

Bella Home Care Ltd

Bella Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bella Home Care is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection there were 67 people in receipt of the regulated activity of personal care.

Everyone who received support at the time of our inspection received personal care. 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 and what we found

At our last inspection, we found some improvements were required as some people's health risks were not always reviewed and some people's care records not always updated. Quality assurance systems were not operated effectively to identify, where the service required improvement. We identified a breach of the regulations.

Following the last inspection, we formally requested the provider sent us a monthly action plan telling us what they had improved and where improvements continued to be made at the service, with timescales. At this inspection, we found the action plan had driven some improvements and some risks associated with people's care were managed safely. Audits and checks had been improved which meant the provider was no longer in breach.

People were pleased with the service they received. People received their care calls at their agreed time slots and on occasions when staff were running late, people were notified.

People and relatives confirmed they received their care and support from a regular staff team who knew them well. People's feedback showed they valued the support they received.

There were sufficient staff employed to undertake care calls to people and to ensure people received support from the same staff team. Staff told us they were not rushed.

Staff were recruited in a safe way. Staff were trained to support people, so they had the knowledge and confidence to meet people's individual needs. Staff knew how to care for people in a safe way because risks had been assessed and were known by staff. Staff told us they regularly supported the same people, so they knew them well.

Staff recognised the signs of abuse or poor practice. Staff knew how to report any concerns they might have. The registered manager knew what to do and was confident to tackle poor practice. Where incidents had occurred, we were notified.

People received their medicines as prescribed. People had individual plans of care and staff provided personalised care and support.

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.

Since our last inspection, the owner had unexpectedly passed away. The business was currently in a transitional phase. Some improvements the new registered manager wanted to make were unable to be implemented at the present time.

The registered manager's audit systems had been strengthened and increased, yet some checks were not always as up to date as they wanted. Some minor issues we found at this visit had not yet been identified through their own audits. The registered manager was committed to driving those changes and had plans to continuously improve.

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 last rating for this service was requires improvement (published 25 December 2021). Following this visit, the provider sent us an action plan telling us how they would improve. At this visit we found sufficient improvement and the provider was no longer in breach of the regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bella Home Care on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Bella Home Care

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 was completed by 2 inspectors and an Expert by Experience. One inspector visited the offices and another inspector worked off site making telephone calls to staff. An Expert by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. CQC does not regulate premises used for domiciliary care; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection visit was announced.

We gave short notice of our inspection visit to the registered manager. This was to ensure they would be available on site to support the inspection.

Inspection activity started on 17 January 2023 and ended on 20 January 2023.

What we did before inspection

We reviewed the information we held, such as people and relatives' feedback and statutory notifications, as well as any information shared with us by the local authority, commissioners and the local government ombudsman. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who received a service to get their experiences about the quality of care received. We also spoke with 7 relatives. We spoke with 7 members of care staff that included 3 office staff who supported the registered manager with audits, checks, care call scheduling, care assessments and care planning. The 3 office staff on occasions, supported people with personal care. We spoke with the Nominated Individual and the registered manager.

We reviewed a range of records. This included examples of 3 people's care records and samples of medicine records and associated records of their care. We looked at records that related to the management and quality assurance of the service and risk management. We reviewed 2 staff recruitment files.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found people's risk assessments required further information, so staff knew how to support people safely and consistently.
- At this visit, we found risks to people's health and well-being had been improved. Specific risks to people were identified, recorded and assessed.
- Risk management guidance was available to staff to refer to. Staff had this information within each care call, so they knew what and how to keep people safe from risk. We reviewed people's risk assessments and found staff had the basic information they needed.
- Staff knew how to minimise risks of harm to people. One staff member told us how they looked for signs of blockage or urinary infections when they supported someone with a catheter. Another staff member told us how they supported a person to transfer safely using specialist equipment. One person who staff supported with equipment told us, "They [staff] use slide sheets, sling and hoist effectively. I am very confident in how they support me with these."
- Risk information was written into each care call schedule, rather than a specific risk assessment. We discussed this with the registered manager who agreed to complete separate risk assessments so if there were any changes to risks, staff would have this information to help keep people safe.

Using medicines safely

- People were supported by trained staff to take their medicines, where this was an agreed part of their care and support.
- Staff completed medication administration records (MAR) to record when they administered people's prescribed medication and topical preparations such as creams. MARs directed staff what medication to give and administrations had been signed for. For topical creams, staff followed body maps to show where those creams were required.
- The registered manager told us staff's medicine competency was checked throughout the year. Those competency checks formed part of observed practice checks on staff. This helped ensure staff followed safe practices when handling medication.

Staffing and recruitment

- Staff were recruited in a safe way. Two staff employment records reviewed showed staff had been recruited safely. Safe recruitment checks included obtaining references and checks using the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff allocated to people's care calls. Where 2 two staff were expected, people and

staff told us this took place.

- There had been no recorded missed care calls to people. People were mostly happy with staff's timekeeping and told us they received a phone call to inform them if staff were going to be late.
- Staff told us their rotas were planned to allow for time and travel time between calls. With the odd exception, staff were not rushed during or between care calls.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Comments included, "I trust them [staff] and I get on well with them. They are friendly, efficient and like friends that come around to help." Another person said, "Oh yes, I'm safe. I am used to them [staff]."
- Staff recognised signs of poor practice and abuse. Staff told us they had never seen anything of concern, but if they did, they would report this to a manager.
- The provider had safeguarding policies which staff could refer to if needed. The policy contained important contact information about reporting safeguarding concerns.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) when needed and this was worn in line with good practices.
- At the time of our inspection, COVID-19 government guidance stated care staff were no longer required to wear face masks.
- The nominated individual informed us they directed staff to wear face masks on all care calls, as good practice, to help reduce risks of infection. People and relatives confirmed this happened which helped them feel protected from cross infection.

Learning lessons when things go wrong

- Where concerns were known, action was taken to investigate and ensure re-occurrence of similar issues was avoided. Where people had fallen, these were reported and reviewed to ensure further falls were minimised.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people related to supporting them with personal care, for example.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained 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.

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

At our last inspection, the provider did not demonstrate effective governance, including assurance and auditing systems or processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- At this visit, we found some improvements had been made to ensure the service was what people expected. Systems to monitor the quality of recording, medicines management and people's care call times were improved. Regular audits were completed, and actions were taken when improvements were needed. For example, staff received supervisions, training or further support if issues were identified.
- Positive improvements included processes to monitor the quality of daily records, staff recruitment, training and supervisions. Documents we needed to see were accessible during our inspection and maintained in good order.
- Whilst improvements were seen, we did find some checks were not always completed promptly. The registered manager and nominated individual told us following our last inspection, they decided to back date all of the checks to 2021. This meant current audits were delayed by 3 months. The registered manager planned to revise this so completed audits would be more up to date and manageable.
- Since our last Inspection, the owner had passed away. A new registered manager had taken over the day to day management of the service from August 2022. They explained some of the challenges and the actions their team had taken, to drive the service forward and to continue to support those people they cared for. Plans were continually adapted to improve the service.

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

- People and relatives were complimentary of the service. Comments included, "All very good" and "I am satisfied with all aspects of my care."
- Staff spoke positively of the new registered manager and the improvements within the service. Staff said the whole management team were open, honest and supportive. One staff member told us, "They're the best...The new manager's good, she's only just started...They're doing a good job." Another staff member said how they enjoyed working for this provider. They said, "They [managers] appreciate everything we do. They tell us that and they have bought us things in the past." The staff member told us, "We have 'carer of

the month', we get flowers, drink and a voucher."

- The registered manager said they wanted staff to feel valued and rewarded for the work they did.

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 management team were aware of how to address and respond to any concerns or issues. The provider sought feedback from people and where any incidents had occurred, these were shared with families and /or agencies if they needed to be informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they were asked for their feedback of the service. Where people made changes to their care, they were listened to and those changes were made.
- Analysis of feedback completed by the registered manager showed people and / or their relatives were pleased with the service. Where suggestions were made, these were considered. For example, staff's continued use of wearing face masks.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other healthcare and external professionals. This included district nurses, GPs and the fire authority. Where support and guidance were given, this was followed.
- The registered manager sought to continuously improve their knowledge. For example, learning from previous inspections and updating their knowledge now they held a management position. The registered manager told us they were willing to learn about new practices and guidance related to care practices and improving standards at Bella Home Care.

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 had met the legal requirements to display the services latest CQC ratings on their website.
- The registered manager responded positively to our visit and was committed to address the improvements we discussed at the time of our visit.