Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bosworth Homecare

Unit 7a Woodhouse Business Centre, Woodhouse Street, Woodville, Swadlincote, DE11 8ED

Tel: 01283807867

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Givecare
Registered Manager	Mrs. Beverley King
Overview of the service	Bosworth Homecare is a domiciliary care service providing care for people who need care or support at home. The service is provided within the geographical areas of Derby, Swadlincote and Melbourne.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Bosworth Homecare had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 September 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We contacted five people using the service, spoke with them or with their relatives so that we could collect their views about the service provided by the agency. We also looked at the comments made by people whose views had been gathered by the agency.

Comments included, "I find staff to be respectful". "No grumbles they always get on with the job and do what I want them to do." "They tidy up afterwards and are always on time".

Comments about care included, "staff seem to write loads of notes and follow instructions." "I find they will listen to me and follow my wishes also". "I have a rota of regular staff who visit me".

Comments about staff included, "I am very pleased with my care worker they are always pleasant and seem to know what I need without my having to ask".

Comments on quality included, "if I had any concerns I would speak to the office and it would be dealt with. I find the time care workers arrive at the visit can vary slightly but it is alright by me". "The quality of the service is just what I want as staff are always willing to help me". "I find the office staff helpful when you ring them". "I feel that I am fully involved in the care of my relative. If changes are needed staff will listen and make those changes to help me".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Our inspection of 29 May 2012 found that people's views and experiences were not always taken into account in the way the service was provided in relation to their care. The provider wrote to us and told us they would review the needs and risk assessments to ensure it included in depth information and the person using the service would be asked to sign their care plan. The provider also told us they would add information about local advocates and details of how to obtain information in an alternative format or language. The provider told us they would have 50% of the care records reviewed by August 2012.

We looked at six care plans to see how improvements had been made since our last visit. We saw that each person would be provided with a specific needs and risk assessment that matched their needs. In this way staff would provided with the information they needed to deliver care. We looked at three care plans where each person had been with the service over three months. We saw following their review their care plans were updated to include a greater depth of the information about them. We saw they were in an easy to read style that reflected the wishes of the person using the service. In each of the support plans we saw the care worker was reminded to greet the person when entering their home and to communicate with them and give them reassurance during difficult processes.

People who use the service were given appropriate information and support regarding their care or treatment. We saw there was information about the service to be delivered. This included what would be done for them, the time the care would take place and the number of staff required to deliver their care. We saw the Service User Guide contained helpful information about the service including useful contacts. We saw work was in progress to contain the details of a local advocacy service for people who may need help to express their wishes. Information about the availability of having information produced in different formats was also being included.

People expressed their views and were involved in making decisions about their care and treatment. We saw clearly written statements in the care plans of how staff would meet people's dignity, independence, wishes or preferences. We saw when decisions were

being made about care people who use services were included in the assessment, planning and delivery of care. Their opinion and signed agreements were now included as part of their involvement. We spoke with five people using the service. They told us they were always asked by the care workers during the procedures and before they left their home if there was any thing else they could do to help them.

People's diversity, values and human rights were respected. We saw how people's back ground information was used and included in the care planning. For one person we saw they were no longer able to participate in many physical activities and needed support to do this. However they had always enjoyed their garden and watching television. Their bed had been moved to the ground level of the house to enable them to continue with these activities. In this way we could see the person and their family were involved in the decision making processes. People we spoke with told us they found all staff to be very helpful.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Our inspection of 29 May 2012 found people's needs were assessed. However, their care was not always delivered in line with their individual needs as plans sometimes lacked sufficient detail. The provider wrote to us and told us they would review their needs assessment document to produce a more detailed care and support plan. They told us they would continue to review both support plans and risk assessments at least every six months. They told us they would carry out regular spot checks and continue to check and monitor the evaluation records to ensure care staff were working to the new support plans.

They told us they would put this process in place for all new people and would change all their existing people to the new format during their six monthly review.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw care plans were completed and tailored to meet the person's individual needs. Staff were provided with details so that they would be able to know what to do for each person each time. For example, in one care plan we saw where the moving and handling details included specific details such as; to roll the person to one side, to remember to protect the person's head and to maintain their privacy when using the hoist. The care plan explained that a family member would be present at the head of the bed to provide reassurance to the person receiving care. The care plan included the type of hoist to be used, the different types of slings used for the person and described the different uses for the different slings being used for different aspects of care. The care plan instructed staff to ensure the person's head was not in the way to be bumped against the spreader bar. We saw the client and family were included in this process of care and a note was made of a request by the family for the sling to remain in place at all times whilst the person was up during the day when seated.
In another care plan we saw the person was unable to converse with the care workers and would resist interventions due to their anxiety and a lack of understanding when the hoist was to be used. We saw that as part of the assessment process for hoisting the person's mental state was also considered. The care workers were reminded to constantly reassure the person and to reaffirm they were safe by demonstrating staff knew how to care for them. One person commented, "the care that I receive is very good staff are very nice and they do their job well".

We saw a variety of risk assessments were put into place dependent on people's individual needs. We saw staff were provided with procedures to follow. The support plans

explained to staff what they needed to do to keep the person safe. We saw equipment was provided to help staff in their role. We saw a number of records and the style and language of the support plans had been developed to reflect the new changes.

The manager told us they had reviewed about half of the care records and were continually monitoring progress in this area. We saw the records of people whose care had been reviewed. Comments during their reviews included being, "happy with all care workers, another person said they had no cause for complaint".

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Our inspection of 29 May 2012 found staff did not get enough shadowing and supervision and some appraisals had been missed. The provider wrote to us and told us they would introduce a mentorship programme for all new staff for the first 12 weeks of their employment during which time a member of the training team would provide support as part of the supervision and individual performance review process. Existing staff supervision and appraisal schedules would be updated every month and issued to the manager. In addition monthly targets for supervising staff and carrying out appraisals would be set with line management weekly checks to ensure targets were on track to be met and to take remedial action if required. Outstanding supervisions and appraisals would be brought up to date within the two months and efforts made to keep to schedules in the future.

Supervisions were mostly up to date up to the month of August 2012.

We saw a copy of the criteria for staff who could be selected to work with new staff members as part of the shadowing policy and that the process was fully documented. Each new care worker had a named mentor and each staff member involved would sign the shadowing supervision document. We saw that this documentation formed part of the supervision and monitoring processes.

In September 2012 the provider sent out questionnaires to staff. We looked at the responses from five staff. One staff commented how important safety was when working alone as some areas were deemed unsafe due to poor lighting and gangs. They commented on the usefulness of having travelling time allowances as this made working to meet people's needs more satisfactory. Another care worker commented "I have noticed most of the time the same staff member goes in to provide care. What I like about the service is knowing I make a difference to people's lives each time I visit. I also feel I get excellent management support when doing my job".

An audit by the provider was completed on staff files during July 2012. The analysis of this information was being completed. Where there were gaps due to length of time the staff member had worked for the service, explanations were being provided.

We looked at six staff records and saw systems were in place to ensure all the necessary information was being recorded. When information was missing a check was being made

and a note on the front of the file to explain what the next stage in the process would be.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Our inspection of 29 May 2012 found monitoring the quality of the service was not all up to date and the provider's internal compliance team did not always show how actions from their visits were met. People told us they were not informed of a change of time and did not always know when care workers were coming to their home or if they had missed them coming to their home.

The provider wrote to us and told us they would monitor and measure the effectiveness of their in house compliance programme and would follow up compliance reports In house compliance visits would continue on a minimum of a six monthly basis. They would work on the issues identified during all compliance visits.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw surveys were sent to both staff and people using the service. In this way people's opinion were recorded about how the service was being run. We saw the feedback from the interim survey was positive. We found changes had been made to the monitoring and evaluation of the care processes.

The provider took account of complaints and comments to improve the service. We looked at the complaints log from May to September 2012 and they had been handled appropriately.

We found there were clear improvements in the in house quality assurance system. This was seen by the questionnaires and verbal feed back from people using the service. This was also seen in the care plans, visit schedules and staff rota.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk