Boyce Care Ltd

Boyce Care

Inspection report

172 Feltham Hill Road
Ashford
Middlesex
TW15 1LF

Tel: 07590111121
Website: www.boycecare.co.uk

Date of inspection visit:
07 February 2018
08 February 2018

Date of publication:
27 February 2018

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

Boyce Care is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to younger people with a learning disability. Some people also have a physical disability. Not everyone using Boyce Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service provides day care and live in care. At the time of our inspection the service provided a regulated activity to 16 people.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We were supported on the inspection by the registered manager and the senior management team.

There were appropriate numbers of staff available. People who required one to one care from staff always received this. People said that they felt safe. Staff ensured that people were protected against the risk of abuse and told us that they would not hesitate in reporting any concerns. Robust recruitment of staff took place before they started work.

Detailed risk assessments took place in relation to people's individual needs. The environment was checked in relation to potential risks to people. In the event of an emergency there were plans in place to protect people. Accidents and incidents were acted upon and steps taken to reduce the risks.

People's medicines were managed safely and appropriately by staff. People had access to pain relief when they needed it. People's nutritional and hydration needs were managed to ensure they received the most appropriate care. People were supported to lead healthy lives.

People were supported and encouraged to eat healthily and had access to nutritious food. Health care professionals were involved with the care of people and people were supported to attend health care appointments. People's needs were assessed fully before they started to receive care at the service.

Training and supervision were provided to staff which ensured that the most appropriate care was being provided to people. We saw through observations that staff were knowledgeable and effective in the care they provided. Staff were effective in sharing information in relation to peoples's care.

The Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. Staff had received training around (MCA) and how they needed to put it into practice and staff were knowledgeable in this. There were people at the service who had the capacity to make decisions about their care and staff respected this. Where people were being restricted, applications were submitted to the local authority in line with the legal requirements.

Staff showed care and empathy towards people. It was clear that staff had good relationships with people and understood what was important to them. Staff showed patience, dignity and respect and people responded well to staff.

People received individualised care and were able to make choices around how they wanted their room to look and how they wanted their care to be delivered. People were supported to be independent and to make their own choices.

Care plans were detailed and specific to each person. There was guidance for staff on how best to provide the support people needed. Staff were aware of what care needed to be provided. People were supported to participate in activities that they enjoyed.

People were supported to make a complaint if they needed to. Complaints were investigated and improvements made where needed.

People and staff were complimentary of the management and the support they received. Staff worked well as a team and felt supported and valued.

Steps were taken to review the delivery of care with actions to make improvements. Methods the provider used included surveys, audits, staff meetings and spot checks.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff at the service to support people.

People had risk assessments based on their individual care and support needs. Staff followed best practice in relation to infection control.

Medicines were administered, stored and disposed of safely. People felt their medicines were managed well by staff.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People said they felt safe. There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities in terms of safeguarding.

Is the service effective?

Good

The service was effective.

People were supported to have access to health care services and health care professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Staff were following best practice guidance in relation to their care.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs. Staff received appropriate supervision in relation to their role.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People's needs were assessed when they entered the service and

on a regular basis.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy was respected and promoted. People were supported to be independent.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

Is the service responsive?

Good

The service was responsive.

The service was organised to meet people's changing needs. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service. The provider worked with the community to ensure that people had access to facilities that benefitted them.

The management and leadership of the service was described as

good and very supportive.

Boyce Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and was announced. We gave the service 48 hours' notice of the inspection visit because we needed the registered manager to arrange visits for us to people's homes with their permission. We also needed to be sure that the registered manager would be in the office.

The inspection site visit activity started on 7 February 2018 and lasted one day. It included visiting three people living in their homes and speaking to four staff at the homes. We also visited the office location on the 8 February 2018 date to see the registered manager and office staff; and to review care records and policies and procedures. The inspection team consisted of three inspectors.

The inspection was also informed by feedback from questionnaires completed by a number of people using services and staff working at the service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In addition to visiting people in their homes we also spoke with one relative. At the office we spoke with the registered manager, the provider, the deputy manager, two people and four members of staff. We read care plans for three people, medicines records and the records of accidents and incidents, complaints and safeguarding. We looked at records of audits and surveys.

We looked at records of staff training and supervision. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and evidence of partnership working with external organisations.

Good

Is the service safe?

Our findings

We asked people if they felt safe in their homes with the staff from the service. One person said, "The staff treat me well and look after me." Another person told us, "The staff do keep me safe we have a lot of banta." A third person told us, "Yes, I am safe." A relative told us that their family member was always safe with all staff who visited.

Staff had a good understanding about safeguarding and the procedures to be followed if they suspected abuse. They were aware of the types of abuse and the signs to look for. One member of staff told us, "I would report all abuse to the manager." Another member of staff told us, "If I did not believe that the manager or anyone had acted on abuse then I would report it to the police and the local authority safeguarding team." There was a detailed safeguarding policy in the office and a copy of this was available in people's homes. All staff had received safeguarding training and staff were reminded of their responsibilities at team meetings. One senior member of staff told us, "Staff are also reminded of the whistleblowing policy at supervisions."

People were supported by sufficient numbers of staff to meet their needs. One person said, "Staff are here for me." A relative told us that staff had never been late or missed any calls. They stated that they were very happy with how Boyce Care planned the rotas and that they received copies of the rota two weeks in advance. Staff told us that they believed there were enough staff employed by the agency to cover all calls. One member of staff said, "I think there are enough staff because people get their needs met. We always make sure they have their activities and bring more staff in if needed." There were people who were funded for one to one care from staff every day and other people who were funded for one to one care from staff part of the week. The provider ensured that there were sufficient staff available to ensure this was met. One member of staff said, "People look forward to their one to one time with staff and this always happens."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with people. Staff told us, and records confirmed that they had not been able to begin work at the agency until all checks had been carried out.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. Two people told us that that risks had been discussed with them. One person said, "They [staff] told me that I need to careful with the kettle because I could spill very hot water on myself." Staff were aware of the risks to people and were able to confidently discuss the reasons for the risk and the methods to use to reduce risks. The PIR stated, "Staff work with the individuals to complete risk assessments and guidelines taking in to account individuals' choices and aspirations around leisure activities and daily living." We found this to be the case. One person said, "I have risk assessments for when I work with the horses and go out into the community." Where risks were identified a plan was in place to manage the risk and understood by staff. For example one person was at risk of becoming anxious when they went outside. Strategies included ensuring trips out were not planned near busy roads and to avoid areas that were busy with people.

Staff understood what they needed to do to reduce the risks of spreading infection. Staff wore gloves where needed and people confirmed that staff washed their hands regularly. Staff had access to protective equipment such as hand gels, gloves and aprons when they needed them. One member of staff said, "We don't want to spread infections so we wear gloves particularly if someone is unwell." We observed staff taking part in the cookery club at the service ensured they wore aprons and hair covers, and there was an awareness of the need to wash hands and keep the areas of work clean.

Some people who used the service required support with their medicines. People told us that staff administered their medicines safely. Two people knew what their medicines were for. One person told us, "I take my medicines in the morning and at night and they are to make me happy." Another person said, "I have cod liver oil, paracetamol for my back and cream for my foot." Staff maintained a record of people's medicines that included the amount received and when medicines should be taken. All staff had received training in the safe management and administration of medicines. The PIR stated, "Copies of Medication Administration Record Charts (MAR Charts) are checked on a weekly basis, by our compliance officer who audits them, checks and challenges any discrepancies." We found this to be the case.

In the event of an emergency the service had measures in place to ensure people were kept safe. If there was inclement weather staff would prioritise those people that were isolated or did not have any other support. Alternative accommodation would be sought for people who needed to evacuate their homes. There were electronic systems in place that secured people's records if staff were unable to access records from the office. Incidents and accidents were recorded and actions taken to ensure the risks were minimised. For example one person who had behaviour that challenged the service'. Staff reassured the person and their care plan was updated with new strategies of how to avoid the person becoming agitated. Evidence from the care plan showed that these behaviours had decreased.

Good

Is the service effective?

Our findings

At the previous inspection in November 2016 we found that the requirements of the Mental Capacity Act 2005 (MCA) were not being followed. People had not been assessed in relation to their capacity to make specific decisions. We found that this had improved on the inspection.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. There were mental capacity assessments in place for people accompanied by evidence of best interest meetings. For example in relation to personal care. The provider advised us that further decision specific assessments needed to take place and they provided an action plan of when this was going to take place.

Staff were knowledgeable about the MCA and the processes to follow if a person was deemed as lacking capacity, they were aware of best interest meetings and who should be involved in them. One member of staff said, "Capacity could be permanent or temporary. People that can't make decisions for themselves we may have look at what may be in their best interest." People had a "Your Support Agreement", and there was a section about the need for their consent. One person's agreement included that they had the mental capacity to consent to support with her medicines, and to decide what support they needed with their personal care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that applications for DoLS authorisations had been submitted in line with current legislation to the local authority for people living at the home. For example in relation to the doors being locked or people needing constant one to one supervision.

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. One staff member said, "The induction gave me the information and the tools to do my job." Staff told us that they had received all the mandatory training as required. They said that training was specific to the needs of people that included autism and behaviours that challenged. We confirmed this from the records. Staff told us they could ask for any other training that would be appropriate to the needs of the people they looked after. One member of staff said, "The training is very informative. It helps greatly. Gives you the tools you need for the job." Another member of staff said, "The training is very good and comprehensive. It gives you knowledge of how to apply quality care practices."

Staff told us (and we confirmed from records) that they had supervision every six to eight weeks when they discussed their work, the people they cared for and training. They also stated that they could talk to the registered manager at any time. One member of staff said, "One to ones are useful. You are able to have transparent and candid discussions [with their manager]. We checked the training and supervisions records

and found that all staff were up to date with this. Spot checks by the senior staff were undertaken on staff at people's homes. This was to ensure that care was being delivered appropriately.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. People could access all health care professionals and records of these were maintained in people's care records. For example, GP, dentist, audiologist and psychiatrists. We saw that the records evidenced people had had an annual health check with their GP.

People had healthy eating information in their care plans and were supported and encouraged by staff to maintain a healthy diet. One person told us that staff, "Always show me what healthy food is. I also know it is important to keep fit and I do gym club." (We saw a certificate the person had attained for their achievements in this). Another person told us that they did all the cooking for themselves, but that staff were there to help them. They also told us that they played football and trained every week with a local football team for disabled people which they enjoyed. Staff were aware of people's dietary needs and the importance of encouraging people to eat healthily. One member of staff told us, "The welfare of these people means everything to me."

People's needs and choices were assessed in line with current best practice. Prior to using the service detailed pre-admission assessments took place to ensure staff were able to meet people's needs. We also saw letters detailing how staff liaised with a clinical psychologist on behalf of a person who was experiencing anxiety and depression. Other specialist services involved in people's care were a respiratory physician and a specialist nurse for people with a learning disability. A 'Hospital Passport' was used for when a person was admitted to hospital, to inform hospital staff of their needs.

Good

Is the service caring?

Our findings

People and the relative we spoke with told us that staff were always kind and treated them as individuals. One person told us, "I have a lot of banter with my key worker he is great." Another person said, "Staff are nice to me." A relative told us, "All staff from Boyce Care are caring and good people."

We observed staff talking to people in a calm manner; they allowed people the time to respond to their questions. One person experienced difficulties in communicating but the member of staff knew exactly what the person was saying. They were very knowledgeable about people's backgrounds, communication methods, behaviours, likes and dislikes. The atmosphere for people we met in their homes was relaxed and calm. The provider told us, "Communication is extremely important and we use all methods." They told us that they used pictures and sign language (including Makaton) to help people to communicate with them. We saw evidence of this in people's care plans. We saw staff and managers talking with the people they worked with, demonstrating respect and interest. They made time for people who dropped into the office unexpectedly for a chat and tea. We observed staff interacted and supported people with cooking in a kind and caring way. They showed compassion and good knowledge of people's likes and dislikes with the tasks and the food. The staff communicated with people and enabled conversation in the group.

People and relatives said they felt involved in the planning of their care. People told us that staff always asked for their permission before they did anything for them. For example, they asked them if they were ready for their bath. People said that they made choices about everything they wanted to do like going to bed and taking part in activities outside. We observed one member of staff ask a person what they wanted to do today. The person replied, "Swimming," so they went and got their swimming things together. Staff told us that they discussed people's care plans with them and this was confirmed by people. One person said, "[Staff name] always talks to me about my care plan and I could ask for different things to be put in it." Another person said, "Oh I know about my care plan and my right to make choices but I trust the staff to do my care plan properly." A relative told us that they were very much aware of the care plan and that they could make changes to it if they wished to.

People said that staff were always respectful and treated them with dignity. They said that staff always knocked on doors; they did not just barge in. One person said, "Staff let me bath in private on my own." Staff were aware for the need of privacy of people and they told us that they respected people's privacy and promoted their dignity at all times. When we visited one person in their home staff asked the person first before we entered the home and ensured they were comfortable with our presence. One member of staff said, "You need to respect their [people's] choices. They need to have privacy. We are here to promote their independence." We saw that people were supported to be independent. For example staff supported people to prepare their own lunch during the cookery session that took place.

The same care staff attended to people's needs to provide continuity of care and to assist with building relationships. One member of staff said, "I love working with people and particularly with the ladies in the home. It's so rewarding to see their progression." All of the staff we spoke with appreciated supporting the same people and it was obvious from our discussions that they had developed warm relationships with

people.

Good

Is the service responsive?

Our findings

Care plans were developed outlining how people's needs were to be met. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. The care plans were written in a person centred way and provided detailed guidance for staff on how best to support the person. For example one person had anxiety. There was information on the different levels of the person's anxiety and how they presented in the person. Guidance included how to best reassure the person and strategies to ensure that they were supported. As a result of these strategies the person's episodes of anxieties had decreased. In another person's care plan we saw a letter from a nurse practitioner that detailed the discussion with the person, who was fully involved, a clear plan of support to help her manage their feelings and a contingency plan put in place to get further help if needed.

There were detailed behaviour support plans for every person at the service. Each person had an easy to read care plan that was also in picture format. Care plans had an emphasis on personal choice. Staff told us that the care plans were reviewed every six months, and we confirmed this from records, and as and when required which was on most days. Staff were knowledgeable about care plans. One person had regular seizures and there was a person who was at risk of anaphylactic episodes and seizures that were documented in their care plan. Guidance included that the person needed to wear a safety helmet and we saw that there was a regular review of the risks of injury and assessments that had been updated. One member of staff told us, "We use picture communication cards to help communicate with people." Another member of staff said, "We need to read the care plans. We need to know about the individual we are supporting." Staff were kept fully informed about the changes in visits and the support people required. One member of staff said, "We [staff] talk about things that have happened [whilst on duty] and make sure we record any changes."

People led active lives and were supported to do the activities they enjoyed. People told us how much they enjoyed their lives. There was evidence that people had their own activity plan for the whole week. Examples of these activities were going swimming, visiting the garden centre and going for trips out. People were also supported to pursue their interests and hobbies. The provider set up a film club, as there were people who liked watching films but found it difficult to go the cinema due to their sensory issues and other conditions associated with their autism. Film nights consisted of a film; popcorn and supper. After the film, discussions were held which encouraged people to communicate with others their views about the film. Two people fed back to us that they enjoyed the film club. One told us, "We had healthy popcorn."

The service viewed concerns and complaints as part of driving improvement. People told us that they knew how to make a complaint and they would talk to staff first. We reviewed the complaints received and found that these had been investigated and responded to. A complaint had been made in relation to staff not supporting a person to ensure that their home was cleaned appropriately and that the person had enough food in the home. Staff had one to ones with their manager and regular checks took place by a senior member of staff to ensure that improvements were made. There were complaints polices in place and staff ensured that they provided support to people if they wanted to make a complaint. People could also attend a drop-in session each week where they could talk to a manager in confidence about any ideas and

concerns they had.

Good

Is the service well-led?

Our findings

People told us that they were happy with how the service was managed. When people popped into the office to have a chat with the management team they were welcomed. People were comfortable and relaxed in the presence of the agency's managers. Staff were complimentary about the registered manager and the management team. One member of staff told us, "I love the management team. They are so supportive." Another member of staff said, "[The registered manager] is a good man. I feel very supported if I have a concern." A third member of staff said, "This is a good organisation. We work as a team or like a family. I have their [managers] help to do my job well." All of the staff we spoke with felt the service was well led by the registered manager and the management team of the agency. They said that they could contact the registered manager at any time for discussions. All of the staff that completed our questionnaire felt that, "My managers are accessible and approachable and deal effectively with any concerns I raise."

Staff told us that they felt valued and that this in turn gave them the motivation to do their job well. One told us, "You could feel isolated when you are working on your own in the homes. They [management] make sure they keep in touch with you." Another told us that they [the management team] accommodated them working flexibly. They said, "We work like one big family. I can change my days off if I need to for emergencies." Each month one staff member was chosen as, 'Employee of the Month' for good practice, or to recognise what they were doing well. One member of staff who had received this award said they felt their work was, "noticed" and that, "Someone knew about my work and they trust me to do a good job." Another who received this award said, "It made me so happy. I felt someone appreciated my values."

The visions and values of the service were regularly discussed with staff and staff understood them. There was a large board at the office that detailed what the visions and values were. One member of staff said, "We are assisting people to maximise their life skills and supporting their independence." This was the ethos of the service. There was evidence of an open culture amongst managers and staff on our visit. Managers were approachable and staff reported that they knew how to get advice and support.

The provider formally sought the opinions of people of the service to make improvements. The PIR stated, "We facilitate groups such as Boyce's choices and Boyce Care Forum for the individuals, this is to give them a voice in how the company is run, this is discuss at a subcommittee, "Making Boyce Care better", to learn interviewing skills to help with staff interviewing, and we also have an entertainment committee that suggest activities and trips that others may be interested in." We found that this was taking place. An example of improvement included a person stating that staff were turning up late for shift due to living a distance away. Rotas were changed to ensure that more local staff covered this call. As a result of feedback from people staff included healthy eating at the cookery club on Thursday lunchtimes because there were people who were trying to lose weight. Staff also changed the Film Club to include snacks and discussion time, making it a more social time as this is what people wanted. Minutes of the forums were written in picture format so that people were able to see what discussions took place.

Regular meetings took place with staff to discuss policies, changes within the service and to gain staff feedback. There were smaller meetings with staff in each individual home and larger meetings with all of the

staff. We saw the minutes of the meetings and saw that staff made suggestions about improvements. For example staff had suggested that more home cooked healthier meals were needed in one of the homes. We saw that this had been implemented. One member of staff told us, "The communication between management and staff is very good; we get our rotas two weeks in advance." Staff told us that they could put ideas forward and that the registered manager would listen to them. One member of staff said, "I suggested contacting the landlords to get the all of the flats re-decorated and this happened." New policies, messages about recording or any new requirements were communicated weekly, via the individual staff boxes at the office as well as at staff meetings.

Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. There were a number of systems in place to make sure the service assessed and monitored its delivery of care. Managers visited the homes regularly to ensure that appropriate care was being delivered and to undertake health and safety audits. Each audit had an action plan to address any areas of concern. We saw on one audit that a first aid box had been replaced in one of the homes. Surveys were sent out to people and their representatives and staff to ask them about the quality of care. The results of these were analysed and an action plan in place. Where people were unsure of the management structure information was given to them to show them who they could speak to if the registered manager was not available.

The provider had links with the National Autistic Society to ensure that staff were providing the most appropriate care and had links with Sight for Surrey to assist the people who were visually impaired.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.