

Givecare

# Bosworth Homecare Administrative Offices

## 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 Homecare Administrative Offices is a domiciliary care agency providing community support and personal care to people living in their own homes in and around Market Bosworth and surrounding areas.

What life is like for people using this service:

People felt safe with the staff team who supported them.

The management and staff team were aware of their responsibilities for keeping people safe from avoidable harm.

Risks associated with people's care and support had been assessed, managed and monitored.

There were sufficient numbers of staff available to meet people's needs.

A robust recruitment process was followed, and new staff had received a comprehensive induction into the service.

Staff had received training in medicines management and people were supported with their medicines safely.

The registered manager made sure lessons were learned when things went wrong.

People's needs were assessed prior to their care package commencing and support plans were developed.

New staff had been recruited appropriately. They had been provided with a comprehensive induction into the service and had the skills and knowledge to meet people's needs.

People were protected by the prevention and control of infection. The staff team had received training in infection control and the appropriate protective equipment was provided.

People were involved in making decisions and choices about their care and support and their consent was always obtained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The staff team were kind and caring and treated people with dignity and respect.

A complaints process was in place and people knew what to do if they were unhappy with the service they received.

People's thoughts on the service were regularly sought.

Monitoring systems were in place to check the quality and safety of the service being provided.

The management team worked in partnership with others and continually looked at ways to improve the service.

More information is in the detailed findings below.

Rating at last inspection: Good (report published 22 July 2016) all the key questions were rated Good and the service was rated as Good overall.

Rating at this inspection: The rating for this service has not changed and the service remains Good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Bosworth Homecare Administrative Offices

## **Detailed findings**

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector and two experts 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. Their area of expertise was older people living with dementia and physical and sensory impairment.

Service and service type: Bosworth Homecare Administrative Offices is a domiciliary care agency providing community support and personal care to people living in their own homes. There were 214 people using the service at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care agency and we needed to be sure the registered manager would be in.

Inspection site visit activity started on 1 May 2019 and ended on 7 May 2019. We visited the office location on 1 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures. People using the service were contacted on the 1, 3 and 7 May 2019.

What we did:

Before inspection: We reviewed information we held about the service such as notifications. These are

events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used this information to plan our inspection.

During inspection: We spoke with 22 people using the service and nine relatives. We spoke with the registered manager, the operations manager, six members of the management team and seven support workers. We reviewed a range of records about people's care and how the service was managed. This included four people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings for the staff team, staff training records and the recruitment checks carried out for new staff employed at the service. We also looked at a sample of the providers quality assurance audits that the management team had completed.

After inspection: The registered manager provided us with copies of documents requested to demonstrate compliance with the regulations.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People felt safe with the staff team who supported them. One person told us, "I have felt safe from day one, the care staff seem to have a way in helping me feel safe. I have some really young carers and they are great."
- A relative explained, "I think [person] is very safe with them, they are very observant and recognise any problems or dangers for [person]."
- The staff team had received training in the safeguarding of adults and understood their responsibilities for keeping people safe. One explained, "I would report it [abuse] to the office, any concerns are dealt with immediately."
- The management team reported any safeguarding issues to the local safeguarding team and the CQC as required.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, monitored and managed.
- Risk assessments had been completed on the support people received. These included a moving and handling risk assessment and a medicine risk assessment. Assessments had also been completed on the environment in which care and support was to be delivered. This showed us people's personal safety had been taken seriously and risks relating to people's care and support were, wherever possible, minimised and managed.

Staffing levels

- Staffing rotas showed there were sufficient numbers of staff to provide people with a consistent service.
- People told us they received their care and support from support workers who attended on a regular basis. One explained, "I have a double up and they both arrive together. They are normally on time unless there has been an incident elsewhere."
- Recruitment processes remained robust and followed a values-based model ensuring only the right people with the right values were employed at the service.

Using medicines safely

- For people who needed support to take their medicines, information had been included in their support plan and a risk assessment had been carried out. One person told us, "Yes they give me my tablets. I think they write it in the book when they have finished."
- Support workers had received training in the safe handling of medicines and were aware of their responsibilities. One explained, "We can't give any tablets that are not written in the care plan."

Preventing and controlling infection

- People were protected from risks to their health and well-being by the prevention and control of infection. Protective personal equipment (PPE) was readily available including gloves, aprons and shoe protectors. One person explained, "They always wear their gloves and aprons."

#### Learning lessons when things go wrong

- The registered manager ensured lessons were learned and improvements made when things went wrong. For example, a complaint had been received after a person using the service had sustained a fall. The registered manager and management team met with the complainant and as a result, policies and procedures were reviewed and updated.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: 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 individual and diverse needs had been assessed prior to their care and support package commencing.
- People were supported to make choices and decisions about their care and support. One person told us, "Yes I am capable of making all the choices in my life, the carers know me very well now too." A relative explained, "Yes [person] makes all the choices about their care needs. I think the carers know [person] very well."
- The registered manager was a member of the Dementia Action Alliance. They had met with other organisations to share best practice and learn about the latest trends and innovations from across health and social care.

Staff skills, knowledge and experience

- People felt the support workers were appropriately trained and had the relevant knowledge and skills to meet their care and support needs. A relative explained, "I think they are very well trained and competent. They do their utmost to care for [person] to the best of their ability."
- The staff team had received a comprehensive induction into the service when they first started work and training relevant to their roles had been provided. One explained, "[Trainer] was brilliant. I had all the training I needed, and more."
- The opportunity to shadow other staff members had been provided. This enabled new workers to observe the care and support people required and understand what was expected of them.

Supporting people to eat and drink enough with choice in a balanced diet

- The staff team supported people to have sufficient food and drink when they carried out a mealtime call. They knew the importance of making sure people were provided with the food and drink they needed to keep them well and people's support plans included their personal preferences. A support worker explained, "When I go in I always ask if they [people using the service] would like a drink. I ask them what they want to eat. Sometimes I make sandwiches for them for later, and I always leave them with a hot drink and offer them a cold one."

Staff providing consistent, effective, timely care

- People told us the support workers always turned up and never missed a visit, though a small number of people told us they had experienced late calls. One person told us, "Yes mostly they are on time. They stay and do everything I need doing." Another explained, "I have had to raise a concern about the late calls, I do understand that it can happen." A relative explained, "It's very rare that the carers are late, but I always get a phone call to let me know and I speak to [person]."

- A member of the management team explained if for any reason a support worker was unable to complete a person's visit, a member of the management team would be dispatched to carry it out.

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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection.
- The registered manager was working within the principles of the MCA. New documentation had been developed to ensure mental capacity assessments were decision specific, detailed how decisions were reached and included who was involved in the decision-making process.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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 told us the staff team were kind and caring and they looked after them well. One person told us, "I really do feel the carers do care about me, nothing is a trouble to any of them." Another explained, "I talk all the time to the carers, I have become very fond of the girls and its like been looked after by my family and I couldn't be happier. I count myself as being very lucky to have such good friends looking after me "
- Relatives told us the staff team treated their family member with respect and kindness. One explained, "They are very respectful towards [person] but at the same time warm and caring."
- The staff team understood the importance of promoting equality and diversity and respecting people's beliefs. People's support plans had the information they needed to enable the staff team to provide individualised care and support.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences.
- Support plans demonstrated people and their relatives had been actively involved in making decisions about their care and support. One person told us, "Before I started having my carers the manager came from the office and we filled in my care plan which is written in each time the carers come."
- People's preferred routines, the people who were important to them, their likes and dislikes and personal preferences were included in the documentation kept in people's homes. One support worker told us, "There is always a care plan in the file. They are very helpful and tell you what to do and what people like."

Respecting and promoting people's privacy, dignity and independence

- Support workers had been provided with training on how to promote people's privacy and dignity during their induction. One explained, "I make sure the curtains are closed and if they are with family I make sure the care is given in private. I also cover them with a towel."
- People confirmed their privacy and dignity were promoted when being assisted with personal care. One person told us, "When I am being helped with my shower the carer keeps me covered with a towel while they wash all my body."
- A relative explained, "The carers do respect [person] dignity. They make sure the door is closed when [person] is having a bath."
- A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential and in line with the providers policy.
- Bosworth Homecare Administrative Offices had been awarded the Dignity in Care Award from Leicestershire County Council for the last three years running and 23 members of the staff team were dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a

basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

- People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible. One of the people using the service explained, "I try to do as much as possible for myself anyway, but yes they do (encourage to be independent)." A staff member told us, "If they can do it themselves for example to bathe, I would step out of the room and just say 'shout me when you're ready'. It's important for them to remain independent."

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had been involved in the planning of their care with the support of their relatives. A relative told us, "Before the girls started coming we had a meeting with the manager and we did my care plan, it shows and tells the carer what I need doing every time they come."
- People received care and support based on their individual needs.
- Support plans had been developed when people had first started using the service and these had been reviewed. They covered areas such as, mobility and personal care and showed the staff team how to support people in the way they preferred. For example, one person's support plan stated, 'Usually has cereals, cup of tea and a glass of water' [for breakfast].
- Where changes in people's health had occurred, the appropriate action had been taken. This included contacting the appropriate healthcare professionals and updating the support plan. A staff member told us, "They [management team] are excellent, if we have any concerns about anyone they will go out and reassess them and get them the help they need."
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information within the service was available in large print and pictorial form.

Improving care quality in response to complaints or concerns

- A complaints process was in place and people knew who to contact if they were unhappy about anything. One person told us, "If I needed to complain I would, all the information is in my folder." Another explained, "I had a problem with one of the carers, so I spoke to the manager, we agreed a plan to deal with my concern and it was sorted very quickly, and I am very happy now."
- When a complaint had been received, this had been handled in line with the providers complaints policy and investigated and responded to appropriately.

End of life care and support

- A policy on end of life care was in place and training was provided through the providers induction process. A distance learning course was also available to staff who wished to further their knowledge in this area.

## Is the service well-led?

### Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the service was well managed and the registered manager and the management team were welcoming and approachable. One person told us, "Yes I am very happy with the service, it is well managed." A relative explained, "It is well managed, compared to other agencies it is excellent. They are always quick to bring problems to my attention."
- Comprehensive systems were in place to monitor the quality and safety of the service. Regular audits on the paperwork held had been carried out. This included the daily records the staff team completed after every visit and medicine records.
- Audits of the support calls carried out had also taken place to ensure people received the calls they had agreed to.
- A supervision and training programme ensured the staff team received the level of support they needed and kept their knowledge and skills up to date.
- Staff at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with felt that they could contact the management team if they had any issues about their care and support and were confident that they would be listened to. One person told us, "I never have trouble getting through to the office and when I do who ever answers really tries to help me."
- People told us the staff team were motivated and supported by the management team and this came through in their work. One person explained, "They [staff team] are motivated, enthusiastic and helpful." A relative told us, "They are very happy in their work, cheerful and a pleasure to have in the home."
- There were procedures in place, which enabled and supported the staff team to provide consistent and reliable care and support. Staff demonstrated their knowledge and understanding around such things as safeguarding, whistleblowing, equality and diversity and human rights.

- The staff team understood the provider's vision for the service and they told us they worked as a team to deliver the standards of care and support people expected. One explained, "It is about keeping people in their own homes for as long as possible and to give them as much independence for as long as we can."
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through visits to people's homes and the use of surveys. One person explained, "Yes they send me a survey to fill in which I appreciate." Information received was analysed, shared and used to improve the service.
- Staff members had been given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through staff meetings and day to day conversations with the management team. One staff member told us, "We have meetings and we can speak up."
- Staff members felt supported by the management team. They told us there was always someone available to talk to if needed. One explained, "[Member of the management team] is great, always there if I need anything and always supportive."
- The provider had an equal opportunities policy and the staff team had received and understood training around equality and diversity. People's equality and diversity characteristics were identified during the initial assessment and recorded in their support plan. A staff member explained, "I had equality and diversity training in my initial training. We have people of different ethnicity's and religion, some can't eat at certain times of the year like now with Ramadan, so we respect their cultures and religion."

Working in partnership with others

- The registered manager and management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people were kept safe and received the care and support they needed.
- The service had good links with the local community and the registered manager worked in partnership to improve people's wellbeing. For example, work had been carried out to make Market Bosworth a more dementia friendly community. They had held two workshops at the service which the local community had been invited too, to talk about dementia and improve the lives of those living with the condition and their families.

Continuous learning and improving care

- The registered manager was committed to continually improving the service. A dementia work shop had been arranged for the staff team and additional workshops had been planned for the community to further improve their understanding of the condition.
- Improvements had been made to the complaints policy following a delay in dealing with a complaint, and the training manager had recently held a level three medicines assessing workshop for the senior staff to enable them to competency assess the staff team.
- The registered manager and management team continually looked at improving the service for the benefit of the people using it.