told us, "We are in regular communication, I have no complaints, we are very happy. I am definitely impressed overall."

End of life care and support

- The service was not currently supporting anyone at the end of their life. However, the registered manager told us they contact the appropriate healthcare professionals should it arise.
- Staff members told us they had been assigned end of life training following the inspection, to update their knowledge in this area and are working towards completion of this training.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided people and relatives the opportunity to give feedback on the service they were receiving. This was in the form of regular telephone monitoring calls and surveys on the quality of the service being provided.
- One relative told us about their positive experiences of care being delivered to, they told us, "They (carers) talk to [name] and [name] all the time, have a chat, make them laugh and smile. They cover every aspect and provide a different level of care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had systems in place to check the quality of the service including audits of people's care plans and MAR charts.
- The registered manager and staff members understood their roles and what standard of care was expected from them.
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service. At the time of our inspection there had been no incidents to report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The registered manager had undertaken regular staff meetings, supervisions and appraisals with the staff team. This provided staff with the opportunity to share any ideas or concerns with the registered manager. Staff told us, "We have regular staff meetings and we are given the opportunity to express our view and give suggestions." And, "They are a good organisation and provide me with the required support."
- The registered manager kept in regular contact with people and their relatives either by telephone communication, or by way of feedback received from surveys around the quality of the care being delivered. This provided the registered manager with the opportunity to improve the delivery of the service moving forward.
- The registered manager and staff members worked alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP, District Nurses, Occupational therapists.

