

Givecare

# Bosworth Homecare Services

## Inspection report

126 Derby Road  
Long Eaton  
Nottingham  
Derbyshire  
NG10 4LS

Tel: 01158713651

Website: [www.givecarehomecare.co.uk](http://www.givecarehomecare.co.uk)

Date of inspection visit:  
15 August 2016  
16 August 2016

Date of publication:  
26 August 2016

## 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

We inspected this service on 15 and 16 August 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the South Derbyshire area, with an office based in Long Eaton. At the time of the inspection 86 people were being supported by the service. Our last inspection took place in December 2013 and at that time we found the provider was meeting the regulations.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The company was part of a larger organisation which provided care in the community. The staff told us they felt supported by the manager and they had received ongoing supervision and meetings to support their development. Staff received training in a range of areas to enable them to carry out their role and had been given the opportunity to access further training. New employees received the relevant checks to ensure they were safe to work with people and they were provided with an induction to support their role.

People told us they felt safe and the staff knew how to report any concerns to ensure people were protected from harm. Risk assessments had been completed for the environment and specific needs. The assessments identified guidance and ways to reduce any identified risk.

There were sufficient staff to support people's needs and people told us they received support from a regular group of staff which they found reassuring. Where people required support with their medicine this was completely safely and in line with the appropriate training and guidance. Healthcare professionals had been contacted when requested to support people's health and wellbeing.

People were given choices and supported to make decisions. Where they were unable to make some decisions independently these had been made with support of people who the person had chosen and through an assessment to ensure the decision was in the person's best interest.

Some people required support with their meals. They were given choices on the meal they wished to eat and staff provided guidance for specific dietary need to support the person's nutritional needs.

People told they had developed relationships with the staff and that they were treated with kindness and compassion. Their dignity was respected in aspects of the care they received. We saw the service was responsive and provided a flexible approach to support people's care needs and changing situations.

The provider and manager completed a range of audits to maintain the quality of the service or to make

improvements. People felt positive about the service and were able to approach the manager if they required any changes to their care needs. Any complaints which had been received had been responded to. People and staff were asked their opinion on the service and we saw that they had been responded to continue to make improvements.

## 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.

People were safe in the service and staff understood how to protect people from harm. Risk assessments had been completed to cover all aspects of care provided and the environment. There were sufficient staff to support people and medicines were administered in line with the policy.

### Is the service effective?

Good ●

The service was effective

Staff received training and an induction that helped them support people. The principles of the Mental Capacity Act 2005 were followed. People were encouraged to make choices about their food. Support was provided for health professionals when needed.

### Is the service caring?

Good ●

The service was caring

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People were supported with their preferred way of receiving their care.

### Is the service responsive?

Good ●

The service was responsive

The service ensured the details of people's preferences so that they received the care they required and any updated information following a review. The service was flexible to people's changing needs. The provider responded to any complaints in line with their policy.

### Is the service well-led?

Good ●

The service was well-led.

Staff were supported by the manager and understood their role. The provider had effective systems in place to monitor and improve the quality of the care people received. The manager understood the responsibilities of their registration with us.

# Bosworth Homecare Services

## **Detailed findings**

### Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection visit took place on 15 and 16 August 2016 and was announced. The provider was given six days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. We visited five people in their homes and made telephone calls to a further 17 people and spoke with four relatives.

We spoke with six staff, the care coordinator, the apprentice, a visiting health care professional and the registered manager. We looked at care records for seven people to see if their records were accurate and up

to date. We also looked at records relating to the management of the service including quality checks.

## Is the service safe?

### Our findings

People told us they felt safe when they received care. One person told us, "Having the constant structure in my life makes me feel safe; I am not on my own." Another person said, "I have total confidence with my carers they really do care and that makes me feel safe" Relatives we spoke with also felt people were safe, one relative said, "I feel they are safe as the staff are reliable, kind and quite fond of [name]."

Some people had the security of a number code to enable staff to enter the property; we saw there was a system in place to maintain people's safety. Some people had a pendent alarm which they told us provided them with additional safety in the event of an emergency such as a fall. One person said, "I haven't had to use it, but it makes me feel secure." And, "I check the ID of staff. The staff have told me it's important." We saw all the staff we met had their ID badge available for people to confirm their identity.

Staff had received training in safeguarding and understood the importance of keeping people safe. One staff member told us, "I would raise any issue if someone is not looked after correctly, the number is in the folder and on the back of our ID cards." One staff member told us they had raised a concern and it had been dealt with swiftly in getting the appropriate support to that person. We saw that records were kept to record any concerns and any actions taken.

We saw that risks to people's safety had been assessed. One person told us, "When I first started they came to the house and did safety checks in the home." We saw in all the care records we looked at that a risk assessment had been completed to cover the environment and any individual needs. For example, if a person required equipment to assist them to move or assistance with their medicine. Where people required this support the plan provided guidance as to how best to support the person's needs. One plan stated, 'Do not rush when moving, and use the wheeled trolley when tired.' A person told us, "Staff are competent with the equipment they have been careful, I have not had any bumps from the hoist."

We saw that records had been updated when a person's needs changed resulting in the use of different equipment. One person had to use mobility aids following several falls to support them and later required the use of a hoist. A relative told us, "I was surprised [name] accepted the hoist, but any new equipment has taken the staff's patience." This demonstrated that all measures were taken to support people's safety as their needs changed.

There were sufficient staff to support people's needs. People told us they had regular carers, who arrived on time and stayed the allocated time of the call. One person said, "You get used to the regular staff and build a relationship." They added, "I always get a call and they inform you of any changes." A relative told us, "There seem to be plenty of staff as the carer never ever rushes them, it is all done at their pace."

Staff we spoke with all felt there were enough staff and that they were able to have regular people to support and were not pressured to cover additional shifts. One staff member said, "You are asked to cover on occasions, but they understand we all have life outside work and understand." Another staff member said, "They always ask and give notice if they need you to work in a different area to cover." The manager

told us, "We want to grow the business, but I don't take on work if I have not got the staff."

There was also an on call system for people to ring in the event of an emergency out of office hours. People we spoke with who had used the number said their problem was resolved. One person said, "I have used the number and they tell you what to do." The on call system was managed by senior staff and management. We saw that a system was in place to follow up any calls received during the on call period. For example, if a person had been admitted to hospital the senior ensured that the information was cascaded to staff members planned for the person's next visit.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. The records showed that where there was a gap in the person's employment details the provider had recorded this and the reasons why. They had also recorded when employment references were not available; however they obtained evaluation information to clarify the person's suitability to work with people. One staff member told us, "All the information was good when I started, and I had to provide three references and complete my police check." This meant the provider ensured the appropriate checks were completed before people commenced employment with the organisation.

People were supported to take their medicines and have creams applied. We saw that the appropriate medicine recording system which had been completed correctly. Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. One staff member told us, "You need to read the product name, match it with the medicine in the box and then sign it off once they have taken it." Staff also told us the provider carried out spot checks and we saw records to confirm these had taken place.

## Is the service effective?

### Our findings

People who used the service told us they felt the staff were trained to support them, "The staff are great, I would not be able to cope without them." They added, "They are usually alright, I would tell them if not." Staff told us they were provided with training that was specific to the needs of people they supported. One staff member told us, "The training is excellent and its encouraged." For example staff had recently been offered additional training in Dementia and End of life care and other staff told us they had been encouraged to complete national qualifications. Some staff told us about the things they had learnt during training, one staff member said, "I learnt to turn people in the correct way." Another person said, "There was real attention to moving and handling, it's to make sure its risk assessed for you and the person."

We saw there was a structured induction for new employees and those new employees we spoke with confirmed the level of training and support they had received. One staff member said, "I had a week of training which was both theory and practical. I was tested after each unit to make sure I understood it." They also told us they had completed some shadowing with an experienced member of staff, they said, "It was good to get to know people." Each person had been contacted in advance of a new person attending and asked their permission for staff to shadow their regular staff member.

The manager was aware of the new national care certificate which sets out common induction standards for social care staff and was introducing it for new employees. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One new staff member told us they were completing the care certificate, they said, "I have a month to complete it." We saw that when staff were required to complete any training this was planned into the work schedule so that any calls they would usually support were covered and informed. This meant the provider ensured staff received the correct training to support their role.

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. □

We checked whether the provider was working within the principles of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. Staff had received training in the Act and were able to understand the importance of enabling people to make their own decisions. One staff member told us, "We need to encourage people if they are able to make a decision and its safe, other decisions may need the support of family, power of attorney or GP." We saw records showed the people who needed to be involved in supporting the person. We saw that when required an assessment had been completed and had involved best interest decisions.

We observed that staff explained to people what they wanted to do and sought their consent before providing personal care. One person said, "Staff always give a choice, they make you feel comfortable." Another person said, "No matter what I ask my carer to do she always does it with a smile she is brilliant." A relative we spoke with also felt people were supported and encouraged to make their own decision, they said, "[Name] knows their mind, it's just interpreting it, staff watch their facial expressions." We saw that staff gave people choices, one staff member said, "Everyone can communicate their own needs, the eyes tell you."

Some people required support with their meal preparation. People who received support with mealtime visits told us staff offered them choice and encouraged them to eat and drink enough to maintain good health. One person said, "I make my own mind up." Another person said, "At breakfast time we decide together what I am going to have for lunch and [name] gets it out of the freezer ready." We observed people being given a choice of meals using different methods, description of the meal options and a visual prompt by showing the person the packets. We saw that some people were supported with their dietary needs to reduce their sugar content or to receive their food in a softer form. This meant people were supported with their nutritional needs.

People retained responsibility for managing their health care, but staff told us they had provided support when requested by people. For example the staff raised a concern regarding one person's skin the person asked them to contact their GP. We saw in the care records that some people required regular support from a health care professional, staff told us they have a good relationship and link up if needed. A visiting health care professional told us, "I have no issue with the company and feel they are responsive when I contact them."

## Is the service caring?

### Our findings

People had developed positive relationships with the staff. One person said, "I like them and trust them, I would not be able to do much otherwise." Another said, "They are absolutely fabulous." A relative told us, "When [name] are down the staff really cheer them up and bring out their bright side." They added, "I feel that the company really matches the staff with the people."

Other people we spoke with enjoyed having regular staff and felt it was important to them. One person said, "We just clicked, when you don't feel well it's important." Another person told us, "They make me laugh; you can tell they care about what they are doing for me." Relatives told us how reassuring it was to have staff that care. One relative said, "It takes the pressure off me, knowing they have a good relationship." Another relative added, "They become part of the family and bring the outside world in." Staff also felt the relationship was important, one staff member said, "I should have retired, but it's hard to leave because you get attached." Another staff member said, "People get used to you and feel able to communicate their needs."

The manager told us they had worked hard over the last year to improve the continuity of care for people. They told us, "People will receive the same carers each week. Staff can build trust and form relationships with their regular carers. The better they know each other the better the care can be provided." We saw that each care record held the latest schedule for the week and we saw that people had received the same staff on a regular basis.

People told us the staff kept in contact with their families when their needs changed. One relative told us, "They keep me informed of any concerns, they watch for any increase in [name] legs swelling or if they're in pain." We saw information in the care records identified the relatives and friends the person had requested to be informed about their care. Some people had a responsible person allocated through a power of attorney arrangement. A power of attorney identifies the person who has the authority to act for another person in specified or all legal or financial matters. This showed staff involved people's families in their care.

People told us their privacy and dignity were respected. One person said, "I do my personal areas, they respect my needs and listen to me." Another person said, "They treat me with a lot of respect." We observed staff knocked on people's doors before entering and they provided a friendly greeting before they logged on to the telephone recording system. People told us that when they received personal care this was done in a dignified way. We saw the curtains were drawn and people were covered with a towel to protect their privacy. Staff told us, "We need to treat people with dignity and respect at all times." Another staff member said, "It's about thinking 'is that something I would want for myself' and how I would wish to be treated." We saw that the provider had received the local authority dignity award.

## Is the service responsive?

### Our findings

People told us staff knew about their needs and preferences. One person said, "When I started to have care we all sat together and filled in my care plan." Another person said, "They have helped me with my self-confidence and that has been a big change for me."

We saw the care plans reflected people's needs and covered all aspects of the person's life. The care records provided a summary guide which detailed the tasks identified by the person during their assessment. We saw how the plans provided choices, for example one plan identified the person may wish to choose between a shower or a full wash depending on how they felt. Staff told us they found the information to be useful and accurate. One staff member told us, "It's the first thing you do when you go in anywhere." Another staff member said, "Definitely read them, it helps to establish a relationship, it helps with the rapport, if you can learn what you can." The company reviewed all the care plans on a planned basis. One person said, "I have just had my care plan reviewed it's usually done every 6 months." We saw the records showed when staff had read the care plan and that the plans were up dated following any review.

The service was responsive to people's needs. People and relatives told us how the company responded to any changes. For example, during a routine hospital visit a relative had to stay in for two nights and they were concerned for their partner who required support and who was unable to be left overnight. The relative told us, "They arranged for staff to stay at the house overnight, they went out of their way with immediate notice." Other people told us the service was flexible if they had appointments or required a different call. One person said, "I had to go and see the nurse last week when my carer should have come I mentioned it and my care time was changed with no problems"

People told us the staff supported them to follow their interests and hobbies. One person said, "I love to do crosswords if we have time, they always help me." Some people were supported to go shopping in the community. A relative said, "When [name] goes out with the carer I know that they are safe as they know them really well."

People we spoke with knew about the complaints procedure and felt able to raise any concerns. One relative told us, "If needed I would definitely complain and feel confident they would resolve it, however I have no complaints." We saw where concerns had been raised they had been addressed and resolved providing the person with a written outcome of the complaint. For example, one person had requested a change in staff and we saw this had happened. Another person had raised a concern that the staff on a particular day had not done the washing up, and the provider addressed this with the staff and in an all staff memo as a reminder. This showed the provider responded to any concerns.

The service had received several compliments, 'Your help enabled me to have quality time with [name] which I am grateful.' And 'You gave me the reassurance that [name] was receiving the highest quality care possible.'

## Is the service well-led?

### Our findings

People told us that communication from the office was good. One person told us, "Yes I can always get hold of the office staff they are lovely." Another person said, "When the office says they will do something it is always done." We saw the office kept records of any messages and detailed any responses or actions required following the communication.

Staff told us it was a good company to work for, "I love my job, meeting all the different people." Another staff member said, "It's a good company to work for, they care about providing what the person needs."

Staff we spoke with felt valued and supported by the manager, one staff member said, "Brilliant support, any problems queries they help straight away." They also added, "They are flexible with my hours to accommodate my needs." Another staff member told us, "I had an appointment and they changed my rota."

The staff had regular opportunities to discuss their role. Staff told us and records confirmed they received supervision and observational spot checks. A staff member told us following her observation, "I had good feedback and it gave me a boost, to be told I am an asset to the company." Staff we spoke with who had received supervision and annual appraisals said they found them useful to discuss their development. One staff member said, "We discuss any targets I have and any training I am doing."

Staff meetings had been held to provide staff with information about the company and any service changes. For example, a reminder to staff if they are running more than 15 minutes late to inform the office. Staff also received regular memos, these addressed any immediate issue and information relating to new people to the service and people who were in hospital or who no longer required the service. This meant the staff were updated about the service.

The manager told us they received support from their regional manager and the provider. They said, "I get a visit every fortnight, but they are always at the end of the phone if needed." The manager also received regular supervision which they told us reflected the quality data about the company and any training they required. The manager told us they continued to be trained in the mandatory courses to enable them to provide care to people if required. The manager told us, "I have provided care to most of the people we support, which means that when the staff ring for advice I have an insight into the environment and the person they are supporting."

The provider had a range of systems in place to assess and monitor the safety and quality of the service people received. Each day the service reviewed the call system used by the staff to record their entry and exit from the calls. Any areas where the calls have not been recorded are checked and responded to. For example, the audit identified a staff member on several occasions had not correctly recorded their call. We saw records which showed the person had received a one to one meeting to explain the importance of the recording system.

We saw that audits had been completed every month and a report completed which was discussed with the provider's quality manager. We saw that the information was used to make improvements to the service. For example where people had fallen, risk assessments had been reviewed and other healthcare professional advice had been sought. The manager told us they continually make improvements, they were implementing new support plans which would incorporate risk assessments, we saw some of these had been completed.

We saw that people and staff were asked to give feedback on the quality of the service they received. We saw any concerns raised had been followed through. For example, staff had raised that they had not always received feedback following an observation; this was addressed with the senior staff at the office meeting. People said they had not always been informed when someone was running late, we saw this had been an area for discussion at the staff meeting. This showed the provider listened to people and responded to their concerns.

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.