

B.A.C. Care Limited

# Sittingbourne

## Inspection report

104 High Street  
Milton Regis  
Sittingbourne  
Kent  
ME10 2AN

Tel: 01795429042

Date of inspection visit:  
12 February 2019  
19 March 2019

Date of publication:  
09 April 2019

### 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: Sittingbourne is a domiciliary care agency which provides domestic care and personal care to people who live in their own home, including people living with dementia and physical disabilities. The agency provides care and support for people in the Faversham, Sittingbourne and Isle of Sheppey areas of Kent. The office is situated in Milton Regis, Sittingbourne. At the time of the inspection 69 people were receiving personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

People's experience of using this service:  
The service met characteristics of Good in all areas.

People, their relatives and staff told us the quality of care was good and that the service was well managed. Comments included, "The service is very good all round" and "I have been with the service for 10 years and wouldn't consider changing because it is very reliable and the staff are attentive and helpful"

- People felt safe and that staff supported them well, meeting their needs in the way they preferred. One relative said, "[My loved one] knows and trusts the staff so I know they feel safe". Staff understood their responsibilities to keep people safe from harm and knew how to report any concerns.
- People spoke with staff about any potential risks to their health and welfare. These were assessed, monitored and regularly reviewed and there was clear guidance for staff to follow about how to make sure people were safe.
- People's needs were assessed and monitored to help promote a good quality of life.
- People told us that staff knew them well and were knowledgeable, providing effective care and supporting them to maintain a healthy lifestyle and have access to health care professionals as needed.
- People felt empowered to make decisions about their care and support and to maintain control of their lives. Staff supported people to do as much for themselves as they chose or could.
- People said staff were kind, compassionate and caring and took their time to carry out their duties and did not rush. They said they had regular staff to provide their support and that they arrived on time. They said, "I am very pleased with the service as it's reliable and the staff always turn up on time" and "Staff turn up on time and the calls are for the right amount of time".
- People felt respected and that they valued their relationships with the staff.
- People told us they received personalised care that was tailored to them and responsive to their needs. Each person had a care plan, which staff followed, that reflected people's physical, emotional, social and mental health needs. These were available in different formats to make sure the information was accessible.

- People knew how to complain but had no complaints. One person told us, "There has been no need to complain as the office staff are helpful and minor issues get sorted out straight away. I have no concerns about the service at all".
- People said the service was well-run and well managed and that they would recommend the service to others. They said staff were willing to 'go the extra mile'. People and staff felt the registered manager and provider were approachable and listened to them.
- The management team continued to complete audits and checks on the quality of the service and continued to look at ways to drive improvements.

Rating at last inspection:

Good (report published May 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good in all areas and Good overall.

Follow up:

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

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** ●

# Sittingbourne

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 undertaken by two inspectors.

#### Service and service type:

Sittingbourne is a domiciliary agency. It provides personal care to people living in their own homes.

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

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because the service is a domiciliary service we wanted to make sure we were able to speak with people and the staff who supported them.

Inspection site visit activity started on 12 February 2019 and ended on 19 March 2019. On 12 February we spoke with seven people, seven relatives and five staff. We visited the office location on 19 March to see the registered manager and office staff. We reviewed a range of records which included three people's care records, recruitment, supervision and training records, and records relating to the management of the service.

#### What we did:

Before the inspection we reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about what the service does well and the improvements they plan to make. We used this information to plan

our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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 told us they felt safe using the service. They trusted the carers and felt comfortable having them in their homes.
- The provider had effective safeguarding systems, including guidance on referring incidents to the local authority. The registered manager had reported concerns to the local safeguarding authority and worked with them to make sure people were safe.
- All the staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff received regular training about safeguarding adults and children.
- There were policies and procedures for whistle-blowing and safeguarding. Staff told us they would not hesitate to whistle-blow and felt they would be protected. A whistle-blower is a person who informs in confidence on a person or organisation seen to be engaging in an unlawful or immoral activity.

Assessing risk, safety monitoring and management

- Potential risks to people's physical and mental health and welfare were assessed, there was guidance for staff to follow on how to reduce risks.
- Risk assessments were person-centred, consistent and written in a respectful way. We reviewed a range of these including assessments about moving people safely, falls and nutrition. Assessments for moving people safely included photographs of the equipment, for example a hoist and sling, and provided clear guidance which staff followed to ensure people were moved safely. People told us that staff supported them to move safely.
- When people needed additional monitoring and support due to their health risks, staff were aware and appropriate checks and guidance were in place to help manage the risks. For example, when a person was at risk of not drinking enough staff prompted people to drink during the call and left additional drinks, within reach of the person, when they finished the call.

Staffing and recruitment

- Staff continued to be recruited safely with the required checks being completed before they began working at the service. Disclosure and Barring Service (DBS) criminal record checks had been completed. The DBS helps employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. There was an established staff team, many of whom had worked at the service for a long time. Any emergency cover, such as sickness, was arranged by the co-ordinators and regular staff worked well as a team to ensure people's calls were covered.
- People told us staff the staff were knowledgeable about their support needs, were usually on time and stayed for the contracted time. Comments included, "Only very rarely are the staff late and then someone will call and let me know" and "The calls are on time and staff will stay longer if I need them".

- All the staff we spoke with said there was no 'call clipping' (cutting calls short). They said if they were running 15 minutes late they contacted the office so the next person could be notified. Late and missed calls were closely monitored by the registered manager and provider and action was taken to ensure this was not a regular occurrence.

#### Using medicines safely

- People were supported to take their medicines safely. A relative said, "Staff take the medicines out and give them to [my loved one], make sure they have taken them and complete a record of each occasion".
- Staff supported some people to order and collected their medicines. One person said, "Staff have helped when my medicine has run low".
- When people required assistance with their medicines, staff worked with the person's GP and the pharmacy to ensure it was prescribed and delivered in the most suitable form to minimise the risk of any errors. Staff checked for any out of date medicines and arranged for this to be disposed of safely.
- Staff received medicines management training and had their competency assessed to ensure they continued to follow best practice. Staff told us how they supported people to take their medicines safely and confirmed that they had their competency checked.

#### Preventing and controlling infection

- Staff completed training about infection control and supported people to keep their homes clean and tidy when required.
- People told us staff always wore gloves to prevent the risk of infection. Staff said they always had a stock of personal protective equipment which they collected from the office when needed.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. Action was taken to investigate incidents and people were updated with the outcome. For example, when a call had been missed this was checked and the person received a written letter of apology explaining what had happened, how it happened and what had been done to ensure this was not repeated.
- The management team monitored accidents and incidents to identify and patterns or trends and to ensure that action was taken to learn from these.

# 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

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 met with the registered manager and staff before they started using the service to discuss their requirements and make sure the service could meet their needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their initial assessment, this included people's needs in relation to culture, religion and sexuality.

Staff support: induction, training, skills and experience

- People told us the staff were knowledgeable. One person said, "The staff, even the new ones, seem to know what they are doing and so I don't have to keep on explaining to people what needs to be done".
- Staff completed an induction before they began supporting people. Staff told us this included shadowing experienced colleagues to get to know people's preferences and routines. Competency checks were carried out by senior staff to make sure staff were providing safe and effective care and support. The quality of their engagement with people was monitored. Staff were supported to complete the Care Certificate – this is an identified set of standards that social care workers adhere to in their daily working life.
- Staff continued to have regular training to keep their knowledge up to date with best practice. This included moving and handling people, skin care, continence promotion and health and safety.
- Staff received regular supervision to discuss their development and said they felt supported in their roles by their colleagues and the management team. The management team coached, mentored and motivated staff to take pride in their roles and to provide a good quality of care and support.

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

- People were supported and encouraged to shop for their own food and to eat healthily.
- When people were at risk of not eating well or regularly, staff supported them, checking they had enough food and supporting them to prepare meals.
- There was clear guidance for staff to follow regarding any food intolerances people had.

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

- Staff supported people to contact health care professionals, such as GPs and community nurses, when needed. Staff told us there were 'good, open lines of communication' with the occupational therapists and the community nurses.
- People told us how important it was to them that staff supported them with their mental health. One person said that the service was 'wonderful' because the staff had helped get them out of a depression and that they knew when they were feeling low. They said they valued this more than the practical care they

received.

- People and their relatives told us they had regular carers, that they arrived on time and stayed for the allotted time. They said, "My [loved one] is very happy with the service as the staff turn up on time and don't rush. It's a professional service" and "The service is excellent. On the rare occasion the staff run late because of traffic or someone else needing more care the office call me and tell me how long they'll be getting to me so I don't have to worry. That's the sign of a good service, isn't it?"

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

- The Mental Capacity Act 2005 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. At the time of the inspection no-one was subject to an order of the Court of Protection.
- People told us staff asked for their consent before they supported them with their personal care. They felt confident that they were in control to do as much for themselves as they chose or could do.
- Staff understood when people needed additional support to make decisions about their care and best interest meetings were held with people's family and health care professionals to make decisions in the person's best interest.
- People were given information about how their confidential personal information may be shared with staff and health professionals and the management team made sure this was done in line with General Data Protection Regulations.

# 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

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 continued to be supported by a team of kind, caring and compassionate staff.
- We asked people about the staff supporting them and their views continued to be positive. People spoke highly of the staff who supported them. Comments included, "The staff are helpful and friendly and are always willing to go the extra mile" and "The staff are absolutely wonderful and simply couldn't be more caring. I would recommend them to anyone".
- People's equality and diversity were recognised and respected. People had been supported to ensure their cultural and religious needs were met. For example, staff had supported people with specialist dietary requirements which followed their beliefs.
- Staff worked closely with people and their relatives to establish the best ways of communicating with people. For example, staff said, "We have been helped by a relative to respond and communicate by checking their body language and expressions".
- Staff were supported by the management team and their well-being was monitored. Staff told us they felt respected and that the service provider was "Very supportive and kind".

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

- People told us that office staff met with them and their relatives to review their care and support. They said they contacted the office if they needed to make any changes to their calls and this was arranged.
- People were in control of the care and support they received and made decisions about what support they required. One person said, "The staff are kind and helpful and don't take over".

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality continued to be respected.
- People told us staff were respectful and protected their privacy.
- Staff told us they made sure people did as much for themselves as they could or chose to ensure they were empowered to remain as independent as possible. Staff gave examples of how they protected people's privacy and dignity, such as making sure people were covered with a towel during personal care.
- The provider commented, "We emphasise to staff the importance of treating people with dignity and respect in carrying out every aspect of personal care. We encourage them to communicate with people in meaningful ways when carrying out personal care to avoid it being routine and task-orientated".

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service 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 continued to have choice and control about the tasks completed by the staff and were empowered to make their own choices and do as much for themselves as possible.
- When people's individual needs were assessed this included any communication needs to make sure they had access to information in a format they could understand. For example, some people were provided with easy to read versions of their care plan. Some people chose to have communication with the office via text or email as this made it easier for them and this was supported.
- Each person had a care plan. People and their relatives had been involved in developing a comprehensive 'pen portrait' about the person's life history, working life, family, pets and likes and dislikes. This helped staff to get to know the person they were supporting and initiate topics of conversation that were of interest to the person.
- The care plan provided staff with detailed, step by step, guidance on how long each call should last, what needed to be done and how the person preferred the care and support to be delivered. One person commented, "I have a care file that staff complete at the end of every call. I never look at it because I get the care I need". Staff spoke knowledgeably about people and their routines and preferences and clearly knew people well.
- People told us staff listened to them and gave them the support they needed in their preferred way. They said staff worked flexibly to carry out any additional tasks. One person commented, "They will do little extras without even thinking about it".
- When required people were supported to attend appointments and activities. For example, people were supported by staff to spend time in the community and go shopping. People told us that without this support they would not be able to go out and that it was of great benefit to their well-being.

Improving care quality in response to complaints or concerns

- There were processes, policies and forms for recording and investigating complaints.
- All the people we spoke with knew how to complain, had no complaints and said they would not hesitate in doing so should the need arise. One person commented, "I have no complaints at all and if there has been a minor niggle you only have to call the office and you get a polite and helpful response".
- There had been one complaint in the last 12 months which was satisfactorily resolved.
- The management team and staff dealt with any minor issues effectively and efficiently to respond to people and resolve them to people's satisfaction.

End of life care and support

- Staff completed training about how to provide compassionate care and support for people towards the end of their life, and to make sure their spiritual and cultural needs were recorded, communicated, reviewed

and met.

- The management team and staff worked with the local hospice as needed to provide joined-up care.
- At the time of the inspection there was no-one receiving end of life care, however, there were policies and processes for staff to follow.

# 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

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

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 told us the care they received focused on them as an individual, their needs and their preferences.
- Staff understood and promoted the set of values underpinning the service. They told us they were proud to work for the service and that they provided a high-quality care service which was centred on people's needs.
- Regular audits and checks continued to be completed and constantly developed to be used to measure staff competence, customer satisfaction, people's health and welfare needs and the quality of the service delivered.

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

- The service was consistently managed and well-led. The management team created a culture of inclusiveness, openness and transparency. People and staff felt involved and told us they spoke with the management team about any concerns, knew they would be listened to and that action would be taken when needed.
- People continued to believe the service was well-led and told us, "I think it's well run because the service is reliable and I know I can count on them" and "The service is well organised and runs like clockwork".
- Staff had a clear understanding of their roles and responsibilities and the management team were accountable for their staff and understood the importance having a cohesive team. They spoke highly of the management team, felt included in decisions and were proud of the good teamwork.
- The management team had worked together for many years and had a shared vision for the service and mentored staff encouraging and empowering them to share the visions and values. For example, they wanted to 'exceed people's expectations by achieving the highest levels of quality in our care provision'. All the people we spoke with told us the support they received was either 'good' or 'outstanding'. Staff told us they took pride in their work to provide good levels of care.
- The registered manager and provider continued to have knowledge and understanding of their regulatory responsibilities.

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

- People told us they felt involved in their care and support from the very beginning and that their views and opinions were listened to and acted on.
- The provider told us, and people confirmed, that questionnaires were sent to gain people's views about

the service. These were analysed and, if a negative comment was made, this was responded to in writing after being looked into. The most recent results were being collated and those we viewed were extremely positive. Comments included, 'Thank you very much for your support in helping us take care of [our loved one]' and 'Cannot say enough about your staff. Thank you'.

- Staff were confident to give their views to the management team and told us the staff meetings were 'open discussions'. They said there was an 'open door' and that if they were worried about anything they would speak with the registered manager or provider.

#### Continuous learning and improving care

- The management team attended local forums, such as those run by Skills for Care, with other registered managers to keep up to date with best practice.
- Office staff met each day to reflect on and review the previous day's calls and any 'out of hours' notes from staff. This ensured any themes or trends were identified as early as possible and that action could be taken to address any concerns in a timely way.
- The management team continued to look at areas where they were able to make changes and drive improvement and valued the opinions of people, staff and health care professionals. For example, improvements in the assessments and review process of people's medicines management identified issues around a person's medicines which led to a medication review with their GP.

#### Working in partnership with others

- The management team and staff continued to support people, when required, to work with health care professionals, such as GPs, pharmacies and the local hospice.
- Staff told us they worked closely with people's occupational therapists to improve people's comfort and safety and with the community nursing teams.
- The management team liaised with people's local authority care managers if they needed to share any concerns to ensure people were safe and receiving effective care.