

Bicester Care and PA Limited

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Inspection report

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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

About the service

Bicester Care and PA Limited is a domiciliary care agency providing care to people in their own homes in the Bicester and Oxfordshire area. At the time of our inspection 30 people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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 were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

People, their relatives and staff spoke highly of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were systems to monitor, maintain and improve the quality of the 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 the service under the previous provider was Good, published on 24 January 2018.

Why we inspected

This was a planned inspection under a new legal entity.

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

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Bicester Care and PA 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means the provider and registered manager were legally responsible for how the service is run and for the quality and safety of the care provided.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

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 9 June 2022. We visited the location's office on 9 June 2022.

What we did before the inspection

The provider was 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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with four people using the service, six people's relatives, two senior care staff, the assistant manager, a director and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for four people, staff training records, three staff recruitment files, quality assurance audits, complaints records, and records relating to the management of the service.

After the inspection

Following our visit to the office we continued to gather evidence and we contacted ten care staff, Oxfordshire Health NHS and the local authorities.

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

- People and their relatives told us they felt safe. Their comments included: "Absolutely because they are all very kind and good at what they do. They know exactly what they are doing. They are all very good at their job," "Yes I do, yes because they will go out of their way to help her [person] and they call me if there are any problems" and "Yes I do [feel safe], definitely."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "If I thought a client was suffering from abuse I would report to my senior or my manager."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments for every person and contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "I do think there is enough staff to meet people's needs as we all pull together if people are off sick." We saw planned staffing levels were consistently maintained. This included where two staff were required to support people.
- People told us staff were punctual. One person said, "Very [punctual], yes very close to the time. 10-15 minutes either way. Very good." People told us they had never experienced a missed visit.

Using medicines safely

- People received their medicines as prescribed. Some people using the service managed their own medicines with the help of their relatives.
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks

were conducted to ensure staff followed safe practice.

- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- Where appropriate, accidents and incidents were referred to the local authorities and the CQC and advice was sought from health care professionals.

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 prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs. One person told us, "Well this wasn't the first agency I had, I had the nurses first then they transferred me to them [provider] and the senior carer came, and she went through absolutely everything with me. I was very impressed, honestly."
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "Oh God yes, they really are [well trained]. They know exactly what they are doing."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks and regular supervision. One staff member told us, "I am supported both in and out of work. My training was excellent, and it really gave me confidence to do my job."
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People and their relatives told us how staff supported people to maintain a healthy diet. One person said, "They [staff] make all my drinks and meals for me, I can't walk. Happy? I absolutely am."
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Staff confirmed most people only needed support with meal preparation.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

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

- The manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The registered manager told us they had worked on a regular basis with any external agencies and had

made referrals as and when necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- People and their relatives confirmed that staff obtained consent for people's care and support. One relative said, "Oh yes, they [staff] always say [person] are you all right to do? They are really, really good."
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

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 told us about the professional and friendly support they received from staff and the positive impact they have had on their lives. Their comments included; "Yes okay, friendly, helpful and show concern. Every time you want a little chat, they [staff] make you feel better," "They [staff] are lovely, friendly and make me feel comfortable. I'm a large lady and they never make me feel uncomfortable with it" and "Very friendly, very thorough with what they do. I don't have any issues with them around my son [person] at all."
- Staff presented an insight into the importance of understanding and respecting people's backgrounds, their needs and listening to what was important to them. As a result, they knew how people wanted to be supported. One staff member said, "I know my clients [people] and know what they like, dislike and need."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- People and their relatives were asked for their views of the service regularly. For example, the registered manager regularly contacted people to obtain their views.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives. One relative spoke about how staff promoted the person's independence. They said, "I think they encourage her to walk around the house and to the toilet. I think that's a must for her to get a bit of exercise."
- People and their relatives told us how staff promoted their privacy and dignity. Their comments included; "Yes, they are friendly, come in, call her [person] by her name, hold her hand and always ask if there is anything else they can do before they leave" and "Oh God yes, they [staff] close the curtains, shut the door and will put a towel over him [person] for personal care."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care. One staff member said, "I address them [people] in a way they understand, with patience and empathy being respectful of personal space, maintaining client's confidentiality and not making assumptions on how they want to be treated respecting their views choices and decisions."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

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 had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- The service responded to people's needs. One relative told us about how the service responded when the person became unwell. They said, "They [staff] will go out of their way to help [person] and they call me if there are any problems. A few weeks ago, we thought she had an infection. We were worried about her breathing and she [staff member] suggested I call 999. It wasn't part of her working day and she stayed with me until the ambulance arrived. They all seem to be very much like that. It turned out it was more serious than we thought."
- People's care plans were personalised and regularly reviewed. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered. A relative told us, "Oh yes because they [staff] often ask me things. I can't fault them; they are really good. They even say to me are you okay. They are absolutely brilliant."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, where people required support with glasses or hearing aids, whether people needed text in large print and if people preferred to use a foreign language.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. One staff member told us, "I have a client [person] that is deaf, when I go into her house, I stand in front of her so she can see me. I have to speak clearly and slowly as she lip reads very well and we do hand signs, she talks if she needs anything."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that mattered to them, such as family and friendship. This promoted people's well-being and help to prevent social isolation. For example, the service held a Christmas dinner event for people and their relatives to attend every year. This was at no cost to people and was well attended. Food and entertainment were provided with staff waiting on table before joining in with the meal. The registered manager said, "It is a regular Christmas event we all look forward too. The clients and staff love it and we have a great time." We saw photographs of the Christmas parties and it was clear people and staff thoroughly enjoyed the event.
- One person told us how the service had a positive impact on their life. They said, "To me it's to be able to be in my own home and stay as long as I can. My independence is the best thing they could have given me, and their kindness."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any complaints or concerns about the service. Information on how to complain was provided in a 'service user guide'. One relative said, "Well, I've got the mobile telephone number of one of the owners so if I've got a complaint, I would contact her directly."
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- Systems were in place to record and investigate any complaints. We saw complaints were dealt with in line with the providers complaints policy.
- The service had received and recorded numerous compliments and accolades. People had expressed their gratitude through cards letters and emails thanking staff for their support and care. For example, one person had written, 'thank you for becoming, not only lovely carers but also lovely friends.'

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives told us the service was well-led. Their comments included; "I think so yes [well-led]. I can't think of anything I can fault. I think all the seniors are good" and "Yes [well-led], the seniors, the ones I've met seem very positive and helpful. [Registered manager] I've met once and seems helpful. I can't fault anybody really."
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the improvements they wanted to make.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "Bicester Care and PA are a good company to work for. I think without their help and support over the years I don't think I would be where I am now."

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 was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes. Action was taken to address any identified issues. For example, during the pandemic the registered manager identified ways to reduce the risk of infection. Staff and people were

allocated together in 'bubble's'. This meant people were visited by the same group of staff, reducing the risk of cross infection.

- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The registered manager had an open-door policy and people and their relatives were encouraged to express their opinions either in person or via the telephone. One person said, "Yes, you get a questionnaire come through and the seniors come in once a month and I fill it out and give it to one of the carers and they take it back to the office."
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "I feel very supported. My managers are great, I have been struggling since having COVID and they have always been there to listen."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams and local authority commissioners.

This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.

- The registered manager was a member of Oxfordshire Association of Care Providers (OACP) and the 'Remain at Home' organisation. The registered manager told us these were a "Valuable source of support and information."