

Black and White Group Limited

BLACK & WHITE GROUP

limited

## Inspection report

38 Brunswick Road  
Gloucester  
Gloucestershire  
GL1 1JJ

Tel: 01452226136

Date of inspection visit:  
11 January 2021

Date of publication:  
16 February 2021

## 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

Black and White Group Limited is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported two people at the time of the inspection.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives provided positive comments about the caring nature of staff and how they were supported. People were supported by small consistent staff teams who were familiar with their needs. People confirmed they felt safe amongst staff and staff provided care which was personalised and responsive to their needs.

The registered manager monitored the provision of care through feedback from people and their observations of staff care practices. However further improvements were needed to some of the quality monitoring systems and communication within the service to ensure the service was continually effective. From reviewing records and speaking to staff we found some discrepancies and inconsistencies in some of the documentation and communication processes. We have made a recommendation about the providers governance and communication systems.

People's support and nutritional needs and risks were assessed and known by staff. Safe medicines management practices were being used. Care plans were in place to direct staff on how people's support should be delivered in line with people's preferences and care assessments. 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.

Enough staff were available to support people. The provider carried out employment checks and reviewed criminal background checks as part of their recruitment process, however further recording of the decision to employ staff was needed to demonstrate staff were of good character and fit to work.

Staff told us they were confident and felt trained to carry out their role. Staff were aware of their responsibilities to record and report any concerns of abuse, accidents, incidents and near misses which were reviewed and monitored by the registered manager.

The provider and registered manager were passionate about delivering good quality care to people and were open to learning and making improvements to the service. Complaints and people's feedback were acted on and seen as an opportunity to learn and drive improvement.

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 08/10/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection schedule.

#### 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?

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 ●

# BLACK & WHITE GROUP 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

The inspection was carried out by one 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.

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

This inspection was unannounced.

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 8 January 2021 and ended on 21 January 2021. We visited the office location on 8 January 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. During and after the inspection we spoke with the registered manager, staff and the nominated individual.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and policies were in place. Staff had been trained in safeguarding and were aware of their responsibility to report any concerns.
- People and their relatives spoke positively about staff. They told us they felt safe around staff and had no concerns about their safety or their property.
- The registered manager was aware of their legal responsibilities for reporting concerns to the local authority and to CQC. They regularly reviewed people's needs to ensure people felt safe and satisfied with the care they received.

Assessing risk, safety monitoring and management

- People's individual risks had been identified and were known to staff. Risk assessments were in place for each person and for all aspects of their care and support such as mobility, falls and nutritional risks.
- Staff had a good understanding of people's individual risk management plans which enabled them to recognise changes in people's well-being and escalate concerns as needed. More details of when and how to escalate concerns would help guide any new staff to ensure people received appropriate care and timely referrals were made to health care services.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff worked in small teams to provide support to people. Regular agency staff from the provider's staffing and recruitment company were used to support people and be part of the staff teams.
- The registered manager and provider assured us that they vetted all new staff to ensure they were of good character and health to support people and carry out their role. Records relating to the pre-employment checks including criminal checks required some more detail to support the registered manager's decision to employ them.

Using medicines safely

- People's medicines were safely managed. Staff who administered medicines had received training and had their competency assessed.
- People and their relatives confirmed that they were happy with how their medicines were managed.
- Medicines care plans and risk assessments were in place to direct staff on the management of people's medicines and how they wished to take their medicines.
- We reviewed people's medicines administration records and found that they had been completed with no gaps and provided staff with the information they needed.

- People's medicines records were regularly audited by the registered manager.

#### Preventing and controlling infection

- People we spoke with told us staff wore the correct personal protective equipment (PPE) during their visits. Staff confirmed they had access to all of the PPE they required and had received infection control training.
- The service had implemented a number of additional infection control measures in response to the coronavirus pandemic to ensure people and staff remained safe.
- The registered manager had developed Covid 19 folders for each person's home to ensure up to date infection control guidance was available for all staff. They had agreed to review Covid 19 staff risk assessments for staff to ensure risks in relation to the coronavirus were identified and being managed.

#### Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents and accidents. Accidents and incidents were recorded and reviewed by the registered manager who made recommendations as required. Changes to people's care needs were shared with staff.
- The registered manager told us they would ensure that people's care plans were updated and reviewed in a timely manner to reduce the risk of repeat incidents.

# 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 care and support needs were fully assessed prior to them using the service to ensure staff could meet their support requirements.
- People's needs were monitored to ensure the care they received met their needs and choices and helped people achieve good outcomes and good quality life. One person confirmed that they had been given more freedom to make choices about their care with Black and White Group Ltd.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and given opportunities to develop. People confirmed that they felt staff had the skills to meet their needs and support them.
- Staff told us they had all the training they needed to safely carry out their role.
- New staff completed an induction programme including training, shadowing experienced staff and understanding the services policies.
- Observations of staff practice were undertaken, and the registered manager had started to roll out a schedule of supervision meetings with staff in line with their staff development policy.
- The registered manager stated that they planned to improve the recording of probation meetings and observations of staff as well as incorporating the Care Certificate (national minimum standards of health and social care training) into the induction programme.

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

- Where required, people were supported with eating and drinking. Their care plans contained guidance for staff to ensure their personal preferences and dietary requirements were offered.
- People's independence in relation to their eating and drinking was encouraged. Staff always encouraged people to have a balanced diet and remain hydrated. Staff told us they consulted with people about their meal and drink choices and provided people with information about any unhealthy eating and drinking options.
- People who were at risk of choking were closely monitored and supervised by staff. Recommended eating guidelines were recorded and in people's care plans for staff to follow.

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

- People were supported and encouraged to maintain healthier lifestyles and receive ongoing health support as needed. Staff worked closely with health and social care professionals such as social workers, occupational therapists and GPs to help support people to maintain their health and wellbeing.

- Staff told us they knew people well and worked as a team to monitor and communicate any changes in people's well-being and immediately report any concerns.
- Where required, staff would in conjunction with people and their families to support people to access and attend health care appointments.

#### 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 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. 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.

- Staff had received training in the MCA and supporting people to make decisions.
- People's consent to care and the outcomes of MCA assessments were recorded within their care plans.
- The registered manager demonstrated a good understanding of the principles of the MCA and staff told us how they respected people's choices about their care.

# 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 were positive about staff and the care and support they received. They told us staff always treated them with kindness. One relative said, "Staff are very good and kind. I am happy with them."
- We were told staff were kind, caring and respectful of people's decisions and preferences. One person told us staff let them live the life of their choice and with no judgment. They said, "They let me be who I want to be".
- Staff told us they enjoyed their role and worked well as teams to ensure there was a continuous approach in meeting and monitoring people's needs.
- People told us they were treated equally, and staff supported their needs in a non-judgemental manner.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff worked collaboratively with people and their families, providing them with emotional support. Staff were able to provide people with social interactions and opportunities and respected people's wish to have private times with their families.
- People (and their relatives where required) were fully involved in decisions about their care and developing their care plans to reflect their support and care requirements.
- People had copies of their care plans in their homes which staff could access to provide them with the guidance they needed to support people. These were reviewed and regularly updated.
- The provider and registered manager valued people's feedback about the service and the care they received and acted on any concerns.
- Staff had worked with health care professionals to ensure people's choices about their lives were respected and supported. The service held information on local advocacy services which would be shared with people as required.
- Staff told us they encouraged people to maintain their independence and to do as much as they could for themselves where possible and make their own decisions. One staff member said, "It's their life, we are their support them how they want."

# Is the service responsive?

## Our findings

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

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

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

- People received care and support from staff who were responsive to their needs, changes in their care and wishes.
- People's care plans were person centred and included detailed information on how they wished to receive their care and support. Information about how people wanted to be supported with their personal and oral hygiene was recorded.
- Staff were notified of any changes in people's care and support needs to ensure they continued to meet the needs of people and ensured that staff had access to current information.
- People were supported by small staff teams which helped to promote continuity of care and monitoring of their needs.
- Information about people's decisions and choices about their lifestyles and preferences were clearly recorded in their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs. The registered manager told us they would ensure that people had access to the information they needed in a format they could understand.

Improving care quality in response to complaints or concerns

- An effective system was in place to respond to people's concerns and complaints.
- Records showed complaints had been responded to appropriately and in line with the providers complaints policy.
- People and relatives knew who to speak with if they had a complaint and felt confident their concerns would be listened to and acted upon.

End of life care and support

- The service was not supporting people with end of life care at the time of our inspection.
- The registered manager stated that end of life systems, care planning and staff training would be put into place if people required end of life care and support in their own home as required.

# 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.

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

- Since registering with CQC, the provider had slowly established a service that delivered personal care and operated alongside the providers staffing agency and recruitment business. The provider stated they aimed to build the business on strong values and said, "Everyone in the service is important to me and has value."
- Managers and staff demonstrated their commitment to provide personalised and safe care. The registered manager had a understanding of the running of the service and was able to respond promptly to any concerns due to the small number of people the service supported.
- However further improvement would be required in the management and governance of the service if the service was to expand.
- From our conversations with staff and reviewing records, we found some inconsistencies and discrepancies in the culture and style of the management. For example, there were inconsistencies in the records of delivery of care and the systems to communicate the well-being of people after each care shift and to the registered manager.
- Some staff felt they were not always confident in reporting concerns to the management team.
- Further improvement was needed in the quality of the records of staff recruitment, induction and spot checks of staff to demonstrate that staff had been safely recruited and their care practices were in line with current guidance and people's care plans.
- We met virtually with the provider and have asked them to review their own quality assurance processes to ensure the governance and communication systems are effective and a positive culture and new processes are embedded. They told us they were aware of these concerns and had started to review their systems and processes to improvement the management and governance of the service.

We recommend the provider considers current guidance on effective quality assurance and communication systems at all levels.

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

- The registered manager understood their legal responsibilities and was responsive to concerns raised. They followed the providers policy and worked with people to deal with their concerns.
- The registered manager and provider were passionate about learning from incidents and driving

improvements.

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

- People and their relatives felt they had a good rapport with the managers of the service and could raise any issues with them.
- People and relatives told us they were happy with the care they received and would recommend the service to others. One person told us that staff supported them to live the life that they wanted and without judgment or interference.
- The provider told us they valued any feedback from people, staff and stakeholders to enable them monitor the service and make the required adjustments.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were constantly looking at how they could improve the service and develop the business slowly and safely. They acknowledged and were responsive to our feedback during the inspection about areas of improvement.
- Staff and the managers worked in partnership with people, their families and key health care professionals who were involved in the management of people's care.
- The registered manager told us they had received good support from professionals during the pandemic and had continued to liaise with community staff such as occupational therapist where required.