

Belet & Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Belet & Care Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. The services they provide include personal care, medicines support, housework and companionship. At the time of inspection, the service provided personal care to five people. The Care Quality Commission (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.

People's experience of using this service:

Areas of potential risks to people were not always identified and some risk assessments were not in place and some lacked detail. This could result in people receiving unsafe care. Improvements were needed in relation to risk assessments and we found a breach of regulation.

Recruitment checks were carried out prior to care workers being employed by the service. However, there were instances where referee details were limited and there was a lack of evidence to confirm that character references had been verified to check their credibility and authenticity. We have made a recommendation in respect of this.

The service had introduced a system in place to monitor the quality of the service being provided to people. However, they had failed to identify deficiencies we found in relation to risk assessments and staff employment checks. We have therefore made a recommendation in relation to their quality monitoring systems.

People were protected from abuse. Staff had completed training on how to safeguard people. They were confident that if they raised any concerns with the registered manager, appropriate action would be taken.

Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Feedback obtained was positive and indicated that care workers were caring, kind and respectful. People's privacy, dignity and independence were respected and promoted.

Feedback demonstrated that people and relatives were happy with the care provided. People liked their regular care workers and had developed positive relationships with them.

People had an initial assessment prior to them receiving a service. This captured their needs, abilities and

preferences.

Care plans included information about people's interests and important things in their life. Information documented was specific to each person.

Staff told us they were well supported by the registered manager. They were confident that the registered manager would listen and address any concerns if they raised them.

The registered manager was receptive to the feedback we provided and said that they would use this to drive improvements to the service.

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

Rating at last inspection and update

The service was registered with us on 3 February 2022 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Enforcement and recommendations

We have identified one breach in relation to safe care and treatment during this inspection. We have also made recommendations in relation to staff recruitment and governance.

We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Belet & Care Limited

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

The inspection team consisted of one inspector.

Service and service type

Belet & Care Limited is a domiciliary care agency registered to provide personal care to people in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 6 January 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager and care coordinator.

We viewed a range of records. We looked at care records for 4 people. We also looked at 4 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spoke with 1 person who received care and 2 people's relatives. We also spoke with 2 care workers.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people's safety were not always assessed appropriately. People's care records included risk assessments which included falls, diabetes, mobility and the environment. However, we found that some areas of risk were not identified. For example, one person had a history of seizures, however there was no risk assessment detailing signs to look out for and what action to take in the event of a seizure. Another person used a walking frame but there was no appropriate risk assessment to help manage the associated risk related to the use of this equipment.
- We found instances where risks to people had not always been assessed effectively and this meant people were at risk of receiving unsafe care and treatment. The lack of risk assessments in place meant that staff had not been provided with suitable guidance to minimise the risk of people receiving unsafe care and lacked guidance on what to do in response to symptoms of these conditions.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with registered manager who explained that they would take action to ensure that risk assessments with the appropriate level of detail were in place for each person.
- Following the inspection, the provider sent us details indicating that the walking frame for this person referred to above was not required following a review in November 2022. However, this person's care plan had not been updated to reflect this change at the time of the inspection. We will review this at the next inspection.

Staffing and recruitment

- Systems were in place for the recruitment of new staff. Checks were undertaken for each candidate. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK had been completed. References were obtained. However, there were instances where referee details were limited and there was a lack of evidence to confirm that character references had been verified to check their credibility and authenticity.

We recommend the provider seeks further national guidance around the safe recruitment of staff working in Health and Social Care.

- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. The registered manager confirmed that they would only take on further clients if they had sufficient care workers employed.
- People and relatives told us the care workers arrived on time and they knew who was coming in advance. They also said that they received care from the same familiar care workers. One person said, "The care worker arrives on time. I receive care from the same care worker. I get consistency. The same person comes regularly." One relative said, "We have the same care workers come. We know them and have built trust with them."
- An electronic homecare monitoring system was in place. This monitored care worker's timekeeping and punctuality in real time. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, staff in the office would receive an automatic notification and the office would call care workers to ascertain why a call had not been logged and take necessary action there and then if needed.

Using medicines safely

- The service assisted one person with medicines support. This person's medicine support needs were documented in their care plan including the list of medicines prescribed.
- Staff recorded medicine administration on paper medicine administration records (MARs).
- MARs were completed with no unexplained gaps which indicated that medicines prescribed had been administered.
- Staff were trained in the safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Systems were in place to help safeguard people from harm and abuse.
- When asked whether they felt people were safe in the presence of care workers, one person told us, "I feel absolutely safe with the care worker in my house. I feel comfortable." One relative said, "[My relative] is absolutely safe with the carers."
- Staff completed safeguarding training and we saw documented evidence of this. Staff said they would not hesitate to report concerns about poor or abusive practices to the registered manager. They were confident that the registered manager would take appropriate action when required.
- No safeguarding concerns had been raised since the service was registered. The registered manager understood their responsibilities in relation to safeguarding, including how to report any concerns immediately to the local authority and CQC.

Preventing and controlling infection

- Systems were in place for managing and controlling infection, including COVID-19. The service managed risks associated with infection control and hygiene.
- The service ensured an adequate supply of personal protective equipment (PPE) was available to staff. This was confirmed by care workers.
- Care workers completed infection control training and had up to date guidance to follow. Induction, training and spot checks on care workers helped to ensure they were following procedures correctly.

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely. The registered manager confirmed that there had been no incidents or accidents since the service started operating.

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

This is the first inspection for this newly registered service. This key question has been rated as good. 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

- Before people's care visits commenced, their care needs and preferences were assessed by the registered manager along with them and where applicable others involved in their care. This assessment helped to determine if the service had care workers with the appropriate skills and abilities to support each person and meet their individual care needs and choices.
- Care plans were developed following the initial assessment. These included guidance for staff to follow to help ensure people received the care and support they needed in the way they wanted.
- People's care plans included details of their specific needs, interests and the support they required to make choices. People's dietary, cultural, religious and health needs had been identified in the assessment and care plan records and supported by the service.
- We received feedback that the provision of care was centred around the needs, wishes and preferences of people receiving support. One relative told us, "[Care workers] listen to my [relative] and have conversations with [my relative]. They ask [my relative] what [my relative] needs and wants."

Staff support: induction, training, skills and experience

- There was a training programme in place. Training records showed staff had completed training which included safeguarding adults, health and safety, first aid, Mental Capacity Act, infection control and manual handling.
- Staff received support through induction and training. Staff completed an induction based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.
- Staff were supported by the registered manager and there were arrangements for supervision and on-site spot checks.
- Staff told us that they felt supported and regularly met with the registered manager to discuss any concerns or training needs. One care worker said, "It is very good working here. I feel supported."
- Care workers were not yet due an appraisal at the time of the inspection. The registered manager confirmed that these would be carried out in due course.

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

- At the time of this inspection, the service did not support people with their meals. This was carried out by people's families. People's support plans contained information about their dietary needs where appropriate.

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

- The registered manager explained that care workers were not directly involved in people's healthcare needs. Care plans showed healthcare formed part of people's initial assessments, which were taken into consideration before support started.
- Care workers were able to give examples of how well they knew the people they supported which enabled them to observe changes in people's health and access appropriate support. One care worker told us, "We record daily notes. These include updates and allow us to check people's daily progress and monitor them."

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. 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.

- People were supported to make choices and decisions about their lives. Care records included some information about the support people needed from relatives with decisions to do with their care and the assistance they needed.
- The service had a Mental Capacity Act 2005 (MCA) policy in place. Care plans we looked at included information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care.
- People were encouraged to make day-to-day decisions about their care and support needs, including the how they took their medicines, the food they ate and how they spent their day.
- Staff knew they needed to report to the registered manager when they noticed any changes in people's ability to make decisions and choices.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received kind and compassionate care from care workers who were respectful and understood and responded to their specific needs. One person said, "[Care workers] are generous people. [The care workers] are kind and caring." One relative told us, "Care workers are all have been lovely, they are very soft, kind and caring."
- People's preferences were included in their care plans. Care workers were able to use this information to get to know people and build positive relationships with them.
- Wherever possible, people were provided with consistent staff who got to know them.
- The service understood the importance of working within the principles of the Equality Act and supported people's diversity in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. For example, people were asked questions relating to their protected characteristics before the support commenced.
- People and care workers were matched together based on their personality, interests and cultural needs. One relative told us, "The carer speaks [my relative's] language. [The agency] specifically assigned a carer that can speak the same language and this is important to [my relative]. [My relative] is comfortable with the carer. The carers respect their cultural needs."

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

- Details of people's interests and important things in their life had been included in their care plans. Information documented was specific to each person.
- People and their relatives felt listened to and valued by staff. People had been consulted about their care and support needs. The service involved people and their support network where applicable, in making decisions to ensure their needs were met.
- Management obtained feedback from people and relatives to check whether they were satisfied with the level of care and support they received was continuing to meet their needs. One relative told us, "The agency asks for feedback regularly. They are really trying to get things right. They really do listen to feedback."

Respecting and promoting people's privacy, dignity and independence

- Care workers were aware of the importance of dignity and privacy and knew how to support people with dignity and respect. Feedback from relatives indicated that care workers were respectful of people's privacy and dignity.
- Care records and files containing information about staff were held securely stored electronically. Paper records were stored in a locked cabinet. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care support plans included information about people's medical background, health needs and social history.
- Care plans were personalised to reflect people's care needs. People's likes, dislikes and what was important to the person were recorded. People's care plans included details about their needs and preferences.
- People and their relatives were involved in care planning and care plans included preferences for care. For example; where people wished to be provided care by a care worker of a specific gender, this was clearly documented and the registered manager ensured that these wishes were respected and met.

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.

- Care support plans included some information about how people communicated and how staff should communicate with them.
- The registered manager was aware of the importance of information being as accessible as possible to people and told us they would make sure information was always provided in a way each person understood, such as in large print and/or pictures. The registered manager confirmed that the service user guide was provided to people in different languages where required.
- Staff communicated with people well and understood how they wished their care to be provided.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The registered manager told us that the service had not received any formal complaints since it was registered with the CQC.
- The complaints policy included information about how to make a complaint and what people could expect to happen if they raised a concern. This included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- People and relatives told us that they wouldn't hesitate to raise concerns with the registered manager and were confident that they would be listened to. One person said, "I feel able to complain absolutely. I have their number to reach them and wouldn't hesitate. I can speak to the office." One relative told us, "I have never had to complain but if I need to in the future, I have all the contact details and wouldn't hesitate to do

so."

End of life care and support

- At the time of the inspection, no one was receiving end of life care from the service.
- We noted that care workers had not completed end of life training and this was confirmed by the registered manager. The registered manager advised that end of life training would be arranged for care workers.

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of the inspection, the service was providing care to a small number of people. The registered manager explained that due to the size of the service they were able to have overall oversight over how the service operated. They also had an electronic care management system in place which enabled the registered manager to monitor aspects of the service which included; care plans, punctuality and care visit logs.
- The registered manager had implemented checks and audits since the service had started operating. These included MARs, staff files and training audits. Whilst audits were in place, these had not all yet been embedded in practice.
- At the time of this inspection, we found deficiencies in relation to risk assessments and staff employment checks. The service's checks and audits were not effective in identifying the issues found with regards to this.

We recommend that the service seeks advice from a reputable source about implementing and developing robust audit systems in order to identify areas of deficiency.

- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- There was evidence team meetings were taking place. This enabled staff to share ideas and discuss updates and important information.
- The registered manager explained that they were keen to grow and develop the service and welcomed all feedback to support this process.

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

- Staff told us they enjoyed working at the service and felt well supported by the registered manager and their colleagues. One care worker said, "The support I get from the agency is good. Whenever I need support or have questions, someone is always available to help. I feel able to raise questions at any time." Another member of staff told us, "[The registered manager] is very good – approachable and friendly and very good."
- People and their relatives were complimentary about the agency and praised the level of care provided. When asked about management of the service, feedback was positive about how the service was operating. One person said, "From my experience, the agency is running well and is organised." One relative told us, "I

would recommend the agency. We are happy with them. We have confidence with them. [My relative] praises the agency."

- The registered manager was receptive to the feedback we provided and said that they would use this to drive improvements to the service.
- The registered manager was aware of the incidents they needed to report to us. They understood the need to be open and honest if and when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and relatives about the service through regular telephone calls to improve the service. This was confirmed by people and relatives we spoke with. One relative told us, "The agency asks for feedback regularly. They are really trying to get things right. They really do listen to feedback."
- The registered manager had also carried out questionnaires with people and their relatives to obtain feedback. We noted that the feedback was positive.
- The registered manager told us that they wouldn't hesitate to communicate and work in partnership with external parties where appropriate.

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 understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority as required by law.
- As the service had not yet been rated, there was no current requirement for them to display any ratings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed effectively and appropriate risk assessments were not always in place.