

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

## Bosworth Homecare

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Date of Inspections: 29 April 2013  
25 April 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Staffing</b>	✗	Action needed
<b>Records</b>	✗	Action needed

## 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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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 April 2013 and 29 April 2013, 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, reviewed information given to us by the provider, reviewed information sent to us by commissioners of services and talked with commissioners of services.

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### What people told us and what we found

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We received information of concern about missed or late calls. We shared this information with Derbyshire County Council. We combined a visit together to check how people's needs were actually being met by the agency.

We spoke with four people, their representatives and with two staff. People told us care workers would always ask for their consent before carrying out an activity. They all told us "the care itself is usually very good". One person explained "you are given a choice especially when you first start having care. The service tries to deliver care at the times you have agreed with them. Sadly, this changes. I have found my times have been altered without me being told. It makes the staff look as if they are inconsiderate".

People told us they were provided with assessments for their care and had been fully involved in this. One person told us "it took over an hour to go through my needs. The staff went through it in great detail".

One person told us "care workers are sometimes late so I have to chase them up but I should not have to do this. They have been known to arrive over half an hour late. I have also experienced missed calls. Someone from the office should be making the calls to people to let them know when this happens".

Two people told us they had a care plan, which they had seen and were in agreement with. People told us staff used their equipment with them safely when required.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 06 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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All four people and their representative's confirmed that they were involved in decisions about their care. Each person was able to confirm they understood the care and support choices available to them. They told us the care workers who they met, treated them with respect. They explained, this was shown by the care provided to them each time staff visited them at home. Through discussions with each person it was clear that they understood the care and support choices available to them.

Written information in care plans demonstrated that people were involved and consulted in a way they understood. There was detailed information in the care plans. It showed us that people were able to make decisions and choices in their daily lives, and that their independence was considered. We saw policies were in place to provide information to people receiving a service about their rights, privacy, dignity, independence and autonomy.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. One person commented, "I am treated with dignity and respect when personal care is provided to me".

Two people told us they preferred their care to be provided by regular staff. Both people said when other care workers were sent to care for them, although the care was fine, they had to go through their routines with them. They found this was time consuming.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at the records of four people. Each person was provided with a specific needs and risk assessment that matched their needs. People told us staff had access to this information as it was also available in their home. This information would assist staff to deliver the care provided. We asked staff about this. They told us they used the care plans to understand what care was needed for the person.

We found there were gaps in the information provided in the older care plans. The manager's explained all care plans would be brought up to the same standards as the newer care plans. The newer care plans added more detail about the person's background. This would be useful as it would make the care plans produced more pertinent to the person being cared for. For example, one person told us they liked to be up at the times agreed. Due to their condition, this was important to them so that they could function normally for the rest of their day.

In one care plan the company policy had not been adhered to. We found they had not had the benefit of a six weekly review. This is very important to people receiving care at home. This is particularly so for newer people. They may not have the confidence to say how the care provided has changed or needs to be more tailored to meet their needs over time.

The newer assessment forms should help to address this. We spoke with care workers who told us they would update the care plans in the home and let staff in the office know that this had been done. We found some of the care plans to be hand written. In one of these care plans we found the writing was difficult to read. Communication between care workers is important as they often work in isolation in people's homes. Handwriting that is not clear to the reader may cause a problem if the person receiving care was unable to express their wishes or concerns.

Staff also told us some of the care reviews had fallen behind due to personnel changes at the office.

We saw people were sent questionnaires as part of their feed back on the care provided to them. They were written in an easy to read style that reflected the wishes of the person using the service.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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People were protected from unsafe or unsuitable equipment. Staff were provided with training and with different methods in which they could report faulty equipment. In this way people would be kept safe from unsafe equipment.

There was enough equipment to promote the independence and comfort of people who use the service. Equipment used by people was included as part of the assessment process for the person. We saw mobility assessments were made to help people to be supported safely in their home. We spoke with staff about this. Staff explained if they were not familiar with a piece of equipment they would contact the office for help or advice. Staff told us they were provided with training for moving and handling and for equipment often used in the home's they visited.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was not meeting this standard.

The deployment and recruitment of staff indicates there were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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There were not enough qualified, skilled and experienced staff to meet people's needs. We checked the duty rota's for people during April for the four people case tracked and they appeared to receive care from regular care workers with up to four people visiting them each week. However, we were made aware of calls being late and of missed calls. The council were able to evidence regular missed or late calls using their monitoring system.

One person told us, "I found the care workers turning up later than agreed. This caused me to be late for my other planned activities. This did not allow me to feel supported in the community in the way I was expecting support to be provided".

Three very recent rotas were evidenced for the Melbourne area, where there have been recent concerns raised by people using the service over the consistency of care. These rotas evidenced that generally the number of carer workers used seemed reasonable and care was provided by consistent staff.

A new Branch manager had replaced the last manager. She was aware of the recent concerns. She confirmed that she was actively trying to reduce the number of times relief carer workers were required.

It was evidenced thorough discussion with the manager's that the Telephone Recording System, TRS used by the council formed part of the induction training for staff. We saw guidance books were available in the office.

Bosworth Homecare Service also operate CM2000 which is another telephone recording system. This means that carer workers had to log in to two separate systems. This duplication could lead to mistakes being made.

The council found retrospective calls for one of the weeks in April. It was discussed that this was too high and agreed by the Operations Director that this must improve. Retrospective calls should only be made in an emergency and not used routinely. The

numbers of retrospective calls were to be reduced so that these were only used in emergency situations.

There was limited evidence that weekly reports had been evaluated. It was unclear to see how the missing information and missed calls were being managed. The manager's agreed to monitor reports more closely and to focus on any apparent missed calls.

One person told us by not having a regular care worker at a regular time it can totally disrupt their day. For some people due to their medical condition this could be detrimental. All four people reflected on their care. They all spoke about the importance of continuity in their care package. They told us a lack of continuity by regular care workers meant the relationships built up over time based on mutual respect and trust were being broken.

A number of recent concerns were raised about the Melbourne area. Two open safeguarding investigations were being investigated by the council as a result of the concerns raised. The council has informed us of the outcomes.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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People's personal records including medical records were usually fit for purpose. We spoke with staff working for the agency they told us there were care plans in the community being used that were in need of updating. They added when care changed they would add it to the care plans. Changes were not always updated by the office in a timely way.

One person using the service told us invoices sent to them had been incorrect. This indicated the staff recording system not to have been checked accurately against the person's time sheet. This person told us they did not always receive a correct duty rota before staff arrived. Staff also told us their rotas could be changed at the last minute. This meant people could receive care from care workers who arrived late. This was not helpful to people expecting a service to be delivered to them.

The council looked at five staff records and other records relevant to the management of the services. They found there were some staff records in need of further supervisions. By providing staff with more regular formal meetings staff would be able to raise any concerns. They also found fire awareness as part of health and safety training could be included.

Records were kept securely and could be located promptly when needed. Records were stored in lockable drawers and the offices were protected by a security system.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p><b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Staffing</b></p> <p><b>How the regulation was not being met:</b></p> <p>In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.(Regulation 22)</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Records</b></p> <p><b>How the regulation was not being met:</b></p> <p>1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of—            (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to each service user. (Regulation 20)</p>

**This section is primarily information for the provider**

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 06 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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