

Birmingham Business Associate Ltd

# BBA Care Ltd London

## Inspection report

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Date of inspection visit:  
15 December 2021

Date of publication:  
13 January 2022

## 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

### About the service

BBA Care Ltd London is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection, one person was receiving assistance with their personal care. The Care Quality Commission (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's care and support were personalised. A relative spoke positively about the service provided by the care agency. They told us it was well run, and the person was well cared for.

Systems were in place to protect people from abuse. These included safeguarding policies and training for staff. Care staff knew how to identify and report concerns. Personalised risk assessments helped keep people safe and supported their independence. Infection control practices helped minimise the risk and spread of infections.

Staff participated in the regular COVID-19 testing and vaccination programme, and were kept well informed by the provider about government COVID-19 guidance.

Appropriate recruitment processes helped ensure only suitable staff were employed to provide care and support to people using the service. The provider ensured that there were enough suitably skilled staff to provide people with the care and support they needed and wanted.

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 supported to make decisions about their care and these were respected by the service.

There were quality assurance systems in place that monitored the service provided to people. Management ensured policies and procedures met current legislation and were up to date. There were effective systems in place to obtain feedback from people about the quality of the service they received. Improvements to the service were made when needed.

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 11/06/2018 and this is the first inspection.

### Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring,

Responsive and Well-led and rate this service.

#### Follow up

We will continue to monitor information we receive about the service using our monitoring systems which will indicate when we next inspect. 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 well-led.

Details are in our well-led findings below.

Good ●

# BBA Care Ltd London

## 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 CQC. 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 the service two working days' 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.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. 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 the registered manager, care consultant manager, administrator/supervisor and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two care staff and one relative by telephone during the visit at the location's

office.

We reviewed a range of records which related to people's individual care and the running of the service. These records included one person's care file, two staff files in relation to recruitment and staff supervision, policies and a range of records relating to the management and quality monitoring of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. The care consultant manager was responsive in providing us with further information and documentation to do with the management and running of the care 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

- The provider had safeguarding policies and procedures which included details of its responsibilities in helping to keep people safe from the risk of abuse or avoidable harm.
- Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew that they needed to report all allegations and suspicions of abuse without delay. One care staff told us, "I would follow the rules and guidance and tell the manager." Staff were aware they needed to report allegations of abuse to the local authority safeguarding team and the CQC if management had taken no action.
- Staff knew about the provider's whistleblowing procedures. They told us that they would not hesitate to raise any concerns including poor practice from other staff and were confident these would be addressed quickly and appropriately.
- Management and our records informed us that there had been no safeguarding concerns during the last twelve months.

Assessing risk, safety monitoring and management

- The person had detailed personalised and up to date risk assessments. These included risks associated with their personal safety and home environment. Detailed personalised guidance helped staff to manage identified risks, reduce the risk of people being harmed, and support people's independence.
- Staff were advised of any risks regarding access to people's homes. There was a lone worker policy in place to help keep staff safe.
- Staff knew what to do in the event of an emergency. They knew they needed to call emergency services, report to management staff and record details of the incident or accident.
- One relative told us that they had no concerns about a person's safety. They informed us they felt that their family member was safe when receiving care and support from care staff.
- The provider had a business continuity plan that outlined action that would be taken to prevent and manage any disruption to the service such as potential staff shortages due to the COVID-19 pandemic.

Staffing and recruitment

- Staff had been safely recruited. Staff records indicated an appropriate staff recruitment procedure was being followed so that only suitable staff were employed to care for people. All staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks and obtaining references from previous employers.
- The provider had systems in place to make sure that there were enough staff to meet people's needs and keep them safe. There had been no 'missed' calls.

- Feedback from a person's relative told us that the person received care from regular care staff who were familiar with their needs and preferences, punctual and stayed for the duration of their visit.

#### Using medicines safely

- At the time of the inspection the person received most support with their medicines from their family. Care staff at times reminded the person to take their medicines.
- Staff received training in the administration of medicines. They told us they had received the training and support they needed to support or administer people's medicines. Staff understood their responsibilities and roles when administering medicines safely. Following the inspection the care consultant manager provided us information and documentation that showed that the administration of the person's medicines was being recorded on a medicine administration record (MAR).

#### Preventing and controlling infection

- The provider had infection prevention and control policies and procedures in place. All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE), such as disposable gloves, masks and aprons to prevent the spread of infection. Care staff spoke of the importance of following infection control procedures and practices to keep people safe. These included washing their hands frequently, cleaning surfaces and equipment, and observing current social distancing guidance where possible.
- During spot checks of staff practise in people's homes, management staff checked whether staff were wearing PPE correctly and following infection prevention and control guidance.

#### Learning lessons when things go wrong

- Policies and procedures helped ensure that the risk of accidents and incidents occurring were minimised. The registered manager and other management staff informed us that none had occurred since the agency began providing a service to people. They knew that all incidents needed to be investigated and causes and trends looked for, to help reduce the risk of incidents reoccurring.
- Care staff told us they would speak up about any incidents where things had gone wrong and were confident that management would ensure there was learning, and improvements made when needed.
- Management staff told us that learning would be shared with staff through supervision and memos. Additional training and support would then be provided to staff when found to be needed. Following our inspection, the care consultant manager provided us with information that showed they had been responsive to our feedback about the minor issues we had found and had made improvements and shared learning with staff. This included providing staff with information to help ensure they wrote about the care people received in a more personalised and considerate way.

# 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 with them and when applicable, their relatives, before they started receiving care. People's initial assessments were detailed and formed part of their care plans. This helped ensure the care provided met people's individual needs and preferences.
- A personalised care plan was developed from the initial assessment and where applicable from information provided by local authority commissioners. This ensured care staff had the information and guidance they required to provide each person with personalised effective care.
- Care records included details of people's needs and choices, and showed that their religious, cultural, dietary, sensory, and other specific needs had been considered by the service.
- Care plans and risk assessments were reviewed regularly with people and their relatives, and updated when there were changes in the people's needs.
- We found some care visit records/logs of the care provided were not always written in a personalised and sensitive way. For example, staff had written that one person had received a "stripped wash" which has a negative implication. Promptly following our inspection, management staff demonstrated they had been responsive in addressing this with care staff.

Staff support: induction, training, skills and experience

- New staff received an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Staff's induction also included shadowing more experienced staff and learning about the care agency. Staff told us they had found their induction very helpful and that it had prepared them for carrying out their role and responsibilities.
- Staff spoke in positive way about the training they received, which provided them with the information and guidance they needed to provide people with personalised, safe care. They told us they were reminded when refresher training was due.
- Staff informed us and records showed that they were provided with regular supervision. These meetings included discussion of policies and learning about a range of matters to do with the service. Topics discussed during supervision included, confidentiality, safeguarding adults, moving and handling and COVID-19. Staff told us they felt very well supported by management staff and other care staff.

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

- People's care plans included information about their dietary requirements and preferences and any support they required with eating and drinking.
- Care staff were knowledgeable about the person's cultural dietary needs and preferences. They told us

they ensured people were asked what they wanted to eat and drink. One care staff told us, "I prepare what [person] likes. [Person] tells me what they want and I give it to them." Staff knew the importance of ensuring people had regular drinks of their choice, and told us they would ensure that they would tell the person's relatives and management if they noticed any changes in the person's eating and drinking.

- Personalised guidance helped ensure that people received meals that had been prepared safely and minimised the risk of spread of infection. For example, one person's care records included information about ensuring raw meat was stored at the bottom of the fridge, and cooking food safely in the microwave.

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

- Staff knew that if they had concerns about a person's care or well-being, they would report it to management who then, when applicable would communicate with people's relatives and healthcare or social care professionals involved in people's care.

- Management told us that currently the person's relatives communicated with health professionals and other agencies about their care and treatment. They told us they would ensure that people were supported to access healthcare services if needed.

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.

- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices. A person's care plan included, 'No task is undertaken without asking for [person's] consent, and do not assume because [person] has given consent once that it is always ok.'

- Care records documented whether people had capacity to make decisions about their care. Staff knew that when a person was unable to make a particular decision, the decision was made in the person's best interests in partnership with key professionals and relatives.

# 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

- A relative told us that a person was very well cared for. They told us, "[Person] says they are happy. They [care staff] understand [person's] care."
- People were matched with care staff according to their individual preferences and needs. A relative told us, "They speak [person's] language and understand [person's] cultural, food and religious needs." Staff had a good understanding of the importance of respecting people's differences. A care staff told us, "Not everyone is the same, each person should be understood and respected."
- People's care plans included information about their background, life history, religious, cultural and other personal needs and preferences This helped to ensure that people's individual needs were understood and considered by staff when delivering care and support. Care staff knew the person they assisted with care very well. They spoke about the person's preferences and the care they provided.

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

- People were supported to make choices and be involved in making decisions about their care. People were also supported to make day to day choices such choosing what they wanted to wear and eat. A person's relative told us that staff listened to the person and respected the choices they made. They told us, "[Staff] do a good job. They talk to [person] and listen to [them]."
- Regular reviews of the person's care had taken place. These reviews covered areas such as the person's progress as well as any changes in their needs. The person and family members participated in those reviews.
- Care plans were drawn up with people, using input from their relatives where required. Care records detailed the support, care and personal preferences that the person and their relatives had asked for at each visit.
- The service maintained regular contact with the person's relatives through telephone calls. This gave relatives opportunities to discuss the person's care and provide feedback. A relative told us that when they called the office to discuss a person's care they were listened to and staff were always responsive and helpful.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. Management worked with staff to ensure they knew how dignified care should be delivered. Dignity in care was discussed during staffs' induction and during their supervision meetings. Staff knew the importance of addressing people by their preferred name and respecting their cultural, religious and other individual needs.
- 'Spot checks' of staff carrying out personal care included checks as to whether staff provided care in a

dignified and respectful manner.

- The provider ensured people's personal information was stored securely. Confidentiality had been discussed with staff during their supervision meetings. Staff understood why people's confidentiality must be respected. They knew they must not talk about people and their care without their consent.

# 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 rating]. 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

- The provider ensured that people received personalised care. Care plans and assessment information showed that the provider involved the person and their relatives in planning the person's care. Care plans were detailed and included information about how they wanted their care to be provided, their personal care routines were clearly specified in their care plans. This helped staff deliver care in a way which people were familiar and comfortable with.
- Staff we spoke with were knowledgeable about the person's individual needs and preferences. They told us they got to know about the care people needed by reading people's care plans and speaking with people and their relatives. This helped ensure that people received personalised and effective care.
- There were arrangements to make sure staff were informed about any changes in people's care.
- During the recruitment process prospective staff were asked questions about equality, diversity, inclusion and human rights. This demonstrated that the service understood the importance of ensuring people received personalised care from staff who understood and respected their differences.

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.

- Management were aware of the importance of making information accessible to people. People's individual communication needs and any sensory needs, including hearing and sight were detailed in their needs' assessment and care plans, so that staff knew how to best communicate with them.
- The provider had ensured that a person who did not speak English received their care from staff who spoke the person's language. A relative spoke about the importance of this to the person.
- Information for people using the service was in English in written format. Management told us they would look in to providing information such as the complaints procedure in other formats including pictures/easy read, large print and in languages other than English.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. A person's relative told us they would contact the agency's office if they had concerns or a complaint and was confident that it would be responded to appropriately. They had no concerns about a person's care.
- Management informed us that there had not been any complaints since the agency had started to provide care to people.

## End of life care and support

- At the time of the inspection there was no one receiving end of life care. Staff had received 'death, dying and bereavement' training. Management informed us they would ensure further training and support would be provided to staff if in the future they supported people with end of life care.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A person's relative told us that they were fully involved in the person's care, which met the person's care needs and preferences. They spoke highly of the staff and of the care and support they provided. They told us, "They [staff] understand [person]. [Person] says that [they] are happy with [their] care."
- Staff knew the person well and described the personalised care and support they received. They told us they enjoyed their job, and had opportunities during supervision meetings, to discuss and review people's care with management staff. They spoke highly of the support they received from the management and other staff. They confirmed they received the information, training and up to date guidance they needed to provide people with personalised effective, safe care.

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 nominated individual, registered manager and care consultant manager were aware of duty of candour expectations, including informing people honestly about any untoward incidents and knew the importance of being open and honest with people when something goes wrong. They knew they needed to notify us of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Managers and care staff were clear about their roles and responsibilities. A person's relative spoke highly about the staff and the way the service was managed.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks were carried out of staff carrying out their care duties. This helped monitor the performance of staff and the quality of the service provided to people.
- Checks of care plans, care records, staff records, policies, staff induction, training, and other areas of the service were also completed. Improvements were made when needed.
- Roles, responsibilities, policies and procedures were discussed with staff during regular one to one supervision meetings to help ensure people received good quality and safe care.
- The care consultant was very responsive to our feedback during the inspection. Following the inspection, they provided us with details of improvements they had made in response to our feedback. This included reminding staff to record more person centred visit care records, and adding to the safeguarding adult's policy the name of the host local authority that incidents of abuse would need to be reported to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with

- The service engaged with people, relatives, staff and other agencies. People and relatives were asked for their feedback about the service through regular visits, feedback questionnaires and telephone calls to people and relatives. A relative told us they had a good relationship with management staff and would recommend this domiciliary care agency.
- Care staff told us they felt confident to seek advice and guidance from management staff. A telephone 'on call service' was in place, which was active during and outside of office hours. This enabled people, relatives and staff to contact the senior staff at any time. A person's relative and care staff confirmed that management staff were approachable and responsive when they called the office.
- Care staff told us that communication with other staff, and teamwork was good. They had opportunities to feedback about the service and discuss any concerns to do with people's care.
- Staff had equality and diversity learning and were knowledgeable about people's culture and equality characteristics including those protected by the Equality Act 2010. They were aware of the importance of these in providing people with personalised care.
- At the time of this inspection relatives communicated with healthcare and social care services. However, management knew when they needed to seek advice and support from health and care professionals.