

Mr Alain Rosario Choo Fon

Bay Homecare

Inspection report

7 Turnstone Court
Heysham
LA3 2JF
Lancashire
Tel: 01524 237799

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Ratings

Overall rating for this service

Good



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?

Good



Overall summary

This inspection visit took place on 01 December 2015 and was announced. We gave the owner/registered manager 24 hours' notice about our visit. We did this to ensure we had access to the main office and the management team were available.

Bay Homecare offers domiciliary care and support to a range of people in their own homes. The range of support provided includes assistance with personal care, domestic duties, laundry tasks, shopping, and meal preparation. At the time of our inspection visit we were informed the service provided support for 12 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

The agency had not been inspected since their registration with the Care Quality Commission (CQC).

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. One staff member

Summary of findings

said, “This is a small personalised agency and we know people well.” Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives. This was confirmed by talking with people who used the service.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

We found recruitment procedures were in place. However the employment application form needs to request a full employment history not just ten years. This would support the registered manager to make an informed decision to ensure suitable staff were employed.

We have made a recommendation about the recruitment of employees.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Risk assessments were completed for staff entering private homes to ensure people were kept safe.

Medication processes were in place should the agency be required to administer medicines. However more formal medication training for staff would support them to have the competencies, confidence and knowledge to administer and support people taking medicines safely.

We have made a recommendation the provider seeks guidance to ensure staff received formal medication training.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People were supported to eat and drink where needed. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals. This was confirmed by records kept by the agency.

We found a number of audits were in place to monitor quality assurance. The registered manager and provider had systems in place to obtain the views of people who used the service and their relatives/friends.

Summary of findings

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 consistently safe.

People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Staffing levels were sufficient to meet the needs of people who received a service from the agency.

Not all new staff had been recruited in line with national guidelines.

Medication processes were in place should the agency be required to administer medicines. However more formal medication training for staff would support them to have the competencies and knowledge to administer medicines safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life.

The registered manager was aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Staff were respectful of people's rights and privacy.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

Good



Summary of findings

The service worked well with other agencies and services to make sure people received care in a responsive way.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Good



Bay Homecare

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 checked 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 inspection visit took place on 01 December and was announced. The owner/registered manager was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We did this to ensure we had access to the main office and the management team were available.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had

received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We went to Bay Homecare office base and spoke with the owner who was also the registered manager and a senior staff member. We also visited two homes of people who received a service and spoke with them and a staff member who was providing support at the time of our visit. We contacted a further person who received a service and also three carers of people by telephone to get their views on the care provided by Bay Homecare.

We looked at the care records of two people who used the service, training and recruitment records of staff members and records relating to the management of the service. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the support they received and whether they felt safe in the care of staff who visited them. Comments were all positive and included from people who received a service, “They let themselves in and it is a pleasure when I see their smiling faces.” And, “I feel safe in the knowledge someone nice is coming to help me.” Also from a carer of a person who received a service. “They are good always on time and it makes us feel better knowing the person as we do.”

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff we spoke with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. Comments from staff included, “I have done my training and know how to spot signs of abuse, what to do and who to report to.”

The service had a whistleblowing procedure so staff were aware of the process. Staff spoken with told us they were aware of the procedure. They told us they would speak to the appropriate person or agency should they need to.

The registered manager and staff told us this is a small agency and they work together to ensure sufficient staff were available to meet the needs of people they support. One staff member said, “We never have a problem with staffing. We are always able to cover anybody with us being a tight nit service.” People who received a service told us they had not experienced staff being late or not turning up. One person said, “They are always here and never seem rushed.” Other comments included, “Very good I rely on them turning up and they have never let me down yet.”

Care plans looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support to ensure people were kept safe.

We looked at two recruitment records of staff. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions

with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded. However the employment application form needs to request a full employment history not just ten years. This would support the registered manager to make an informed decision for suitable staff to be employed. The registered manager assured us the application form for employment would be amended to request the information required.

We spoke with a staff member about induction training and the recruitment process. They told us training was thorough and they ‘shadowed’ staff on visits to people’s homes. This was to ensure they knew the person they were supporting and what was required of them. This meant they accompanied experienced staff to observe how care and support should be delivered on an individual basis. One staff member said, “It was very good the manager went through everything and the visits to people’s homes were very useful.”

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines and were not at the moment involved in administering medicines. The registered manager was a qualified nurse and offered instructions on medication procedures in domiciliary care. This was confirmed by talking with staff members. However no formal training or guidance had taken place. This would give staff the competencies and skills to ensure prompting or administering of medicines to people who received a service would be done safely. We have made a recommendation about the appropriate training of staff in the management and administration of medication.

We recommend the provider seeks advice and guidance to ensure all employment checks for potential staff are in place prior to employment in line with national guidance.

We recommend the provider follows national guidelines about staff training in relation to the management and administration of medicines.

Is the service effective?

Our findings

People who received a service and their carers told us staff were competent when they provided support and care for them. For example one person said, “I have complete trust in the way they care for [relative] they seem well trained and confident in what they do.”

People who received a service and carers told us staff always did extra than what they had been asked to do on many occasions. For example a staff member told us one person takes their time getting up and is not often ready when they visit their home. They told us they regularly went over their time but that was not an issue as long as the person was cared for effectively. One staff member said, “At times we do more than we should but that is just not a problem they come first with this agency.” This meant care was effective because staff ensured people who received a service did so in their own time. They told us they were prepared to ensure all support had been provided before they left the person.

We spoke with staff members, looked at individual training records and the services new training schedule that had been developed recently. Staff told us the training they received was provided by the registered manager who was a qualified nurse and at other training venues. For example we spoke with one staff member who told us they were going to start college to undertake a ‘Health and Social Care’ course sponsored by the agency. The staff member said, “I want to develop further and [registered manager] has encouraged and supported me to attend college after Christmas. “I will be doing ‘Health and Social Care’ level 3 which I am looking forward to.” This demonstrated the registered manager supported staff to develop their professional skills.

Staff received support to understand their roles and responsibilities through supervision sessions with the registered manager. Supervision consisted of individual

one to one sessions and group staff meetings. The one to one meetings discussed individual development and any issues staff wanted to discuss. Staff we spoke with confirmed these meetings took place on a regular basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager and senior staff member demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). Discussion with the registered manager informed us they were aware of the process to assess capacity although had not been applicable to their service at the time of the inspection visit.

At the time of our inspection visit few people required support with meal provision. However staff who prepared food had completed ‘Food and Hygiene’ training. We spoke with the registered manager who confirmed this. Care plans seen confirmed people’s dietary needs had been documented.

People’s care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person’s health. This meant information was available to staff should they need to contact a health professional in an emergency.

People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. This was confirmed by talking with staff and people who used the service.

Is the service caring?

Our findings

We spoke with people being supported by the agency in their own homes. We asked about the attitude of staff and how they felt they were cared for. Comments were all positive, they included, "Very kind respectful people." Also a relative we spoke with said, "They are all kind and respectful [relative] always tells me that after they have visited." Completed surveys we reviewed that had been undertaken by the provider asked the question 'Is staff caring and respectful'. All responses were positive and ticked the box that said they strongly agree.

Comments from people and their carers about staff supporting them included, "A very caring, kind agency." Another said, "All the staff are caring people and I would not contemplate being without them. They are kind and so patient."

Care plans were available in the homes of people so staff were able to look at them to ensure the right care and support was delivered. People's preferences on how they preferred their care to be delivered were recorded. This demonstrated people were encouraged to express their views about how their care and support was delivered. Staff we spoke with told us they have to be patient and understand the person's wishes and how they want to be supported.

Daily events that were important to people had been recorded so staff could provide care to meet their needs. Information was also contained daily of how the person was in terms of social and health needs. This supported staff to be aware of any issues when they visited the person. A staff member said, "We help people to go to social events and support with their daily tasks whatever they wish for."

Care plans contained information about people's current needs as well as their preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis and when their needs changed.

During the inspection we visited people in their home and we observed interaction between a staff member and the person. We saw they spoke gently and respectfully to the person taking care to wait for responses. The staff member always knocked on the door and let the person know who they were. One person who received a service said, "They always knock and introduce themselves every time they come here."

Staff told us they received guidance during their induction training and shadowing other staff members in relation to dignity and respect. Their practice was then monitored when they were observed by the registered manager in people's own homes. This ensured staff had guidance and knowledge on how to treat people in their own home. One staff member said, "It is their home and I am always respectful of that fact."

All the staff we spoke with knew the people they cared for well and were able to describe the needs of people they cared for. For example they were able to describe their care needs and how they preferred their support to be delivered. This demonstrated staff were kind, attentive and caring. One staff member said, "It is a small agency that's what I like. You get to know people well and build relationships." Also, "We know people well because we visit the same people and we are small and know what they want. We can also be aware of any health issues because of knowing the person."

Is the service responsive?

Our findings

We spoke with people about how responsive to their needs was the agency. Comments from people who used the service included, “If anything needs changing the manager and staff always accommodate me.” Also, A carer of a person said, “A great service willing to change to the needs of my [relative] if required.”

People’s care and support was planned in partnership with them. People who used the service and their carers told us when their care was being planned at the start of the service, the registered manager and senior staff member spent time with them. This was to find out about their preferences, what care they felt was required and how they wanted this care to be delivered. This was confirmed by what people told us in returned surveys sent to them by the registered manager. For example, one question asked, ‘was you involved in care planning.’ The response was ‘Yes I discussed what we were looking for and Bay Homecare were able to provide all our requests. A care plan was provided.’

We looked at care records of two people who we visited in their homes. Care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed to respond to any changes in care. Care plans were updated when changes occurred to reflect their current needs. Daily notes had been completed by visiting staff. They were up to date in homes we visited. A staff

member said, “It is important to put information down daily. Not just what task we had done but how the person was. This gives other staff members visiting as much information as possible.”

People we spoke with told us they found the service was flexible and responsive in changing the times of their visits when required. For example one person who received a service said, “I have only changed once but there was no problem [manager] never lets me down.” A staff member said, “Sometimes we have to respond at a moment’s notice but we have never not been able to cover visits.”

Information on how to make a complaint we found was available in people’s homes we visited. People were encouraged to give their views and raise any complaints or issues with the registered manager. The registered manager made contact with every person who received a service on a regular basis either in person or by telephone in order to obtain their views and to give people the opportunity to raise any issues they may have.

The registered manager and senior carer told us constant engaging with people who used the agency developed relationships and encourage people to discuss any complaints they had. People told us they were aware of the formal complaint procedure and that they were confident the registered manager would address concerns if they had any. One person who received a service said, “No I have never complained but would do if I needed to.” A carer of a person we spoke with said, “We do have documentation on how to raise a complaint but we have never done so.”

Is the service well-led?

Our findings

We found the registered manager understood their responsibilities and was supported by a senior staff member to deliver what was required by the agency. People who received a service and relatives who cared for them told us they felt support provided met their individual needs. They told us the service was organised and managed well. For example a carer of a person who received a service said, “Very good management [registered manager] is always popping round to see us.”

Comments from everybody we spoke with told us the agency was well led. People said the registered manager provided care as well as running the agency. A person who used the agency said, “I thought that was [registered manager] coming in then because he often pops round to see if I am alright.” Staff told us the registered manager was always helping out and visited people in their own homes regularly. Comments included, “A very good agency to work for. The manager works with us and with it being a small agency it is like one staff family.”

We found the service had clear lines of responsibility and accountability with a structured management team in place. Although this was a small service the registered manager and senior staff member were experienced, knowledgeable and familiar with the needs of the people they supported. Both were registered nurses and staff told us they were always there to provide advice and guidance when required. One staff member said, “The manager has a wealth of experience and is good to talk with.”

People who received a service from Bay Homecare and their carers told us they were encouraged to be actively involved in the continuous development of the service. For example we looked at completed surveys which were sent to people to get their views on how they felt the service was performing. We looked at a selection of the surveys from this year. Responses were all positive about the care and

support provided by the agency. For example one question asked, ‘was the service caring and managed well’. The response by a carer was, ‘Yes we strongly agree first class service.’

People who received a service were regularly asked their opinions whether the support they received was sufficient and reliable. The registered manager monitored the quality of the service by speaking with every person who received a service and their carers on a regular basis. This was to ensure they were happy with the service they received. People we spoke with confirmed this.

The registered manager and senior carer also undertook a combination of announced and unannounced spot checks and telephone calls to make sure the service provided was efficient and reliable. For example arriving at times when staff members were there to observe the standard of care provided. This demonstrated the service was continually monitored and committed to improve the service they were providing. A staff member said, “It is a good thing the manager always checks to see everything is working properly and the service is good.”

Regular staff meetings were also being held and records confirmed these were well attended. Staff we spoke with told us they thought staff meetings were a good way of getting together and discussing any issues or further training needs.

There were some audits and systems in place. These were put in place to monitor the quality of service provided. Audits were undertaken and covered areas such as training for staff, spot checks on staff performing their duties and reviews of care plans. This was to ensure people received the care and support they required and the service continually developed to provide a better service. The registered manager told us they were expanding their audit systems to ensure the continuous development of Bay Homecare.