

BW Care Ltd

# Home Instead Bury St Edmunds

## 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

Home Instead Bury St Edmunds is a domiciliary care service providing care and support to people living in their own homes. The service provides support to adults some of whom may be living with dementia, a physical disability or a sensory impairment. At the time of our inspection there were 10 people using the service.

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.

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

People received personalised care from caring staff who had the knowledge and skills to carry out their roles and responsibilities. People and their relatives described staff as lovely, patient and very caring. Staff were punctual and stayed for the agreed amount of time.

Safe recruitment practices ensured that people were supported by staff of suitable character. People and relatives felt safe with staff providing care and support. Safeguarding procedures were followed, and staff knew the signs to look for if they suspected abuse and how to report concerns.

People's needs were assessed before the service began to ensure they could be met by the service. Care plans were written and updated in partnership with people and their relatives. Risks were identified, assessed and appropriate mitigation put in place.

People and relatives told us the service was well-led and they spoke positively of the nominated individual and the registered manager. The culture of the service was open and transparent, and staff told us they felt supported and motivated by managers to provide the best care for people they supported.

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.

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 14 April 2022 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led	<b>Good</b> ●

# Home Instead Bury St Edmunds

## **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 who telephoned people who used the service, and their relatives, to seek feedback. 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 houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of our monitoring activity that took place on 9 November 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

### During the inspection

The inspection commenced on 23 January 2023 with feedback being provided to the registered manager on 6 February 2023. We visited the office of the service, spoke with 2 people who used the service and 5 relatives. We spoke with the nominated individual [NI], the registered manager and received feedback from 7 staff. The nominated individual is responsible for supervising the management of the service.

We used electronic file sharing to enable us to review documentation. We reviewed 4 care records, staff recruitment files for 3 staff members, training, induction and competency assessment records for staff. We also reviewed governance records including policies and procedures, and 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.

This is the first inspection of 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 receiving support from the service. A relative said, "Perfectly safe, [person] thinks a lot of the carers."
- The registered manager had reminded staff about scam phone calls and for staff to be vigilant. Subsequently, a member of staff recognised that a person was being scammed and took action which prevented the fraud.
- Staff had completed safeguarding training and were familiar with the reporting procedures. They told us they felt confident that any concerns raised would be acted upon.
- There was a safeguarding policy and procedure in place to provide staff with guidance.

Assessing risk, safety monitoring and management

- The individual risks to people that used the service had been identified, mitigated, managed and reviewed.
- Risks were managed in a way to enable people to feel safe and secure when receiving support in their home. A person told us, "[I feel] Very safe, they are lovely and patient."
- Risks to staff, such as any associated with attending people's homes, had been identified and managed.

Staffing and recruitment

- Staff had been safely recruited with records demonstrating this. Assessments of good character had been thorough including the completion of a Disclosure and Barring Service (DBS) check which helps employers make safer recruitment decisions. Staff spoken with confirmed checks had been completed before they began providing care and support.
- People and their relatives told us that staff arrived on time and stayed for the agreed amount of time. A relative said, "Yes, even if they are a minute late, they make it up." Another person said, "They are prompt and I like getting the same lady, they are never late and never miss."

Using medicines safely

- Where support was required, people received their medicines safely and as prescribed. The people who used the service, and their relatives, told us staff were effective at medication management and they had confidence in their abilities. One person said, "The medicines to be taken are on the care notes and no, they have never missed."
- Staff had been trained in medicines administration and had their competency to administer medicines regularly reviewed.
- Staff used medicines administration record (MAR) charts to record medicines administration and these

followed best practice guidance.

#### Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE). One relative said, "Not only masks but they even wear covers on their feet as I have a light carpet and want to keep it clean."
- Staff had received infection prevention and control training and confirmed PPE was readily available

#### Learning lessons when things go wrong

- There was a system in place for the recording and monitoring of any accidents and 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 needs had been assessed prior to receiving care and support to ensure they could be met.
- People, relatives where appropriate, as well as external health and social care professionals were fully involved in the assessment and planning of people's care.
- Care and support was planned and delivered in line with best practice guidance and standards.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were well trained. A relative said, "Yes, we think they are well trained."
- All staff spoken with were very complimentary about the training they received before providing care and support. They referred to a thorough induction which included shadowing experienced staff and completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training records evidenced staff were inducted safely and received both mandatory and specialist training in order to support people safely.
- Where specialist equipment was required the service ensured staff were competent to manage the equipment before agreeing to support a person.

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

- People's nutritional needs had been assessed where required and care plans were in place to support people with their nutritional needs.
- Where people had a condition, which was managed by diet, information was contained in the care plan. However, in some cases more detail was needed regarding the food that could be eaten.

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

- Where people required support to access other healthcare services this was provided. A relative told us, "They have taken her to the surgery on a number of occasions for jabs etc."
- Where specialist equipment was required appropriate training and support was sought.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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, whether appropriate legal authorisation were in place when needed to deprive a person of their liberty.

- Where a person lacked capacity, the service had ensured they were aware of the legal protections in place to support the person. For example, if an appropriate power of attorney was in place.
- The service was not supporting anyone where an application had been made to the Court of Protection.
- Staff had received training in the MCA.

# 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 who used the service and their relatives consistently told us that they were treated with kindness, consideration and compassion. A relative said, "They very much care."
- People's care plans contained information about their background, hobbies and interests. A member of care staff said, "Care plan give you absolutely everything, background information. Really good for conversation starters."
- Where possible the service allocated staff to people with similar interests to promote good relationships. A member of staff told us they enjoyed talking about gardening with the person they supported. A relative told us of the similar interests of their family member and member of staff.
- A member of care staff told us how a person was not showering appropriately due to their dementia. They told us how they had discussed this with the registered manager and there was now a plan in place to support the person to shower appropriately but in a non-intrusive manner.

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

- Staff understood the importance of supporting people to make their own decisions wherever possible.
- People and their relatives where appropriate had been involved in their care planning. A relative told us, "They took [relative] life history and established the care that [person] needed and suggested ideas."

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us staff consistently showed respect towards them, maintained their dignity and encouraged their independence; records confirmed this.
- A relative told us, "They encourage [person] with their cooking for their independence, they made a cake today."
- Staff told us that the provider encouraged them to support people with their independence. A member of staff said, "Just had a team meeting about service users, about promoting more independence, that is their motto, driven into us."
- Care staff spoken with were able to describe how they protected people's dignity when providing personal care.

# 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.

### 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.

- The service identified people's information and communication needs by assessing them before providing care and support.
- People's communication needs such as if they needed hearing aids were identified in their care plan.
- The registered manager told us care plans could be provided in different formats such as large print if required. People could access their care plan in printed copy or online.

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 received personalised care, which met their current and changing needs. A relative told us, "We have a good dialogue with [name of NI]."
- Records were written in a person-centred way with the involvement of the person and their families when appropriate. Care records were regularly reviewed, and this was confirmed by documentation and feedback from people and their relatives.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.

### Improving care quality in response to complaints or concerns

- People, and their relatives, told us they felt comfortable in raising concerns and that they would be actioned. A relative told us, "I have no complaints and yes they would listen." They then went on to give an example of how the service had changed their relatives support due to a concern they had raised.
- There was a complaints policy in place. People using the service were given a copy of this when they began receiving care and support.

# 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 received personalised care from caring staff who had the knowledge and skills to carry out their roles and responsibilities. A person told us, "It feels like a family friendly business with genuine people. You don't get the impression that it's run for business, but it's run for people like my mum."
- Staff spoken with demonstrated a commitment to providing a quality service that impacted positively on the people who used it. A member of care staff told us, "I aim to offer excellent care when with a client."
- The NI and registered manager demonstrated a commitment to ensuring people received an individual service that was flexible and provided people with choice, dignity and independence.

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 understood their responsibility under the duty of candour requirement

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

- The management and staff structure provided clear lines of accountability and responsibility. Staff understood their roles and responsibilities and when to escalate any concerns. Staff told us that the managers were all approachable and supportive. A member of care staff told us, "[Registered Manager] is always on hand... single best manager I have ever worked with."
- Investment into staff support and training had led to a happy staff team and good staff retention. A member of care staff said, "The owner arranged a very nice Christmas lunch for his carers which was a very nice thing to do and gave us the opportunity to meet and made us feel appreciated."
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service

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

- People and their relatives told us they had been fully involved with planning the care and support they would receive. A relative told us, "Yes, it has been discussed with [NI] about [relative] needs. Another person said, "The boss comes at different times and asks, 'How are things going?'"
- Team meeting minutes demonstrated that these were used as open arenas to discuss the quality of the service, seek views and impart knowledge and training.

- A formal quality assurance survey had not yet taken place, but the registered manager told us that plans for this were under way.
- Specialist advice was sought and acted upon when required.