

Givecare

Bosworth Homecare Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bosworth Homecare Service is a domiciliary service supporting people in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was supporting 116 people.

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

Some people told us they did not feel they received consistent carer staff and they felt there was a high turnover of staff which meant new care staff did not always know where things were in the house when they arrived to support them.

People told us they felt safe receiving the care and support provided by the service. Staff were recruited in a way which ensured people's safety. People received their medicines as per their prescription from staff who had been trained and assessed as competent. Accidents and incidents were monitored, and any actions taken to prevent future re-occurrence were recorded and shared with the staff team.

People received the support they needed to eat and drink. People said they felt treated with dignity and respect by a compassionate staff team who promoted their independence as required. People's capacity was assessed in line with the MCA requirements and they were supported in the least restrictive way.

People were aware of how to raise concerns, complaints were handled appropriately, although more detail could be provided to show what action was taken as a result of the complaint. People were able to receive information in formats suitable to their needs. People were asked for feedback and this feedback was used constructively to drive continual improvements.

Audits and quality assurance systems were in place to monitor the quality of service. The registered manager was aware of their responsibility to keep CQC informed of any incidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating since last inspection

The last inspection was 16 August 2016 and was rated Good. At this inspection the overall rating has remained the same.

Why we inspected

The inspection was planned in accordance with the date the service was last inspected.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our

reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 can be found in our caring findings below.

Good ●

Is the service responsive?

The service wasn't always responsive.

Details can be found in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Bosworth Homecare Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service 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 a 48 hour notice period of the inspection as we wanted to speak to people prior to the site visit and needed to give people notice that we would be calling them. Inspection activity started on 25 November 2019 and ended on 2 December 2019. We visited the office location on 27 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager senior care workers and care workers. We reviewed a range of records. This included seven people's care records and medication records.

We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We asked the registered manager to send us information relating to the training of staff following the visit to the office. The registered manager sent this information to us via email. We also looked at quality assurance records and other records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because staff treated them kindly. One person told us, "We're very happy, we used to have (another agency), and that wasn't too good." Another person told us, "I feel extremely safe, they are really good."
- The provider had effective safeguarding systems in place and staff understood what to do to protect people from harm and how to report any concerns. The registered manager was able to give us examples of where they had reported safeguarding concerns to both social services and to CQC.
- Staff had safeguarding training which provided them with an understanding of different forms of abuse and where to go to seek further advice if needed.

Assessing risk, safety monitoring and management

- People care needs were assessed and risks were identified, for example, if a person was at risk of falling or poor nutrition. Support plans were developed to provide care staff with information on how to minimise the identified risks. Risks were reviewed and updated to help keep people safe from avoidable harm.
- The registered manager had completed risk assessments in relation to people's environment, in and around the home. For example, where a person had a pet, a risk assessment was in place to ensure staff were protected.

Staffing and recruitment

- The registered manager carried out pre-employment processes such as disclosure and barring checks and employment history before staff started work. This ensured only suitable people were employed.
- Staff gave mixed feedback about staffing levels. Some staff told us they felt there were not enough staff to meet all the care packages the company had whilst others told us they never felt pressurised to take on calls they did not want to and there were enough staff. We saw the service was continually recruiting to ensure there were sufficient staff to meet people's needs.
- People we spoke with also told us they felt staff were under pressure to get to other calls and were very busy. However, calls logs we looked at showed staff routinely stayed for the commissioned time and most staff arrived at the call within the contracted times.

Using medicines safely

- People were assessed to ensure they were safe to administer their own medicines. Where people required help to take their medicines, staff supported them safely and completed a medicine administration record (MAR). Information was provided in people's care plans about the medicines they were prescribed and the

way in which each person preferred to take their medicines.

- Staff were trained in the management of medicines and the registered manager assessed staff competence during spot checks and supervision.

Preventing and controlling infection

- The provider ensured people were protected from harm of infections. They did this through staff training and ensuring staff used appropriate personal protective equipment (PPE) when providing care and support to people. Senior care staff ensured staff had sufficient equipment to carry out their role.
- People we spoke with confirmed staff used PPE when they provided support.

Learning lessons when things go wrong

- The provider used incidents and events as learning opportunities. Staff were given opportunity to discuss incidents in team meetings.
- Staff told us there was effective out of hours support and they were able to respond to a crisis as and when they arose.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- The provider assessed people's needs prior to beginning a package of care, to confirm these needs could be met safely. These formed the basis of people's care plans. Assessed needs included personal care and mobility.
- People's assessments were detailed. Information was regularly reviewed which ensured it remained up to date.
- The staff team were committed to ensuring people's diverse needs were met. Staff had received training to ensure their knowledge in supporting people with regards to equality and diversity remained up to date.

Staff support: induction, training, skills and experience

- Staff received a structured induction to their role and the service they provided. Staff confirmed they received training and updates to ensure they were able to carry out their role. Staff told us they thought the training was good.
- Some staff told us they had not received supervision. However, we saw records confirming staff had received supervision. This included spot checks, a manager carrying out supervision at a person's home whilst a member of staff carried out their duties, as well as face to face supervision in the office. We discussed this with the registered manager who told us they would remind staff what constituted supervision.

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

- Not all people required support with meals from staff members. For people who did require support to prepare meals or to eat and drink, staff met this need according to the person's care plan.
- Staff had completed food hygiene training. This helped to minimise food related illnesses.

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

- Staff completed paper records of daily notes which were kept in people's homes and regularly brought into the agency for auditing and monitoring purposes.
- The registered manager also made referrals to specialist health and social care professionals when required.
- Important health information was shared with relevant people should a person need to access other health services. For example, hospital or GP.

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. 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

- Staff understood the principles of the MCA and understood where people had been assessed as lacking capacity to make larger decisions, the importance of supporting them to make other day to day decisions and choices.
- Care plans identified where a person lacked capacity and detailed who had been involved in best interest decisions for the person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 told us staff treated them with respect and kindness. One person told us, "I've got fantastic carers now and no complaints at all." Another person said, "The girls (care staff) are lovely and they would go to the shops if you needed them to."
- People told us staff were caring and patient, did not make them feel rushed, seemed well trained and knew what they were doing. People were offered a choice of gender of staff for support to meet their preferences and help them feel more comfortable with intimate personal care.
- Staff had received training in and understood the importance of supporting people with any individual needs or preferences.

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

- People and their relatives were involved in their initial assessments to ensure the service provided the best possible support. Where people were able to, they had signed their care plans to agree to the care and support. This information was regularly evaluated to ensure it remained effective. One person told us, "My care is reviewed throughout the year and if changes need to be made they are."
- Staff told us they give choices to people and look for nonverbal clues to support choices or changes in people's needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were considerate when assisting with any personal care and understood how to maintain their dignity. "I was asked if I would prefer a male or female carer. I get what I prefer." Another person told us, "I am treated with dignity. Staff are professional but friendly, they are kind and spend enough time with me."
- People were encouraged to retain their independence, people told us staff asked them what help they needed and encouraged them to do things for themselves where they could.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant some people's needs were not always met.

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

- Where staff visited regularly they knew people's likes, dislikes and preferences. One staff member told us, "We can provide consistent care and we are able to build up relationships." However, some people told us there was a high turnover of staff and they did not always receive the same care staff. One person commented "My problem with Bosworth is that you get to know them (carers) and then they're gone!" They added "I've lost two good carers, I get a rota but it keeps changing, every week it's different." Another person told us, "I used to have regulars (carers) and then they left, they knew where everything was." This was also confirmed by some staff. One staff member told us, "Not everyone has consistent staff. Some staff have regulars, but lots have mixed staff." Several people we spoke with also mentioned their calls were late.
- We discussed these concerns with the registered manager and they provided us with records to show the majority of people were getting their calls at the correct times. However, one person was receiving up to eight different care staff in a month. This person had found this difficult as they did not feel staff knew them very well. Where a staff member did not arrive at their allotted time or a different staff member arrived this was as a result of staff sickness or an incident prior to a person's call.
- People had care plans in place. These were personalised and written in detail and gave staff enough guidance on how to support people effectively and safely.
- Where people received consistent care staff they built good relationship with people. This was evident by the way some people spoke about the staff. One person told us, "I would give them all gold stars."
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had systems in place to provide people with information in appropriate formats should they need it.

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 told us they received calls from staff at times which enabled them to continue with chosen social activities such as visiting lunch clubs in the community.

Improving care quality in response to complaints or concerns

- Most people we spoke with knew how to complain if they needed to. One person told us, "I've not had to complain but if I did I would tell my daughter and she would complain on my behalf." However, another person told us they were unsure if they had contact numbers for the office. The registered manager told us all contact information was kept in the person's care plan in their home.
- The provider had systems in place to investigate all complaints. We did note it was not always clear what action was taken as a result of a complaint. We discussed this with the registered manager who told us they would include more detail around actions taken for future complaints.

End of life care and support

- At the time of the inspection the provider did not support anybody with end of life care. However, should anyone require end of life support this could be provided. Staff received on going training to enable them to provide suitable care to people at this stage in their life.
- Care plans showed people were asked about their end of life preferences but chose not to discuss it at the time of the assessment.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated an open and transparent approach throughout the inspection process. The registered manager promoted an open culture and was available to people using the service and staff.
- Some staff raised concerns around communication between the office and themselves. We saw the registered manager used a variety of methods to communicate with staff. This included a weekly memo to update staff on who may be in hospital or not needing a call. There were regular team meetings and they would also communicate via text messages with care staff. We discussed with the registered manager how they could improve staff understanding and perception around communication. The registered manager said they would raise this in the next team meeting.

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 demonstrated that they fully understood their responsibilities in relation to duty of candour. For example, they told us their understanding of reporting concerns to CQC or other stakeholders such as the local authority.

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

- The registered manager demonstrated a commitment to providing consistent and person-centred care that met people's needs in a way that promoted their individuality.
- The registered manager knew all about their regulatory and legal responsibilities and had robust systems in place to support the requirements effectively.
- Overall staff told us they enjoyed their role. One staff member told us, "I love the work, I know people need us." They added, "I love the variety of work. Every day is different."

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

- The management team carried out regular spot checks on the service people received. This included regularly visiting people who used the service and getting people's views on their care. People told us they

had been asked their views and had recently completed a questionnaire. One person told us, "Bosworth have sent me a questionnaire form, I have just filled it in and sent it back." They added, "Altogether I am quite happy."

- The registered manager and staff talked about individuals, people's individual needs and people have the right to be treated as individuals. We saw that there was an equality policy which staff had to familiarise themselves with as part of their induction.

Continuous learning and improving care

- A staff survey also took place in 2019 and some of the comments raised concerns around poor communication was a problem. The registered manager had sent a response out to staff to say they would try to improve this. However, as this was also raised during this inspection by staff, improvements still needed to be embedded.

Working in partnership with others

- The registered manager told us they had recently invited local companies to the office to do Dementia Friends' training to help them have a better understanding of dementia. They hope to run a further course in 2020.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care.