

B S Care Limited

BS Care Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

BS Care Limited is a domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using BS Care Limited received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 137 people were receiving a regulated activity from the service.

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

People were generally satisfied with the service they received. The management team had processes for monitoring visits and endeavoured to ensure that office staff contacted people when care staff were held up or were running late for visits. However, we received mixed feedback about the timing and consistency of call times from people and their relatives. Staff also told us they did not have enough time in between visits for travel. Some improvement was required to make call times more consistent for people. We recommended the provider review staff schedules to improve outcomes for people and ensure staff had enough time to travel between visits.

People received support from caring staff who were appropriately trained and received an induction into their role. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

Staff were aware of risks to people's safety and wellbeing and acted to minimise these risks. People felt safe with the staff and the care and support provided. Potential risks to people's safety had been assessed, managed and monitored to ensure their needs were met.

People told us they received safe care and felt that if they raised concerns, the management team would act promptly to address these. People were safeguarded from the risk of abuse and staff knew how to raise any concerns with the management team.

Staff promoted people's independence and respected their rights, privacy and dignity. Staff knew people well and valued people's individual lifestyle choices and culture.

A new system had been introduced to improve medicine administration checks. People received their medicines as prescribed and infection control risks were managed effectively.

Staff supported people to access healthcare professionals when they needed to, and worked alongside social care professionals to ensure a joined-up approach to people's care.

The provider had a quality assurance system. This included regular spot checks, audits and feedback surveys.

The registered manager was aware of their responsibilities in meeting their legal obligations. They showed commitment and welcomed feedback to improve the quality of care people received and the overall service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 February 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BS Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

BS Care Limited

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, an assistant inspector and two Experts 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 28 May 2021 and ended on 15 June 2021. We visited the office location on 03 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including previous inspection reports, safeguarding concerns and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated individual, registered manager, deputy manager, office staff and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, accident and incident records, safeguarding records, policies and procedures, staffing rotas and schedules and quality assurance records. We received feedback from three external professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure that information about candidates set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, was confirmed before they were employed. This was a breach of Regulation 19. At this inspection recruitment processes had been improved and the provider was no longer in breach of this regulation.

- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There were enough staff to support people to meet their assessed needs. However, we received mixed views about staff arriving on time for their visits and staying for the assessed and agreed length of time. People and their relative's comments included, "They [staff] have a clocking-in procedure on their phones and it's always half an hour, so I don't know how they do it because they don't do the full time", "Afternoons and evenings are fine", "They're [care staff] sometimes late, but we don't mind. They stay as long as they should" and "[Staff] stay and have a yap. They ask if I need anything else. It's nice."
- All staff we spoke with said they did not feel they had enough time to get from one care visit to their next visit and were often rushed. Staff comments included, "No we [don't have enough time]. Sometimes it depends on the round and the clients and the shift, sometimes we're late or have to change calls" and "No there's not enough [travel time]." An external professional told us, "There is room for improvement in terms of availability and response times, especially to carers complaints." We reviewed staff schedules for visits and found time for travel was built into the schedules. The provider had a system to monitor missed and late visits to people's homes and kept a record of lessons learnt to drive improvements. However, we could not be assured this was always effective, given the comments we received. We discussed these concerns with the registered manager who told us they would continue to monitor and review the system they used to schedule care visits and drive improvement where needed.
- The provider's training records showed that staff had received training in a timely way to equip them to do their roles, safely and effectively. For example, the providers training records showed, staff had received training in medicines administration, safeguarding, nutrition, food hygiene and moving and handling. Where refresher training for some staff was slightly overdue due to delays caused by the coronavirus pandemic, we saw that these were scheduled in a timely way.
- Staff comments confirmed they had received training to equip them in their role. Staff comments included, "Yeah we do [have training]", "We had personal protective equipment [PPE] training and covid safety training" and "I do the training yeah, I think I had it last week."

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse. There were clear processes in place for investigating any safeguarding incidents.
- People and their relatives told us they felt safe with the care provided by BS Care staff. One person said, "The carers are very good. I haven't got a problem." Another said, "Yes, the carers make me feel safe", A relative said, "They [person] feel very safe with carers."
- Staff had received training in safeguarding adults and understood they should report any potential abuse. One staff member said, "I'd report it [concern] straight to the senior [staff] and they would pass it on to safeguarding." Another said, "We have safeguarding training, refreshed yearly." However, not all staff we spoke with fully understood how to report concerns to external agencies, such as the local authority or CQC, if they felt their concerns for people's safety were not acted upon by the management team. We discussed this with the registered manager who told us they would discuss this with staff and ensure they knew who to contact.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. Care plans included relevant risk assessments which identified potential risks to people, how staff should support them and how any risks could be mitigated. These covered a range of areas, including, medicine management, moving and handling, skin integrity and catheter care. Care plans were updated when people's needs changed.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, staff were able to describe people's needs and understood identified risks, such as using hoists to move people or what to do if a person had a fall. A staff member told us, "We don't try to catch them [person if falling], we make sure they're comfy. If they're unconscious put them in the recovery position and we phone an ambulance and we have to wait." Another staff member said, "We are given an email sent out about each client, so any sort of change to do with anything like that [risks] we get an email from our team leader." A third said, "I think the risk assessments are done quite well. If we've noticed something, if there's any new risks while we're there, we report them in straight away [to office] to get them out with any changes."
- Staff, relatives and people confirmed two staff were always available when specific equipment to assist people to move safely was required. This meant equipment such as hoists could be used safely.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Using medicines safely

- Medicines were managed safely. The provider had implemented a new recording system that meant staff could not log they had completed a care visit with people on the electronic care system, if they had not administered the required medicines to each person.
- People and their relatives confirmed staff administered medicines when required to do so. One person said, "Yes, they [staff] give it [medicines] to me in the morning. They always ask if I've taken my medication." Another person said, "They [staff] put my pills in a pot and they check that I've taken them and not dropped them. They give me them in the morning."
- People's care records included specific information about the level of support people required with their medicines and information about who was responsible for ordering medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly, and additional training and supervision was provided following any medicine's

errors.

- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

Preventing and controlling infection

- There were processes in place for the control and prevention of COVID-19 and other infections and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use. A staff member told us, "We had PPE training and covid safety training. Mask, gloves and aprons are always in the client's home."
- The correct use of PPE was monitored during unannounced observational visits made by office staff. People confirmed that care staff used PPE when necessary, apart from one staff member who we received feedback about. We discussed this with the registered manager who took action to address this with the staff member.
- Staff had received training in infection control and additional training, providing up to date information about COVID-19.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The registered manager knew how to seek support from external professionals when they required additional guidance. Staff informed office staff and relatives of any incidents when things might have gone wrong.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led.

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

- There was a clear management structure in place, consisting of the provider, the nominated individual, the registered manager, a deputy manager and senior staff. They were clear about their roles and responsibilities.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on whistleblowing, safeguarding, infection control, dignity and respect and complaints.
- The registered manager informed CQC about significant events within their service using the appropriate notifications.
- Team meeting were held and records viewed demonstrated the registered manager supported staff to understand their roles and responsibilities and information about any changes or improvements was shared.
- Audits were completed to monitor systems within the service were working effectively. These covered areas including care plan reviews, safeguarding concerns, accidents and incidents, timing of care visits, infection control and medicines management. However, we found that further improvement was needed to address concerns raised by people, their relatives and staff about the time allowed for travel between each care visit.
- The provider had implemented a new electronic care planning system, which meant there was an improved process for monitoring the service provided. If any care calls were late or missed, an alert would flag this to the management team, and the registered manager and deputy told us they took action to address it. However, some people we spoke with felt they often received late calls, and nothing was done about it. We reviewed people's care plans and the contract the provider had in place with local authorities to provide care. Although, some care calls may have been later than people expected, they did appear to be delivered within the agreed time window stipulated in the contract.

We recommend the provider review their roster systems and staff schedules to ensure outcomes are improved for people and staff have enough travel time between visits.

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

- The management team promoted a positive culture and staff told us they felt supported in their role. One staff member said, "I get on fine with them [management] and they have tried to help as much as possible in the past year. I [was unwell] and they were always phoning up making sure I was alright." Another said, "I feel like I can actually talk to them [management team] and I do feel like they help me when I need helping,

they're flexible and understanding."

- Relative's and people told us the staff knew them well, listened to them and treated them with respect. Comments included, "[I'm] very happy with them [service] they report all misgivings happening, they treat [relative] as I would want them to" and "They [staff] all seem to be nice people." A person said, "I'm happy with them [staff], I get on with all the carers." Another person said, "I've been with the company for two years they know what I like."
- People told us the staff were kind and responsive to them. One person told us, "On my birthday I had a nice card from the company and a dozen roses from one carer." Another said, "I have a sit [social care visit] once a week most of the girls sit and chat." A third said, "They [staff] are very friendly and caring. They're very polite and I feel comfortable with them. They ask if there's anything else they can do."
- Most people and their relatives told us they would recommend the service to others. One relative said, "They're [staff team] excellent, they go above and beyond. They do the best for [relative]." However, another said, "I'm loyal to the carer, not to the agency. If she were to leave, I'd go with the agency she went to." People's comments when asked if they would recommend the service included, "Yes, I would", "Oh I have [recommended service] many times", "Yes I feel the majority are okay and doing the job" and "Yes, certainly."

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 understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice, although there had been no incidents or accidents that met this requirement in the last year.
- People and relatives told us they would contact the office if they had any concerns. One person said, "Oh yes I'll have a go, I would telephone the office [if had concerns]." A relative said, "Yes I do [raise concerns] they know me, they [management team] are very good when I speak to them." Another relative said, "If I have any problem, I'll tell them, [deputy manager or registered manager's name]."

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

- People's needs and preferences were used to develop person centred care plans. Care plans reflected people's individual preferences and diverse needs, which staff could access in people's homes and via the electronic care record system.
- The provider had sought feedback about the service from people, relatives and staff through reviews of the care provided and feedback forms, which were given to people and their families. In addition, an external organisation was used to gather feedback information independently of BS Care Limited. Records viewed showed the service had received all positive feedback.
- The management team also carried out 'spot checks' of staff conduct. During spot checks the senior staff observed staff practice and approach, to ensure they worked safely and displayed a respectful attitude. A staff member told us, "We have spot checks, they make sure you have to wear all your uniform, aprons and gloves and masks, and everything; they [senior staff] can turn up any time."
- Staff were supported, and most were confident the registered manager or management team would act on concerns in line with the provider's procedure. Staff comments included, "Yes we can [provide feedback], yeah they [management team] do listen", "I'm confident that management would act on concerns raised" and "Yeah, they [management] are [approachable] I can call up my manager to find about any issue."
- The provider recognised the importance of ensuring staff felt valued, especially because of the challenges

the coronavirus pandemic has caused. The registered manager told us the provider had systems in place that recognised random acts of kindness the staff had demonstrated and were holding a summer barbeque to thank staff for all their hard work over the last year.

Continuous learning and improving care; Working in partnership with others

- The provider had a complaints procedure. We saw records that confirmed complaints were recorded and responded to appropriately. Action was taken where needed. For example, one concern raised had led to a staff member receiving supervision and additional training to support them to understand the requirements of their role.
- Where incidents had occurred, these were investigated. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.
- The staff and management team worked in partnership with other agencies to ensure people received the support they required. People's support plans showed the involvement of health and social care professionals, including community nurses and GPs, which ensured effective joined-up care. An external professional told us the management team were, "Particularly good at timely reporting of concerns with people".
- The registered manager told us they keep up to date with changes and are part of some local provider forums. This ensures they can understand and share best practice and discuss new information or changes from external agencies.