

Givecare

Bosworth Homecare Services

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

Bosworth Home care Services provides personal care to people living in their own homes in and around Swadlincote, South Derbyshire. Not everyone who used the service received personal care. 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. At the time of the inspection 70 people were provided with the regulated activity of personal care.

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

The service was safe. People felt there was enough staff to provide safe and effective care. Where safeguarding concerns were identified, these were suitably reported to ensure people were safe from potential future harm. Medicines were managed safely to ensure people received them as prescribed. Risk assessments were completed, and staff were suitably recruited into the service. Staff were aware of how to reduce the risk of infection.

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. When needed people's capacity was assessed to ensure that decisions were only made in their best interests where they lacked capacity. When this was part of people's care package they were supported with their meals and provided with the support they needed to keep well from health care services. Staff had the opportunity to develop the skills and knowledge they needed to meet people's care and support needs.

People were cared for by staff who knew them well and understood how they wanted to be supported. Information was available in an accessible format when needed to help people understand all information about the service. People had a support plan which included information about how they wanted to receive their care; this was reviewed to reflect any changes. People knew how to raise concerns about the service and these were responded to.

People knew who the manager was and were confident that the service was managed well, Quality monitoring systems were in place and effective in driving improvements. The ratings for the service was displayed on the provider's website to inform people about 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 this service was requires improvement (published 16 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Bosworth Homecare Services

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 team consisted of 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. The expert-by-experience did not attend the office base of the service but spoke by telephone with some people who used the service and some people's relatives.

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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager was in the process of registering with us at the time of this inspection.

Notice of inspection

We gave the service a weeks' notice of the inspection, as we needed to be sure that someone would be available at the office. We also needed to arrange home visits and telephone calls to speak to people who used the service and their relatives; and to the staff that supported people. The inspection activity started on 8 July 2019, when we spoke to eight people on the telephone and ended on 12 July 2019, when we visited

two people in their own homes and visited the office location.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. 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 five people who used the service and four people's relatives about their experience of the care provided. We spoke with six members of staff including the manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at two 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 manager to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

At the last inspection systems and processes were not established and operated effectively to prevent abuse of people who used the service. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- People told us they felt safe with the staff. One person said, " I feel very safe with the staff." A relative said about the staff, "Carers are trustworthy, and my parents are safe."
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedure to follow.
- The manager was clear on their responsibilities to report concerns. Where concerns had been identified they had informed the local authority to make sure people were protected and informed us of incidents that had taken place.

Staffing and recruitment

At the last inspection sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The numbers of staff who now visited people had reduced which meant people would benefit from greater consistency of care.
- Some staff were organised into small teams to cover people's care calls. One member of staff told us " I have my own group of people that I support and work opposite another member of staff. It's good because we build up a relationship with people." Another member of staff told us that due to their hours; they covered calls where there was staff sickness or leave. They said, "I'm part time and I have supported the same people for the last three days running which is good as they are now getting to know me; but I go where I'm needed. I like getting to know everyone."

- No one raised any concerns regarding the staff who supported them. One person told us, "I'm happy with the four staff who help me, and the office respond to me in a polite way."
- Where people had raised concerns regarding the times of their care calls; the manager had taken action to address this.
- When staff were recruited the appropriate references and checks were completed in line with current guidance.

Assessing risk, safety monitoring and management

- The risk of avoidable harm to people was managed well, as risk assessments were in place and followed by the staff. For example, regarding the support people needed to manage any specific health and mobility needs.
- When people's mobility needs changed the manager liaised with healthcare professionals to ensure the right equipment was provided for them to be supported safely. For example, one person required different equipment to help them move, while staff supported personal care. We saw the staff had worked with the community occupational therapist in ensuring the interim equipment in place was safe for them to use.
- The provider ensured that equipment used to support people was serviced as needed to ensure it was safe for use.
- Environmental risks assessments were undertaken within people's homes to ensure people and staff were safe. This considered the effects of narrow corridors, the flooring and any hazards within people's homes.
- People felt safe when they received care and were satisfied with the security arrangements for staff to enter and leave their home.

Using medicines safely

- People told us they were supported to take their medicine at the right time.
- The provider employed a designated staff member whose role was to complete medicines audits and review any risk. This meant that how medicines were managed was reviewed and actions taken as needed, to ensure safe systems were in place.
- Staff had received medicines training and competency assessments were completed following training to ensure staff had a good understanding of medicines.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment such as disposable gloves and aprons to prevent the spread of healthcare related infections.
- Infection control practices were assessed during competency checks carried out in people's homes.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The provider took suitable actions following incidents and learning was shared with staff.
- Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. We checked whether the service was working within the principles of the MCA.

- At the last inspection improvements were needed to ensure decisions were only made in people's best interests where they lacked capacity. We saw these improvements had been made.
- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and care plans guided staff on how the person's care needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure they could be met. Outcomes were identified, and people's care and support needs were regularly reviewed.
- Care plans contained information to support specific health conditions and dietary requirements.
- People were supported to make choices to promote their wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. New staff were supported through shadowing experienced staff and completing training.
- The provider's training team provided classroom-based training to the staff team. Staff received training for their role. One member of staff told us, "The training is very good. It's all face to face and the trainers work for the company, so we get to know them. If there is any area, we feel we need training in they will organise it."
- Staff were provided with supervision on a regular basis by the manager. One member of staff told us, "I have my supervision with the manager, but all of the management team are approachable as well; if we

need any advice we just contact the office or the on call if it's out of hours."

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

- Staff prepared meals for people, where this was part of their care plan and encouraged them to have drinks to maintain their health and wellbeing.
- A record of food and drink served and left in people's home was recorded to ensure all members of the team supporting them, could monitor this.
- Staff were aware of any specialist diets that people had and ensured people were supported to follow their required diet.

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

- People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support.
- Where changes were identified, the staff raised any concern with health professionals and the staff and management team worked in partnership with them to help ensure each person's needs were identified and met.
- Where people needed to use new equipment, the staff worked closely with the occupational therapist to ensure they had been assessed to use this equipment and staff had received the necessary training.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were 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

- At the last inspection people had mixed views about the numbers of different staff that provided them with support. We saw that improvements had been made.
- People confirmed that they had a regular team of staff that supported them, other than during absence periods such as staff holidays or sickness. One person said, "I feel safe and supported, and get on well with the staff that support me, they're like my daughters."
- People were supported by staff who were kind and caring. One person told us, "They are all marvellous, I can't fault the staff that come to me." A relative told us, "Staff show love and care really well."

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

- People were encouraged and supported to be as independent as they wanted to be. One person said, "The staff encourage me to be as independent as possible. I won't have anybody doing anything that I could try and do myself, it's good to keep that frame of mind." A relative told us, "The staff are experienced, they can read the signs and get the best out of [Name]."
- Staff understood people's communication methods and could communicate effectively with people.
- The manager told us that no one was using an independent advocate. They confirmed they would signpost people to relevant organisations to access advocates if they needed support with making decisions. An advocate helps a person to express their views and wishes and to stand up for their rights.
- People confirmed, and we saw they were involved in reviews of their care package. One person told us, "Reviews are regular, I had the latest one a couple of weeks ago."
- People's privacy and dignity was respected. Where personal care was delivered, people confirmed their dignity was respected. One person told us, "The staff are good at ensuring they keep me covered when they wash me."
- Within the office we saw that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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.

- At the last inspection some people required information to be provided in large print and only some information was available to them in this format.
- At this inspection the manager confirmed that none of the people using the service required information in an alternative format. They confirmed, and we saw that people's communication needs were assessed at the initial assessment stage and on an ongoing basis at reviews.
- The manager confirmed that large print, pictorial or other formats would be provided to people if these were required.

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

- People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home.
- We saw the care records included relevant information about how people wanted to be supported, their likes and dislikes and any particular preferences.
- Most people confirmed they were asked if they would like to receive a copy of the rota of their support visits. One person told us they had not received one and we passed this back to the manager, who confirmed that this would be arranged.

Improving care quality in response to complaints or concerns

- People knew the procedure for making complaints and told us their complaints had been resolved to their satisfaction. One person said, "When I've raised a concern they always apologise and sort out the issue." Another person told us, "I have no complaints at all, this company have the best carers by far." Another person said, "If I had anything to complain about, I would know how to do it."
- We saw where complaints had been received the manager had investigated these and responded to people, identifying any outcome or improvement to be made.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection. The manager and staff team knew who to involve at this important time of people's lives such as palliative care teams and GPs.
- Where people had expressed their views regarding their care towards the end of their life, this was recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving 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

At the last inspection Systems and processes had not been established to ensure the registered person had assessed, monitored and improved the quality and safety of services provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

At the last inspection the provider had failed to suitably display their CQC ratings on their website. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. This was a breach of regulation 20A (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 20A.

- Monitoring was now in place that recorded the amount of time staff spent with people. We saw the manager monitored calls times, to ensure staff followed the procedure of logging in and out of each call. This enabled the manager to ensure staff stayed for the agreed length of time at each call. No one raised any concerns regarding the length of their call times.
- Most people told us they received their calls at the time they expected. We saw that where people had raised a concern regarding call times, the manager had taken action to address this.
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- There were quality audits in place to measure the success of the service and to drive improvement. For example, audits were undertaken regarding care plans, daily records, medicine records, complaints and call times.
- Competency checks on staff practice were also undertaken to monitor staff performance.
- The providers rating for this service was displayed on their website with a link to their report on CQC's

website. Their rating was also clearly displayed at their office base.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had identified that improvements could be made within the service. They had reviewed the number of staff providing support to each person. We saw that people were now receiving a more consistent approach to care from a regular staff team and generally received their support calls within the agreed period of time. The manager told us, "Our recruitment is ongoing and will continue to be so that we have regular staff teams for people."
- Staff felt supported and able to develop in their role. They confirmed they received regular supervisions and felt supported by the management team. One member of staff told us, "There is good support from all the management team."
- Staff spoke positively about the culture of the provider. They confirmed they worked closely together to support one another and share information. They talked about the individualised support people received and the positive team work.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

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

- People were asked for their views and opinions about the service during care reviews and through spot checks of staff performance and through questionnaires. One person told us, "All of our questions are taken on board and are resolved or complimented."
- Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.
- Staff knew how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.