Reliance Employment Limited

BB Healthcare

Inspection report

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Tel: 01553761400

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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

The inspection was announced and took place on 15 January 2018.

BB Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides personal care to people with a variety of needs including older people, younger adults, people with a learning disability, physical disability and people who need support with their mental health.

Not everyone using BB Healthcare receives 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. When we inspected, 46 people were being provided with 'personal care'.

At our last comprehensive inspection on 13 September 2016, the overall rating of the service was, 'Requires Improvement'. This summary rating was the result of us rating the key questions 'safe', 'effective', 'responsive' and 'well-led' as, 'Requires Improvement'. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe, effective, responsive and well-led to at least good.

At our last inspection for the key question, 'is the service safe?' we found one breach of regulation. We found people were at risk of harm due to unsafe care practices being followed, this included the use of unsafe moving and handling techniques. We also found a staff member had not followed recommended safe practice for administering medicines.

For the key question, 'is the service effective?' we found that the service was not working within the principles of the Mental Capacity Act (MCA). People who may not be able to make certain decisions for themselves had not been assessed to determine if they were able to do so. We also identified that there were some staff who had not received the training they were expected to have completed to ensure they knew about the safest and latest best practices in connection with people's care.

For the key question, 'is the service responsive?' we found people may not have received the care they required due to this not being clearly explained in their care plans.

For the key question, 'is the service well-led?' the service did not have the required systems in place such as policies and procedures.

At this inspection the overall rating of the service was changed to, 'Good'. We found significant improvements had been maintained and we rated each of our key questions as being, 'Good'.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse. Staff followed the provider's safeguarding procedures to identify and report concerns to people's well-being and safety.

Comprehensive assessments were carried out to identify any risks or potential risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes, risks in the community and any risks in relation to the care and support needs of the person.

Staff were recruited safely and trained to meet people's individual needs. Wherever possible people were only supported by staff known to them and trained to meet their needs. There were enough staff assigned to provide support and ensure that people's needs were met.

People's needs were met where staff were responsible for supporting medicine administration and ensuring people had enough to eat and drink. Staff supported people to access healthcare services when required. Clear records were kept and issues followed up on. Staff knew how to minimise the risk of infection.

Staff received support, regular supervision and attended training to enable them to undertake their roles effectively.

Staff were aware of the requirements of the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS] which meant they were working within the law to support people who may lack capacity who may need to be referred under the court of protection scheme through the local authority.

People had a care plan that provided staff with direction and guidance about how to meet individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff.

People were supported to live a full and active life, offered choice and staff had safeguards in place to support people to experience outings and for activities to go ahead.

People knew how to raise concerns and make complaints. People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to. We looked at records that demonstrated the complaints procedure had been followed.

There was a management structure within the service which provided clear lines of responsibility and accountability. There was a positive culture within the service and the management team provided strong leadership and led by example.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager and care co-ordinators were visible in the office. They regularly visited people in their own homes and sought their views about the service.

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.

People were protected from abuse and foreseeable risks.

The service had person centred risk assessments relating to people being supported to reduce the risk of any potential harm

There were enough staff to cover visits and ensure people received a reliable service. Checks were carried out when new staff were employed to ensure they were suitable to work in people's homes.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained and had the skills and knowledge to provide the support people required.

People were supported to have a varied and nutritional diet to keep them healthy.

People had their health needs met and were referred to healthcare professionals promptly when needed.

The service was working within the legal requirements of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People were involved in all aspects of their care and in their care plans. People were encouraged to express their views and to make choices.

People were treated with dignity and respect by staff who took the time to listen and communicate.

Is the service responsive?

Good

The service was responsive.

Care was planned and delivered to meet people's individual needs.

Care plans were person-centred and information about a person's life history, likes, dislikes and how they wished to be supported was documented.

There were systems in place for receiving and handling complaints.

Is the service well-led?

Good

The service was well-led.

Staff told us they enjoyed working at the service and felt valued They said they were able to put their views across to their manager, and felt they were listened to.

There were systems in place to gain people's views and took action in response to people's feedback.

The registered manager monitored the quality of the service.

BB Healthcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by one 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.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection. We did not request a Provider Information Return (PIR) form. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager and provider an opportunity to provide us with information that was relevant to our inspection.

During and after the inspection visit to the provider's head office, we spoke with 15 people using the service and one relative. We also spoke to seven care staff; one care coordinator, one field supervisor and the registered manager.

We reviewed eight people's care records and their risk assessments and management plans. We looked at seven staff records relating to recruitment, induction, training and supervision. We looked at other records related to the management of the service including quality assurance audits, safeguarding concerns and incidents and accidents monitoring. We checked feedback the service had received from people using the service, their relatives and health and social care professionals.

Good

Is the service safe?

Our findings

At our last inspection in September 2016 for the key question, 'is the service safe?' we found one breach of regulation. We found people were at risk of harm due to unsafe care practices being followed, this included the use of unsafe moving and handling techniques. We also found a staff member had not followed recommended safe practice for administering medicines. We made requirements for this to be addressed and the provider sent us an action plan. At this inspection, we found improvements had been made and the regulation was now met.

People received care in a manner that mitigated any known risks to their welfare. One person told us, "I do feel safe. I have three calls a day and they [staff] help with my meals and medication. I feel very safe when they are supporting me to shower so I don't topple over." A second person said, "I know them all and would trust them." A relative told us, "The staff provide support while I go out. They sit with [person] and see to [person's] needs. I do feel safe leaving [person] with them while I go out. They [staff] write down in a book whatever they do so I feel safe knowing this."

Risks to people's wellbeing and safety had been managed effectively. We found individual risks had been assessed and recorded in people's care plans. There were comprehensive risk assessments, which covered the internal environment of the person's home, risks of falls, nutrition and hydration, and continence information. Visual checks were completed on equipment such as bathing and shower equipment.

Staff were supported to understand that some people they supported might make decisions which staff might interpret as being 'risky'. Through training and supervision with field supervisors they understood how best to manage such situations and to understand that if people had capacity it was their right to make such decisions. This supported staff to understand the boundaries of risk for each person and deliver a good service to people where individual risks were managed safely.

Accidents and incidents were recorded and the registered manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred, they would inform the office staff and an accident form would be completed. We looked at the accidents and incidents from September 2017. These records clearly stated what actions were taken to keep the person safe. However, the registered manager was unable to show how they analysed and learnt from accidents and incidents. We found that the nature of accident and incidents that had occurred were not repeated ones and therefore found this had not impacted on people's safety. The registered manager implemented a new audit to ensure this was analysed on a monthly basis.

Some people who used the service required support from care staff in handling their medicines. People's medicines administration records (MAR) were accurate and clear. Staff received medicines training and were able to describe how they safely supported people with their medicines. Training records confirmed that all staff received medicines training. Assessments considered the arrangements for the supply and collection of medicines. They included whether the person was able to access their medicine in their own home and what if any risks were associated with this.

Staff were aware of the provider's policies on the management of medicines and followed these. Staff had a good understanding of why people needed their medicines and how to administer them safely. MAR charts contained clear guidance about the use of medicines prescribed for occasional use, such as for pain relief or anxiety.

People were protected from the risk of abuse and neglect. Staff understood the provider's procedures about how to safeguard people. Staff received safeguarding adults training regularly and knew how to whistleblow on poor practice to the registered manager and external agencies. Staff members were knowledgeable when relaying how to recognise the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. One member of staff commented, "If I was at all concerned of the safety of the person I was supporting I would report this to the office. I have done in the past and they have acted. The people we support are vulnerable. We have a duty to report concerns and protect people."

People's needs were met safely and in a timely manner. Comments included, "I don't have a rota, but I do know all of the staff who visit me, they are regulars." This echoed what other people told us. A relative said, "Yes I do normally have a regular staff member and they always sign the record book."

There were sufficient staff to meet people's needs safely. Staffing levels matched what was planned on the staff rota system. The office was open between 9am and 5pm from Monday to Friday with on-call cover 24 hours, seven days a week, in case of an emergency. A staff member told us there were enough staff and time available to safely support the people who used the service. At the time of our visit, no one required two staff at any one time for support. Staff we spoke with told us they were able to contact the office at any time, if they were concerned about the welfare of a person they were supporting. Due to the complex needs of some people being supported, the registered manager told us it was important there was continuity in the support given to people.

Robust recruitment procedures were in place and required checks were undertaken before staff began to work for the service. Personal details had been verified and at least two satisfactory references had been obtained from previous employers. Application forms were detailed including a full employment history with gaps explained. Satisfactory Disclosure and Barring (DBS) checks were in place for all staff prior to commencing work. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

Staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. Staff had the necessary personal protective equipment when it was required.

Good

Is the service effective?

Our findings

At our last inspection in September 2016 for the key question, 'is the service effective?' we found that the service was not working within the principles of the Mental Capacity Act (MCA). People who may not be able to make certain decisions for themselves had not been assessed to determine if they were able to do so. We also identified that there were some staff who had not received the training they were expected to have completed to ensure they knew about the safest and latest best practices in connection with people's care. At this inspection we found significant improvements and the rating for this key question is now 'good'.

People received care from staff who knew them well and had the knowledge and skills to meet their needs. One person told us, "The staff are skilled who work with me. They know how to meet my needs." A relative said, "I am quite happy that they [staff] are skilled enough to deal with anything that may occur while sitting with [person]."

Training was provided for staff to help develop and maintain their skills. Staff said the training was always on-going and it gave them the skills to give the support people required. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults and children; infection control and food safety. Staff were trained in areas to meet specific needs of people being cared for by the service. For example, training in supporting people with diabetes, anxiety and dementia awareness.

New staff undertook a period of induction which included working with senior care staff who assessed and developed their skills using the Care Certificate, (a nationally recognised training programme). A staff member told us that they had to complete their induction and shadowing with other staff before they were allowed to work on their own in people's homes.

In addition to the training provided, the field supervisor carried out unannounced 'spot check' visits on all staff every three months. The field care supervisor was responsible for supporting staff in the community and providing a link between care staff and the office. During spot checks the field care supervisor observed how the staff member carried out their role and responsibilities on that particular care visit. Records demonstrated the field supervisor gave staff feedback on the spot if anything could be improved to their practice.

Records confirmed staff received at least four supervision's per year and an annual appraisal; this gave staff an opportunity to discuss people they were supporting, their own support needs, areas for development and any further training.

People required support to prepare their meals and drinks. A staff member told us there were daily choices and staff knew what people liked and did not like. Also if there were allergies or certain foods that did not agree with the person. Staff supported people to do their shopping on a regular basis each week as it was recognised choosing foods were an important part of people's lives.

People were being supported to access a range of healthcare services. Each person had a health assessment which was easily accessible within their individual care and support plans. This gave clear information and appropriate guidance about health needs and how best to manage their on-going health issues. Where there was a need to refer to other professionals such as a doctor this had been done.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves' had their legal rights protected. 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 Act 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. Any Deprivation of Liberty Safeguards (DoLS) applications must be made to the Court of Protection. Staff applied the principles of the MCA in the way they supported people and told us they always assumed people had mental capacity to make their own decisions.

Good

Is the service caring?

Our findings

A person using the service told us, "They [staff] are all very good, friendly, talk nice and polite and caring. No problems with anything and always ask if they can do more." Another person said, "The staff are very caring, they are always checking I am ok. They are kind and patient." Another person commented, "All the girls that come are all very pleasant and caring." A relative told us, "The carer I have is very kind and supportive and always ask if there is anything different that needs to be done."

The service promoted equality, recognised diversity, and protected people's human rights. It aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure the person received the appropriate help and support they needed to lead a fulfilling life and meet their individual and cultural needs. For example, acknowledging and supporting people's views around gender and relationships. In some instances people needed either female or male support and this was available where it had been deemed necessary.

At the time of our visit, a staff member visited the office to inform them of an ongoing behavioural incident. The staff member was observed being respectful of the person they were supporting and ensuring their privacy and dignity was maintained. The person could at times express behaviours which might challenge and impact on their privacy and dignity. The staff member recognised the need to support and promote privacy and dignity but recognised the need to remain nearby to maintain the person's safety, even though the time allocated for the person had been used. At the same time, another care co-ordinator liaised with the person's G.P, social worker and local safeguarding team making arrangements for a continuity plan to keep the person safe. The person had assumed capacity, and therefore at all times the office kept the person up to date to make sure they were happy with the outcomes, ensured where information needed to be shared, consent was requested and obtained. The person's care plan was then reviewed and updated with the person over the telephone, supported by a carer.

Without exception every person we spoke with told us staff respected their privacy and dignity. One person said, "Yes when washing or showering me I am kept covered up and they [staff] also close the door behind them." Another person told us, "When having a strip wash they make sure I am not left with nothing on and kept warm."

Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice. All staff members we spoke with told us how they would draw people's curtains before supporting them with personal care. Staff we spoke with told us that it was important to ensure people had the privacy they needed and that they had their own space.

Staff were given enough time to get to know people who were new to the service and read their care plans and risk assessments. Staff told us, although they knew what care people needed, they continually asked people what they wanted. People had allocated staff members who helped them achieve their goals, created opportunities for different activities and advocate on behalf of the person with their care plan.

People told us they were aware of the contents of their daily care files. These included contact information, their care plan and other daily monitoring forms pertinent to the individual. People and if necessary their relatives, were encouraged where possible to sign documents within their files which showed they were involved with the care they received.

People told us they were given opportunities to make comments about the service and review their own care and support. Field care supervisors and the registered manager were involved in holding reviews with people and their relatives. This opportunity aimed to ensure people were happy with the care they received and any issues were dealt with effectively and promptly.

Each person had a communication care plan, which gave staff practical information about how to support individual people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person felt, such as when they were happy, sad, anxious, thirsty and angry and how staff should respond. People told us staff communicated with them in an appropriate manner according to their understanding.

Good

Is the service responsive?

Our findings

At our last inspection in September 2016 for the key question, 'is the service responsive?' we found people may not have received the care they required due to this not being clearly explained in their care plans. At this inspection we found improvements had been made and the rating for this key question is now 'good'.

People received personalised care and support that met their needs. Staff and professionals were actively involved in the assessment and review process which also involved the person. One person told us, "I do my care plan with them [staff], I make all decisions in relation to my care and a copy is here and it is reviewed as required." Another person said, "I do it with them [writing the care plan]. We talk things through and go from there and there is a copy here in the house." A relative told us, "I have full input into all [person's] care. [Person] wouldn't be able to due to [their] condition. I do talk to them [staff]."

Support plans were person centred which meant they were all about the person and how they wanted their care and support to be provided. People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. People were being supported in line with what was recorded in the care plan. Where particular routines were important to people these were clearly recorded and described, so staff were able to support the person to complete the routine in the way they wanted. For example, when the person preferred to go out, what time and what support would be required. Care plans were reviewed on a monthly basis or as required in response to any changes in people's needs.

It was clear staff knew the people they supported well. One staff member told us, "I have supported [person] for the last couple of years. I know them and their preferences, but I never assume. By taking the time to get to know the person and spend time with them, not just doing the task we are there to do, but by spending that extra time, the person starts to trust you. Now the person is so much more independent. They are doing their own personal care. Because we have given reassurances and encouragement and not given up. They are so proud of themselves." Staff knew about people's individual needs including what they did and did not like.

All people supported by the service had a Health Passport. It was used to help healthcare professionals understand the person and to make reasonable adjustments to the care and support they provided during an appointment or hospital stay. It had information about a person that supported staff to understand a person's everyday needs, including communication, medicines, as well as eating and drinking.

Care coordinators and staff prioritised visits to people according to their needs and accommodated medical and social appointments. Staff informed the care coordinators if they needed to spend more time with a person, who reassigned their next visits to colleagues to minimise delays and missed visits. Records showed that staff provided people's care in line with their changing needs.

People were supported to take part in personalised activities and encouraged to maintain hobbies and interests. As part of people's support package staff spent time to ensure they engaged in home based and external activities of choice which included shopping and eating out. Records showed choices offered by

staff and made by people every day.

Daily records were completed and reported individually about anything specific to that person on their own record to ensure confidentiality. Records included references to medicines, activities, sleep patterns and other information specific to the individual person. This information was used at the person's review for discussion and future planning as well as care plan development.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. Records showed complaints had been responded to in line with the service's own procedures and outcomes reviewed as part of a lessons learnt process. This was to identify areas which could be improved upon to reduce issues arising again.

People's wishes, such as if they wanted to be resuscitated, were included in their care records and these were kept under review. The registered manager advised us they were developing people's documentation in line with best practice around advanced care planning.

Good

Is the service well-led?

Our findings

At our last inspection in September 2016 for the key question, 'is the service well-led?' the service did not have the required systems in place such as policies and procedures. At this inspection we found improvements had been made and the rating for this key question is now 'good'.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

It was evident to us that the registered manager was committed to improving the service. They told us they had worked very hard to make changes to the service and to address the concerns identified at our previous inspection. People told us the registered manager and care co-ordinators took an active role in the running and general operation of the service. They said the registered manager and office staff had good knowledge of the staff and the people who were being supported. There were clear lines of responsibility and accountability within the management structure. This structure included a registered manager, two care co-ordinators and a field supervisor. Staff said, "I cannot fault the office staff, they are so committed. They are supportive. It's the best I have ever experienced."

Quality assurance systems were in place to monitor the quality and running of service being delivered. Records were maintained at the office and these underwent routine auditing. These included records of supervisions and other contact with people, medicine administration records (MAR), training needs and daily notes. MAR charts were sent in to the office on a monthly basis and reviewed for errors or gaps by the registered manager. The registered manager told us that in order to be more robust in relation to these records they were reviewing each individual MAR until further notice and until such time they were confident that staff were completing these properly. Timesheets were sent in each month by staff and these were reviewed by the registered manager.

The registered manager had put in a place a weekly opportunity for staff to come into the office and chat through any concerns and ideas, known as 'Free Friday.' Staff members told us that communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. There was a clear shared set of values across the staff team. A staff member said, "We are all committed to making sure we give customers the very best opportunities. That's what makes the job so rewarding."

The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

Team meetings were six monthly and well attended by staff. They focused on the operation of the service.

The meetings provided an opportunity for open discussion. Any organisational changes were communicated either at these meetings or through internal emails.

Where comments were received during telephone surveys with people we found that the registered manager had responded to or addressed these. For example, some people had reported that they were not always informed of staff running late for their visits. We read a memorandum which had been sent out to all staff reminding them of the importance of telephoning the office if they were running late.

People's records were held securely and confidentially. We saw care plans were neat and organised and stored in a way that protected people's personal information. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager was aware of which events they should inform us of.