

Bolingo Care Ltd

# Bolingo Care Birmingham Branch

## Inspection report

6 Vine Terrace  
High Street, Harborne  
Birmingham  
B17 9PU

Tel: 01212710407  
Website: [www.bolingo-care.co.uk](http://www.bolingo-care.co.uk)

Date of inspection visit:  
19 September 2023  
27 September 2023

Date of publication:  
29 November 2023

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bolingo Care Birmingham Branch is a domiciliary care agency providing personal care to 1 person. The service is registered to provide support to people living with dementia, mental health needs, older people and people with a physical disability. Whilst the service is also registered to provide support to people under a supported living framework, this was not being provided at the time of the inspection.

At the time of our inspection there was 1 person receiving the regulated activity. As there was only 1 person receiving care at the time of the inspection and the fact that we want to protect the person's right to a private life, the report will provide an overview of the service rather than specific examples of care.

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

The registered manager had developed systems to oversee and monitor the quality of the service. Improvements were needed to some of these systems to enable all aspects of the service to be monitored effectively and ensure robust record keeping was in place. Staff felt well supported in their roles and involved in the service. People had opportunity to feedback about their care.

People were supported safely as staff understood the risks associated with people's care. People were supported by staff who had been safely recruited and who understood their responsibilities under safeguarding. Whilst the service did not currently support people with medication management, there were systems in place should the service commence providing support with this.

People were supported by staff who had received training for their roles. 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.

People were involved in developing and reviewing their care and support plans. We noted this involvement could be more clearly recorded and evidenced.

Staff knew the person they were supporting well. Staff told us how they ensured the person was involved in choices around their care and were treated with dignity and respect.

There were complaint procedures in place and systems had been put in place to inform people of the complaint process and to check with people if they had any concerns or complaints about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 09 November 2021 and this is the first inspection. The service had a period of dormancy after registration and actively began providing care on 01 April 2022.

### 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Bolingo Care Birmingham Branch

## **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 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 19 September 2023 and ended on 27 September 2023. We visited the

location's office on 19 September 2023.

#### What we did before the inspection

We reviewed information we had received about the service. 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 information gathered as part of a monitoring activity that took place on 25 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 registered manager who was also the nominated individual. We reviewed 1 person's care plan and risk assessments. We reviewed 2 staff files to review the recruitment methods in place. We looked at a range of policies, audits and systems in place that monitored the safety and quality of the service.

We spoke with 2 staff and 1 relative via telephone following our visit to the office.

# 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.

### Assessing risk, safety monitoring and management

- Staff understood the risks associated with the person's care and how to support them safely.
- People had care plans and risk assessments in place that provided staff with guidance on how to support people safely. These risk assessments had considered the wider risks associated with providing care such as environmental risks and those pertaining to lone working.
- The care plan described risk factors in 1 area of a person's care with directions for staff to complete checks on this to ensure the person's care was managed safely. Whilst staff we spoke with confirmed these checks were carried out, there was no record to state these happened. Completing a record of carrying out these checks would support in monitoring of this person's care need.

### Staffing and recruitment

- People were supported by sufficient staff who had been safely recruited.
- Recruitment procedures were in place to ensure people were supported by safe and suitable care staff. Recruitment procedures included obtaining references and DBS 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.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in recognising different types of abuse. Staff understood their responsibilities in safeguarding people and one staff member told us, "We need to discuss with the service user any concerns and we need to report these concerns to the manager."
- The registered manager understood their role and responsibilities in relation to safeguarding. Whilst there hadn't been any safeguarding concerns, we saw there were policies and processes in place in relation to safeguarding people should the need arise.

### Using medicines safely

- The service was not supporting people with their medicines at the time of the inspection. There was information in the care plan around the medicines the person was taking and a risk assessment in place as guidance for staff. This information was important in case the staff team had to contact medical professionals on behalf of the person.
- The provider had systems in place to record and monitor medication administration, should they provide care to a person who needed support with their medicines.
- Staff had received training in the safe handling of medicines and there were competency checks ready to be used once staff began administering medicines.

### Preventing and controlling infection

- People were protected from the risk of infection as staff followed the providers infection, prevention and control procedures. A relative confirmed that staff wore appropriate personal protective equipment (PPE) when supporting their family member.
- Staff had received training in infection prevention and control, and checks were carried out by the registered manager to confirm their learning was put into practice.
- Care plans reviewed the risk of infection to people with steps in place to reduce this risk.

### Learning lessons when things go wrong

- The registered manager told us there had not been any incidents or accidents at the service. We saw there were processes in place to record and review incidents should they occur.

# 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

- People's needs were assessed in detail prior to care being provided. Initial assessments were completed with the person and their family to gain a good understanding of how they would like their care to be provided. Assessments included people's cultural, spiritual and communication needs.
- The registered manager informed us there were a number of considerations made before supporting a new person. These included whether the person's needs could be safely met and whether there would be sufficient staff available to support their needs.

Staff support: induction, training, skills and experience

- Staff informed us they received an induction and shadowed (worked alongside) other staff when they first started working at the service. This enabled staff to get to know the person they were supporting and to understand their roles and responsibilities. Records we saw confirmed this.
- Staff completed online and practical training linked to people's individual needs but we noted staff had not received training around a person's healthcare condition. The registered manager took immediate action to address this and sent us evidence of staff completing this training.
- Staff received regular supervision through meetings with the registered manager. Staff told us they felt supported by the registered manager. One staff member told us, "Our manager is very helpful and supportive."

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

- The person's care plan had recorded consideration around their nutritional and hydration needs. The person's preferred foods were detailed and the importance of offering choice was emphasised. Daily records showed the person had a choice in meals and drinks provided to them.

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

- Care plans and risk assessments included information about the person's health care needs, but we discussed with the registered manager that further detail was needed around 1 of the persons healthcare needs which the registered manager agreed to update.
- Contact details of healthcare professionals such as the GP were available for staff if necessary.

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.

- People were supported to make decisions and choices about their care.
- Care records included a consideration of the person's capacity to make decisions.
- The registered manager understood what was required for decision specific capacity assessments and the need to record best interest decisions if they were necessary.
- Staff had received training in MCA and staff told us how they ensured they sought consent before supporting people.

# 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 were well treated and supported and people's equality and diversity needs considered.
- Staff enjoyed their role in supporting people and one staff member told us, "I love to help people and enjoy my role." Another staff member told us the best part of their role was, "We have got time to communicate with people. We are lucky."
- A relative told us that their loved one was happy with the care they received and felt involved and well supported.

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

- Staff told us how they supported the person to make choices in their care. One staff member told us "I always ask how [person] wants their care."
- A relative confirmed staff supported their family member to make choices around their care.
- The registered manager told us wherever possible they would try and match people with staff who spoke their first language. The registered manager understood the positive impact this could have on a person's support and well-being.

Respecting and promoting people's privacy, dignity and independence

- People's care records emphasised the importance of promoting independence and how staff should support this. Staff we spoke with confirmed how they supported the person to remain independent.
- Staff informed us how they ensured they supported people with dignity and respected their privacy.
- Service user feedback forms asked for people's views on whether staff treated them with respect and dignity and whether staff sought their consent. This enabled the registered manager to monitor this aspect of people's care.

# 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

- Care plans were person centred and included things that were important to the person.
- Care plans had considered the outcomes people wanted to achieve from receiving care. These were reviewed with people to ensure the service had supported the person to achieve or work towards these outcomes.

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 person's communication needs had been reviewed and recorded in their care plan.
- The registered manager was aware of the need to assess people's communication needs and to provide information in an accessible format. For example, they explained information could be presented in large print, symbols could be used, or information could be provided in the persons native language if required.

Improving care quality in response to complaints or concerns

- A relative informed us that they were aware of how to raise concerns should they need to.
- The service had not received any complaints since registration. People were given a handbook when they first started to use the service which detailed the complaints procedure.
- People had been asked if they had any complaints through service user feedback forms. This gave people another opportunity to raise concerns or complaints should they have any.
- Complaints policies and procedures were in place which gave the registered manager guidance on the process to follow should they receive a complaint.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection. The registered manager told us how they would approach discussions around this if needed.

# 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. 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; Continuous learning and improving care

- The registered manager was not fully aware of all events that were notifiable to us. This was important to ensure all potential risks were sufficiently managed and to meet the providers legal obligation.
- There were systems to monitor the care people received. These included reviews of the care provided with people and checks of records staff completed to ensure they were up to date and accurate. Whilst people were involved in developing and reviewing their care plan, their involvement in this process needed to be more clearly recorded.
- Systems to oversee recruitment procedures had not identified that the process of validating references and conversations relating to a gap in employment history had not been recorded to demonstrate that this had been identified and acted upon.
- The service is registered to provide support under a supported living framework. The registered manager explained providing care under this service type would be considered in the future. The registered manager told us they needed to expand their knowledge of this area of care prior to providing this type of support.
- There were systems to monitor staff practice. These included regular spot checks to ensure staff worked safely in accordance with the provider's policies and procedures.
- The registered manager kept up to date with changes in care practice through accessing resources around best practice guidance. The registered manager had also researched care monitoring systems that would enable call times to be monitored and had considered introducing electronic care records should the service expand.

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 described how they would be open and transparent should something go wrong. However, the registered manager needed to further improve their knowledge about their obligations under duty of candour should something go wrong in the service.

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

- There was a positive culture within the service and people received person centred care to enable them to experience positive outcomes.
- Staff felt well supported by the registered manager. One member of staff told us, "The management staff are very co-operative. I feel confident and respected as well. I enjoy working with them."

- We received positive feedback relating to the support the person received.

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

- The registered manager understood the importance of involving staff and people using the service through good communication. They told us, "Their [people and relatives] point of view is very valued. The service cannot work if we don't communicate with families and carers."
- People had opportunity to feedback about their care through telephone surveys that were carried out by the registered manager regularly.
- Staff felt involved in the service and able to make suggestions for improvements. One staff member told us, "I believe if I tell [registered manager] anything like that (suggestions) that it would be sorted."
- The registered manager shared examples of satisfaction surveys that were going to be sent out to staff and service users over the coming months so they could obtain additional feedback about the service.

Working in partnership with others

- The registered manager informed us that they had previously worked with other healthcare professionals when supporting people. We saw key professionals involved in the persons care were recorded in the care plan should they need to be contacted.