

Ms Lorraine Durrance

Belvoir Home Care

Inspection report

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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 

Overall summary

We inspected the service on 12 January 2016. Belvoir Home Care provides a care and support service to people who live in their own homes. This is a small service and at the time of our inspection 37 people were receiving care and support.

The service had a registered manager in place at the time of our inspection. 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.

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority and ourselves when needed. Our records showed we had received statutory notifications in a

Summary of findings

timely manner. Staffing levels were sufficient to support people's needs and people received care and support at the times they required it. People received the level of support they needed to safely manage their medicines.

People were supported by staff who had been given sufficient training to provide them with the knowledge and skills to provide appropriate care and support. The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. People were asked to provide their consent to the care being provided.

People received the assistance they required to have enough to eat and drink and people were supported to make appropriate referrals to health care professionals when needed. They were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate way. People who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 safe.

People felt safe and the risk of abuse was minimised as the provider had systems in place to recognise and respond to allegations or incidents. They received support they needed to manage their medicines.

There were enough staff to meet people's needs and staff responded to people's needs in a timely manner.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People made decisions in relation to their care and support.

People were supported with their nutritional and fluid intake and staff supported them appropriately if their health needs changed.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The service was responsive

People, or those acting on their behalf, were involved in the planning of their care and staff had the necessary information to promote people's well-being.

People felt able to raise concerns which were responded to appropriately

Good



Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

Good



Summary of findings

There were systems in place to monitor the quality of the service.	
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Belvoir Home 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.

We inspected the service on 12 January 2016. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as we needed to be sure the registered manager would be in. Because the service is small and the registered manager is often out of the office supporting staff or providing care. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted the local authority who commission services and fund the care for some people who use the service and asked them for their views.

Prior to our visit to the office we carried out telephone interviews with three people and two relatives of people who used the service. During the inspection we spoke with one relative of a person who used the service. We spoke with five members of staff and the registered manager.

We looked at the care records of four people who used the service and four staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff who came into their homes to care for them. One person told us, “Yes they are very friendly they call up to let me know they are here in a morning so I know who’s there.” People were aware of what to do if they felt unsafe or were not being treated properly. One person told us, “[I would] talk to the carers or ring the office, but I have no concerns they do look after me properly.” Relatives we spoke with had confidence in the care staff who went into their relations’ homes. One relative told us, “Yes they seem honest and have hearts of gold.”

People were supported by staff who knew how to keep them safe. Staff we spoke with showed a good understanding of different types of abuse. They were able to provide a description of the types of abuse people they cared for could experience and what their responsibilities were in regard to reporting abuse. Staff told us they would document any incidents of concern and ensure the registered manager was aware. Staff we spoke with were all aware they could report issues of concern to ourselves and the local safeguarding team. One member of staff told us, “I have a duty of care to the people I look after, I would report any issues to my manager and I could go to the safeguarding team or you [CQC].”

The registered manager was aware of their responsibility with regard to keeping people safe. They were aware of their managerial role in reporting safeguarding issues when required, and they had developed and trained their staff to understand and use appropriate policies and procedures to ensure they understood their role in safeguarding people.

The risks to people’s safety had been appropriately managed by the registered manager and staff. People’s care plans contained information about how staff should support them to keep them safe but still allow the person to maintain their independence. For example there were risk assessments on different people’s mobility needs. The care plans detailed what aids should be used and when and how to offer help to individuals. People we spoke with told us the staff used equipment required for their care safely and the care they received was tailored to their condition. One person told us, “Yes they know what I need, I am not very good on my legs but they let me do as much as I can.”

People told us staff managed the security of their homes to keep them safe, a number of people had key safe boxes and staff needed to let themselves in and out of properties. One person told us, “Yes I have a key safe that they use. When they go at night they check all my doors and give the front door a rattle to let me know it’s locked.” Staff we spoke with were very clear about their responsibility to maintain people’s security, one member of staff told us they knew the security routines of the people they cared for but always checked what the person wanted before they left a property.

People we spoke with told us they felt there were sufficient staff to meet their needs. The staff were generally on time and if they were going to be held up they would ring to let the person know. One person told us they had had a missed call some months ago. They told us the registered manager had dealt with the problem and there had been no further issues. Another person told us the staff didn’t rush them when they provided care and they made sure the person had all the things they needed before they left.

Staff we spoke with told us that they felt there was enough staff to meet people’s needs. One member of staff told us, “There is enough staff but we are a growing business and the manager is always recruiting to match this.” Staff told us they felt they had enough time to provide care for people on each call. One member of staff told us, “Yes there is enough time on the calls, but sometimes not enough travel time between calls.” We discussed this with the registered manager who told us as the business had taken on more clients and she and the office manager had been working on the rotas to manage calls to reduce the travel distance between calls. We examined rotas and saw how the changes had reduced the distances staff travelled between calls.

The registered manager had taken steps to ensure people were protected from staff who may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers make safer recruitment decisions. We also saw references had been obtained prior to employment and retained in staff files.

People’s medicines were managed safely. One person told us, “I take them but the girls get them out and check them for me to help me.” Individual care plans gave details of what help if any each person needed as some people

Is the service safe?

managed their own medicines. Staff knew how to safely support people to manage their medicines and had undertaken training in the safe handling of medicines which consisted of a face to face training programme, a competency assessment and regular spot checks on their practice. Staff showed a good understanding about

ensuring people received their medicines in a timely way. One staff member told us if they were late giving a person their medicines they would record this clearly and let the office staff know so the next member of staff who visited would adjust their time accordingly.

Is the service effective?

Our findings

People we spoke with told us they felt the staff who cared for them were competent and received the right training to do their job. One person told us, “Yes they tell me when they have had training and they do the job properly.” Another person told us, “I don’t know a lot about their training but they are very good and know what they are doing.” The relatives we spoke with also confirmed that staff were well trained, one relative said, “Yes staff are trained properly they have to use different pieces of equipment and they all know how to operate things.”

People were cared for by staff who were given relevant training and regular support. Staff told us they had received induction training and were supervised when they were first employed. They discussed the different elements of the training which included health and safety, safeguarding adults, moving and handling and fire training. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service. One staff member told us they had been well supervised when they first started. They had felt able to tell the registered manager they needed further supervision when supporting a particular person and the support was given.

The provider matched the training they provided to the needs of the service. They had recently employed their own trainer who had completed a nationally recognised teaching certificate. The trainer supported staff with classroom based training, competency assessments and undertook spot checks on staff’s working practices. The registered manager told us this meant they were able deliver an effective ongoing training programme to their staff and support individual members of staff with particular training needs.

Staff told us they were supported with regular supervision meetings and confirmed that one of the management team observed their practice. One member of staff told us, “Supervisions are regular and we are able discuss things, but we can come in anytime to talk to the manager.” They told us they received a yearly appraisal. Another member of staff told us, “Yes I always feel these are useful you can discuss the different courses you can do to help with the job.” Records we saw confirmed the supervisions had taken place.

People who used the service told us they were asked to provide their consent before any care was given. They told us that staff always checked what they wanted before doing anything. One person said, “Yes they always check if it’s alright to do things.” Another person told us, “On yes its part of the routine.” A relative we spoke with told us their relation could not give their consent verbally but staff always asked the person if they could provide care and could tell from the person’s expressions if it was acceptable to continue.

The registered manager displayed an understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager told us they had recently discussed the mental capacity of a person with their relative and had requested a capacity assessment from the local mental health team.

Staff we spoke with had an understanding of the MCA and described how they supported people. One member of staff told us, “The starting point is to assume that people can make their own decisions. If they can’t then we should assess this properly.” They went on to say, “Some people can make day to day decisions but struggle with big decisions, people should be allowed to make the choices they can make.”

People were supported to eat and drink enough to keep them healthy. Some people needed support with shopping and other’s needed help to prepare meals. People told us staff supported them appropriately, one person told us, “They will do shopping if I need it, but they prepare my meals.” They went on to say “Yes they keep the kitchen tidy and make sure food is sorted [labelled and not past the sell by date].” Another person told us, “One day a week they do shopping but I manage my meals.” Relatives told us where necessary staff weighed their relations and recorded their food and fluid intake to monitor any weight changes. Any significant changes were discussed with relatives and further help and advice sought from the appropriate health care professionals. People’s individual needs were recorded in their care plans.

Is the service effective?

People who used the service could be assured that staff would support them with their healthcare needs. Where staff were responsible for assisting people to make healthcare appointments, this support was provided.

People we spoke with told us that their relatives were able to take them to appointments most of the time, but if needed care staff also took them to appointments. Staff we spoke with told us they observed the health of the people they cared for and if they felt there was any issue they

would respond appropriately. One staff member told us, “It would depend on if they had family you could talk to, but we always speak to the office [staff] so we can sort issues out quickly.”

Staff told us as well as getting regular feedback from the office team about changes to people’s health they also spoke to one another and used the awareness sheets which had been introduced. These sheets allowed care staff to leave simple messages for the next staff member so they were aware of any changes to people’s circumstances on a day to day basis.

Is the service caring?

Our findings

People we spoke with told us the staff who provided care for them were genuinely caring and took the time to ensure they gave good care. One person told us, “Yes they [staff] are very kind I know they like coming to me.” Another person said, “Yes [staff are] very kind and caring we enjoy a laugh.” Relatives we spoke with told us they felt staff were caring and compassionate, one relative told us, “The staff want to look after [name] it’s not just a job.”

People who used the service could be assured staff had a good knowledge of their needs. Their likes and dislikes were known to the staff and were accommodated. Staff we spoke with were able to describe in detail the needs of the people we asked them about. It was clear they understood the individual needs of the people they cared for, they spoke warmly about them. Staff told us they enjoyed looking after the people they cared for. One staff member said, “I enjoy this job I wouldn’t do it if I didn’t.”

People received the care they needed in the way they wanted. Wherever possible people received care from the same group of staff, and people spoke warmly of the staff who supported them. One person told us, “Yes I get the care the way I want it, and if I want something different on a particular day they do this.” One relative told us that their relation received care a number of times a day which required two members of staff to help them. They told us they would only see approximately eight different staff throughout the period of a month. Relatives we spoke with told us the registered manager and her staff listened to them with regard to their relations’ care. One relative told us, “Yes they do listen and they ring me for my opinion, we have a good rapport.”

Staff we spoke with told us that people should be able to make their own decisions about the care they received. One member of staff told us, “People are asked exactly

what they want. Each time we go we check that the routine is what people want.” Care plans were put together by the office manager who sat with people and their relatives when they started to use the services of the agency. We saw the care plans had been signed by people who used the service or their relatives. The plans were regularly reviewed with people who used the service and their relatives. The registered manager encouraged people and their relatives to develop and update their care plans. A relative we spoke with whose relation was not able to discuss their care plan verbally with staff told us, “I was involved with the care plan, and if we suggest things they listen and change them.” The relative told us their relation was able to show their understanding and consent by the use of facial expressions and gestures

The registered manager told us that two people who used the service had the support of an advocate. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us discussions were held at a person’s initial assessment to ensure they were aware of advocacy and things were reviewed should a person’s circumstances alter.

The people we spoke with felt they were treated with respect and staff maintained their privacy and dignity. One person told us, “Yes they do [maintain privacy] they are very careful.” Relatives we spoke with were confident their relations were treated with respect and their privacy was maintained.

Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect. They were able to give examples of how they maintained people’s privacy when providing personal care. The registered manager told us privacy and dignity training was included in the induction programme.

Is the service responsive?

Our findings

People we spoke with felt their individual preferences were known by staff and they felt encouraged to make independent decisions in relation to their daily routines. One person told us, "They [staff] look after me the way I want, they always listen to what I have to say." Another person told us, "Yes if there is something I want they sort it." Relatives we spoke with had confidence in the service and they told us their relations' preferences were considered. One relative spoke to us about their relation's independence, they told us, "[Name] thinks they don't need help." They explained how staff dealt well with supporting the person without making them feel their independence was compromised.

People who used the service and their relatives were involved in planning their own care. They were aware of their care plans and one person told us, "I have helped with the care plan, they explained everything and we decided together how things would work." Another person said, "Yes I was [involved] we sat and went over things together. A relative we spoke with told us they reviewed their relation's care plan with staff regularly.

Staff we spoke with told us there was up to date information in people's care plans that allowed them to give the correct support for the people they cared for. They told us the office manager and co-ordinator reviewed them regularly. One member of staff told us that staff also fed back information to the office manager and care plans were updated accordingly.

People's care plans contained information about what they enjoyed doing and staff supported them by ensuring they had the things they needed around them before they left their house. One person told us, "They always make sure I have the things I want close to me before they go, my books and the TV remote control."

Staff we spoke with were knowledgeable about the social support the people they cared for had in place. One

member of staff told us that a lot of people had regular visits from family and friends but they were aware of the possibility of people becoming isolated in their own homes. They said, "If there were any issues where I felt someone was very lonely, isolated or depressed I would report this." Staff were aware of the importance of spending time talking to people on their visits, they told us they stayed for the allocated time of the visit and had time to chat to people during the visit.

People we spoke with felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff caring for them, or the registered manager, and they believed their concerns would be responded to in an appropriate way. One person we spoke with told us, "Yes you just have to ring or say and all concerns are dealt with, they always listen and try to make it right." One person we spoke with told us they had made a complaint to the registered manager, they told us, "Yes I did complain about a missed call and they dealt with things well." Relatives we spoke with had confidence in the agency's ability to deal with any concerns. One relative told us, "Yes if we bring any issues up they always follow them up."

The registered manager told us they tried to deal with concerns and complaints early to reduce any anxiety for the people they cared for. The agency had received four complaints, we saw records which showed the complaints had been dealt with appropriately. The registered manager told us they discussed the complaints procedure with people at their first assessment and left a copy of this with them. People we spoke with confirmed they had a copy of the procedure.

Staff we spoke with were clear about how complaints were managed, as part of their induction they were made aware of the complaints policy and procedure. One staff member told us, "I would speak to someone in the office and there is a verbal complaint form I would complete."

Is the service well-led?

Our findings

There was a registered manager in post and she understood her role and responsibilities. Our records showed she had submitted notifications to us in a timely manner. The office staff had allocated roles and were also aware of their responsibilities. People told us they had confidence in the registered manager and felt able to approach her if they wanted to discuss anything. One person told us, “Yes she is very good hearted.” People we spoke with told us either the registered manager or office manager was readily available should they need to speak to them. One person told us they needed to change a time of one of their calls. They had spoken to the office manager who had sorted out the issue with no problems. A relative we spoke with told us the management team were responsive and they could speak to someone at any time. We asked people if they felt the service was well led and everyone we spoke with felt it was. One person told us, “Yes they are organised.”

Staff we spoke with told us they enjoyed working in the service. They told us the registered manager and office manager was readily available to them, the people who used the service and their relatives, and were visible leaders. The management team were on call at any time if people who used the service, relatives or staff needed any support. People we spoke with and staff told us the registered manager and office manager were a visible presence and part of the team. They told us if they needed to they would assist with delivering care to people.

Staff we spoke with felt the registered manager was open and promoted an open culture in the service. One staff member said, “Yes they are very open.” The member of staff told us the management team gave constructive feedback to staff.

We found staff were aware of the organisation’s whistleblowing and complaints procedures and told us they would feel confident in initiating these. One member of staff told us, “Yes I know there is a [whistleblowing] policy and I would use it if I needed to.” Another member of staff told us they would feel comfortable raising a concern they said, “Yes staff can talk to the manager or whoever is on call about any worries.”

People who used the service benefited from good care given by staff who were effectively supported and supervised by the registered manager. Staff told us, and records showed that staff had attended supervision sessions and annual appraisals. There were regular staff meetings and training sessions. One member of staff told us, “The meetings are about every three months and we also see one another at training.” Another staff member told us they had meetings when they could, they said, “We pop in the office informally to chat about things.”

People who used the service, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. We saw the information and action plans from the last survey [2015] which showed a high level of satisfaction among the people who used the service. People we spoke with confirmed they had been given the opportunity to take part in the annual surveys.

The registered manager also used audits to assess and monitor the quality of the service provided. We saw completed audits relating to areas such as care plans and medicine management. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.