

Bumade Healthcare Services Ltd

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Inspection report

Innovation Centre Medway
Maidstone Road
Chatham
Kent
ME5 9FD

Tel: 01634940709

Website: www.bumadehealthcare.com

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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

Bumade Healthcare Services Ltd is a domiciliary service providing personal care to people in their own homes who required support due to needs relating to their age or living with a physical disability. 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. At the time of our inspection, there were 23 people receiving support with their personal care.

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

Records relating to risks to people were not always comprehensive or updated following a change in people's needs or after a review.

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 did not support this practice. Mental capacity assessments had not been completed and records relating to people's capacity for specific decisions did not contain details of what the decision was or how this determination was made.

Feedback about staff was mainly positive, however people and their relatives told us improvements were needed to communication between staff and people being supported.

People being supported with care at the end of their life did not have any care plan or record to ensure consideration was to be given to people's preferences, which would assist staff to provide care in a personal way.

Not everyone we spoke with was able to tell us who the manager of the service was and not all described the service as well led.

People were protected from the risk of abuse by staff who could identify potential abuse and knew how to report this. Safeguarding alerts had been raised appropriately and relevant professionals consulted when required.

Staff had been recruited safely and were provided with training. Staff treated people in a kind and considerate way.

The provider and wider staff teams recorded any accidents, incidents or near misses and these were shared via a communication platform and in staff meetings to discuss, investigate and identify learning to ensure the risk of reoccurrence was minimised.

People's needs had been assessed before starting with the service and were reviewed. Care plans contained personal information such as likes and dislikes, personal preferred routines and hobbies and interests.

Staff were described as 'Excellent,' 'Caring' and 'trustworthy' who encouraged people to maximise their independence and supported people in a private and dignified way.

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

Rating at last inspection

This service was registered with us on 8 February 2022, and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to record keeping and assessments relating to people's ability in making decision at this inspection.

We have made a recommendation about communication between staff and people receiving support, end of life wishes and preferences and utilising tools within care planning system.

Please see the action we have told the provider to take 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 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 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 ●

Bumade Healthcare Services Ltd

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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 who was also the provider. We have referred to the registered manager as the provider throughout our report.

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 22 March 2023 and ended on 29 March 2023. We visited the location's office on 22 March 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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 used all this information to plan our inspection.

During the inspection

We spoke with 3 people, 8 relatives, 9 members of staff including the provider and the general manager. We reviewed a range of care records. This included 4 people's care plans and associated records. We looked at 3 staff files in relation to recruitment, supervision, and training. A variety of records relating to the management of the service were also reviewed.

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 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.

Assessing risk, safety monitoring and management

- Risk assessments did not always contain the necessary detail to ensure staff had all information needed to keep risks to people at a minimum. For example, detailed under the section titled 'Factors to consider,' a person's care plan contained the word 'behaviours.' There were no details as to how this impacted the person, or actions for staff to take to reduce this risk of harm.
- Information about risks and safety was not always comprehensive or up to date. Safety concerns had been identified, however there was conflicting information for staff. For example, a person's care records stated in order to manage their skin integrity, they were to be supported to reposition 4 times daily. However, they had recently been reviewed by professionals and care was reduced to 3 times daily. The records had not been updated to reflect this change. Although we did not identify this had any negative impact on people being supported, records not being reflective of people's current risks could lead to care and support not being provided in a safe way.
- We could not be assured staff were competent to use equipment or administer medicines safely. We were told the provider carried out competency assessment, but no records were provided. This could lead to a risk of unsafe care if staff were not routinely checked on their ability to manage these tasks.
- Risk assessments were not always appropriate or fully completed. For example, a person was deemed as a risk of choking and a detailed assessment was in place, however this person was not able to have food and fluid orally meaning there was no risk of choking. Another person who required support with meals and fluid was deemed at risk of choking, did not have the same detailed guidance contained in their care records.

The provider failed to maintain accurate and complete records in relation to the service and people's care. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was receptive to concerns raised during the inspection. They assured us these will be reviewed and updated immediately and would inform the CQC of progress of these.

Using medicines safely

- Medicines were managed safely. People were supported to take their prescribed medicines in a safe way.
- People's medicines needs had been risk assessed and responsibility for ordering and storage of these were recorded. Feedback on the management of people's medicines was positive. We were told, "They give my [loved one] their medicines. It's time sensitive and the staff have details, so they know exactly what to give them and when. They record this as well and remind me when stocks are getting low."

Staffing and recruitment

- People were supported at the correct times by staff who had been recruited safely. Employment history had been checked and any gaps in employment were addressed.
- All staff had appropriate right to work checks completed and the provider worked closely with the Home Office when recruiting from overseas. Staff had Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Regular staff was an area highlighted to us by people and their relatives. They told us they don't have regular consistent carers they could build relationships with. However, they understood the service was growing and required increased numbers of staff. We were told this had improved recently. The provider agreed people receiving support from regular carers is what they strive to achieve but had to consider staff being available and other extenuating circumstances such as location and suitability of staff with the people being supported.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. All people and relatives we spoke with told us they felt safe with the staff who were supporting them and their loved ones. A person told us, "I feel very safe with the carers, I have since I started receiving the care."
- Staff knew what signs to look out for and how to record and report any concerns they had and told us they were confident action would be taken to escalate, as required.
- We reviewed records of safeguarding alerts. These had been raised, reported, and recorded appropriately to local safeguarding teams.

Preventing and controlling infection

- People were supported to prevent and control the risk of infection by staff completing their support. We were told, "They wear gloves, masks, and aprons. They also wash their hands on arrival, when the staff leave and before doing meals. They also leave my [loved ones] bathroom and kitchen tidy before they go."
- The provider had an up-to-date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra personal protective equipment from the provider when required.

Learning lessons when things go wrong

- The provider and staff understood their responsibilities to record and report any accidents, incidents and near misses, and used these to help stop re-occurrence.
- The provider had implemented an electronic system to support with planning calls, monitoring, and auditing the service. When incidents had occurred, they were recorded and shared with all staff to help learn from and informed them of actions which had been taken as a result.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 was not always following the principles of MCA and had not always assessed people's mental capacity to make particular decisions. The records which had been completed were consent forms which did not always evidence people had given consent or understood what was being asked.
- Records did not detail which decisions were being assessed. Where records had been signed, they had been completed and verified by people's relatives with no evidence the person had been consulted in the first instance.
- The provider was not able to evidence that the Mental Capacity Act 2005 Codes of practice were followed when assessing capacity to consent. Relatives who held legal authority to act on peoples' behalf when there was a lack of capacity had given consent on behalf of people without staff first assessing if the person could make their decision known.
- Best interest processes were not evidenced as followed for people who were deemed as lacking capacity for a particular decision.

The provider had failed to follow the Mental Capacity Act 2005, this is a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We discussed this issue with the provider during the inspection. The provider was receptive to the concerns raised. Following the inspection, the provider assured the CQC records will be rewritten, in accordance with guidelines and will update the CQC with the progress of this.

- Staff we spoke with understood the need to ask consent before completing any care and support tasks. Staff told us, "I would always ask, is it ok to help you. If people refused, I would try and encourage them to let me help. If not, I would come back to try again later."
- People and their relatives provided examples of staff asking for consent. A person told us, "Yes they always ask if I'm happy for them to help me or ask me what I would like done."

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

- Care plans did not always demonstrate guidance and standards were being implemented or recorded appropriately. For example, care plan asked for the risk score for risks to people's skin, using the Braden Scale. The scale is made of six subscales which measure elements of risk that contribute to either higher intensity and duration of pressure, or lower tissue tolerance for pressure. In the records we reviewed it stated, for example, 'Transfers with zimmer frame and assistance of one' which did not inform staff of the risk to people's skin.

We recommended the provider reviews their care documents to ensure tools relating to guidance is followed when assessing people's needs.

- People's needs and choices were assessed prior to starting with the service to ensure staff could meet people's needs and keep them safe. This was carried out in-line with the Equality Act 2010. This ensured people's protected characteristic, such as disability and religion were promoted.
- Peoples' preferences, likes and dislikes were recorded in care plans; they contained enough information for staff to know about peoples' individual choices and wishes.

Staff support: induction, training, skills and experience

- Staff were supported by the provider and had access to an induction and on-going training. Records we reviewed supported this. A staff member told us, "I have had enough training and we are always offered more if needed or we start to support someone who has more complex needs."
- Staff had completed training in mandatory modules of care such as moving and handling of people, basic first aid and safeguarding to ensure they had the knowledge to support people in a safe way. This training followed the Care Certificate which 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.
- Staff told us they could always ask the provider for help and could contact them anytime they needed more information or needed to query anything. A person said, "I feel the carers are trained enough to care for me. Sometimes we have new carers observe what my carers do so they can learn how to use my hoist and care for me properly."

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

- People were supported to eat and drink enough to remain well and in accordance with their care plans. A person told us, "They (staff) are really good at making sure I have enough to eat and drink. Sometimes they remind me that I may not have drunk enough, so they always ensure they leave me with a few glasses of fruit juice before they leave."
- Staff were trained to support people who were unable to have food and fluid orally. Staff were supporting people who required percutaneous endoscopic gastrostomy (PEG) feeding. This is where a flexible feeding tube is in place through a person's abdominal wall into their stomach.

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

- People's care plans contained details of healthcare professionals involved in their care, such as GP's or therapists, and staff supported people to contact them when required. A person commented, "I need inhalers regularly. I was having panic attacks, confusion and felt drowsy, especially at night. My carers spoke with my GP, and the Dr stopped 90% of the medication I was taking. I now only need 1 tablet at night to help me sleep."
- We reviewed evidence of professional involvement in some people's care records. For example, a care record detailed how the staff have worked with the person's occupational therapist and had positively reduced the amount of care required as their needs had improved.

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 staff were caring, respectful and supported them in a personal way. A relative told us, "The carers are lovely, friendly, and caring to my loved one and towards us as a family if we are there at the same time. In fact, I called the manager and told them how lovely they are."
- Staff we spoke with knew people they supported well and were able to explain what person-centred care meant to them. They told us they treat everyone as an individual and no 2 people being supported are the same.
- People told us staff were kind whilst delivering care. A person said, "The carers so far have been very kind and caring."

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

- People and their relatives had been involved in making decisions about their care for example, during our inspection we observed the care coordinator speaking with a person's relative to arrange the initial assessment as they wished to be there to support the person who was new to receiving care.
- Relatives told us they were consulted on behalf of people who couldn't make their wishes known regarding their care. A relative commented, "We feel the carers are excellent. We as a family were involved in sorting [loved ones] care plan and we feel we have what [loved one] required."
- People and their relatives were able to tell us who they would contact if they wished to make changes to their planned care or if they would like the care to be reviewed to ensure it was still meeting their needs. People told us they would contact the office or ask their relatives to contact on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a dignified way and maintained and increased their independence with aspects of their care and support. A relative said, "Yes they encourage my [loved one], they encourage them to wash their own face and anything else they can do."
- Staff were able to demonstrate they knew ways of protecting people's dignity when supporting with personal care. A person told us, "They are very good at protecting my dignity. They ensure doors are shut so no one can walk in when I am having my wash and cover my lower half when assisting me with my top half and vice versa."
- People's personal data were stored securely on a password protected computer system. Care staff only had access to data about people they were scheduled to support on each day. This helped the provider to ensure personal information was only shared with individuals who needed it.

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 requires improvement. This meant people's needs were not always met.

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.

- Communication needs of people had been assessed. This helped staff to understand if any aids or specific guidance was needed to support people to make their preferences known.
- Whilst the feedback on the care people received was positive, we were told people and their relatives were having trouble communicating with some staff due to English not being their first language. We were told by a person's relative, "The carers English is not good, and we can only understand a few of them. They don't always understand [loved one] either for example, they said this morning to a new carer to watch his toes. Staff thought they said wash my toes and grabbed their foot which is very painful as their feet are very sensitive."

We recommend the provider develop staff skills to ensure effective communication with all people and with people who may have communication needs.

- We raised this with the provider who told us they would immediately address this and discuss with the person involved. They told us, "There has been training staff have completed to assist them to better understand English terminology, such as different food types like toast and cup of tea."

End of life care and support

- The service was supporting people who required care at the end of their life during this inspection. People's records did not evidence they had been asked what their wishes were for care at the end of their lives and the provider explained this was sometimes a sensitive subject to approach with people. We discussed with the provider this should be explored and expanded upon to ensure staff had the necessary information to support people to be cared for in a pain free and dignified way.
- Although, the provider and care staff were able to tell us what good and respectful care at the end of people's lives was. There were no records for us to review to ensure this practice was fully embedded.

We recommended the provider reviews people's care documents to ensure people's wishes regarding support at the end of their lives are considered and recorded.

- The provider had an end-of-life care policy and procedure in place, and this had been reviewed by all staff.

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

- People, their relatives and external professionals were involved in creating care plans when starting with the service. This ensured people were supported the way they wished to be.
- People's care plans held important information as to how they preferred to be supported so staff could understand and get to know them well. We reviewed details of how people would like to be supported to wash, what toiletries to use, people's preferred routines and what their interests and hobbies were.
- People were asked about their preference of gender of care staff. A person told us, "I was asked if I minded having a male or female carer. I was not worried who I had. I usually get one male and one female carer each visit."

Improving care quality in response to complaints or concerns

- Complaints were fully investigated and used to improve the service. The provider informed us complaints and concerns were taken seriously and were investigated in an open and honest way. We reviewed complaint records which supported this.
- People and their relatives knew how to make a complaint or raise a concern. We were told by people and their relatives they had not felt the need to complain to the provider and manager, preferring to address concerns with their carer at the time things had not been done correctly. These concerns had been shared with the wider staff teams via the service's electronic monitoring platform.

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 requires improvement. 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; 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

- Governance management was not always reliable and effective. Although some people's care plans were reviewed, changes had not always been appropriately recorded to enable staff to see what had changed.
- Records of assessment tools used for monitoring risks to people's skin, and consent forms were not fully completed. There were no accurate records of people's ability to make decisions in relation to their care and support.
- Audits and governance systems were not always effective. Checks of the service were completed, such as staff arrival times to people however, systems relating to care records had not identified concerns found during inspection.

The provider failed to maintain accurate and complete records in relation to the service and people's care. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was receptive to concerns raised during the inspection. They assured us records would be reviewed and updated immediately and would inform the CQC of progress of these.
- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. The provider was aware they needed to inform people when something had gone wrong.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The provider understood this and informed us how they would correctly submit notifications to CQC.

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

- There was a positive staff culture at the service which achieved positive outcomes for people. We received positive feedback on the service provided directly to people by care staff. A relative commented, "The staff keep in touch with us as a family and they are compassionate when caring for [loved one] and support them as well as they can."
- People and their relatives provided mixed feedback regarding the service being well led. There was a

confusion as to who the manager of the service was. The provider is also registered with the CQC as the registered manager but there was also a service manager. Feedback included, "Other than a name I have I couldn't tell you who the manager was. I feel the service is not as well run as it could be as the carers have too much to do. You can't blame the carers it's down to the management to sort out the carers workload and times."

- Staff told us the provider was supportive and approachable and were confident in reporting any concerns. The provider explained their goals for the service, stating they plan for the service to provide higher level of care to enable people to stay in their own homes for as long as possible. They encourage staff to go above and beyond so people avoid prolonged stays in hospital. The provider is a registered general nurse.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had implemented ways to source feedback from people, relatives and staff. The electronic system enabled people, who had opted in, to use the communication tool to review each visit by staff. People and their relatives rated the visit once completed based on skills, tactfulness, language of staff and if they felt safe during the visit. Where concerns had been raised via this platform the provider had completed investigations and contacted the person to discuss.

- Quality surveys were sent to people receiving support. We reviewed the provider's analysis of these which showed mainly positive feedback. Where improvement was required, action was taken to address these areas.

- The provider held staff meetings, where issues or concerns were identified these were discussed. Staff were asked for feedback and suggestions to improve the service and staff told us they felt able to make these suggestions and they would be listened to.

Continuous learning and improving care; Working in partnership with others

- The provider and care staff worked closely with health and social care professionals to provide effective and joined up care and support.

- At the end of our inspection we provided feedback to the provider about what we were told by staff, people, and their relatives. The provider was receptive to this and assured us that concerns raised, will be investigated, and improved upon. They will keep the CQC updated with progress.

- The provider was registered with the Nursing and Midwifery Council (NMC). The NMC maintains a register for all nurses eligible to practice in the UK. The provider completes peoples care alongside staff, to ensure their registration remains active by learning and improving care.

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 11 HSCA RA Regulations 2014 Need for consent Mental capacity had not been appropriately assessed and recorded.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain accurate and complete records in relation to the service and people's care.