

Bellevie Care Ltd

# BelleVie North East Area

## 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 ●

# Summary of findings

## Overall summary

### About the service

BelleVie North East Area, referred to as BelleVie in this report, is a new service registered to provide support to people living in their own homes in Northumberland and County Durham. The service is registered to provide personal care to older people, people living with sensory impairments, people living with dementia, people living with mental health issues, people living with physical disabilities and people living with a learning disability or autistic spectrum disorder.

Not everyone using BelleVie receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care.' This is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. On the day of our inspection BelleVie were supporting eight people with the regulated activity of 'personal care.'

### People's experience of using this service and what we found

People said they received good care and staff were kind and caring. Staff treated people with dignity and promoted their independence. People said they were happy with the care provided.

Risks were identified and managed appropriately. Recruitment procedures were values-based and robust. There were enough staff to meet people's needs and people were protected from the risk of abuse. Staff had been trained in infection prevention and control and used personal protective equipment to help keep people safe. Calls were on time and lasted for the correct duration.

Staff had the skills and knowledge to carry out their role effectively. Staff training in relevant areas was up to date. The staff team was self-managing. This meant the whole team worked together to ensure people received good care and experienced effective communication. Staff told us they liked the self-managing model as it was empowering and made them feel valued and listened to.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were provided with the right support which enabled them to make choices and promoted their independence. People received the right care that was provided in a person-centred

way which promoted their dignity. The service provided the right culture for people in an environment where they were included and empowered by care staff.

Care records were person-centred and reflected people's current needs. People were involved in decisions about their care. Staff were aware of people's communication needs and how best to support them. People's concerns and complaints were dealt with promptly and consideration was given to how improvements were made.

People's views and opinions of the service were sought and acted on. People told us the service was well managed. Effective systems were in place to monitor the quality of care and support provided. We found the management team receptive to feedback and keen to improve and develop the service. The registered managers worked with us in a positive manner and provided all the information we requested.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 2 September 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service had not previously been rated.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Good** ●

### **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 well-led.

Details are in our well-led findings below.

**Good** ●

# BelleVie North East Area

## 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 carried out by one inspector and an Expert by Experience. 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 homes. The service had two managers registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because we needed to make arrangements to ensure both registered managers were available and to contact people to gather their feedback.

Inspection activity started on 27 October 2021 and ended on 29 November 2021. One inspector visited the office location on 3 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they were registered with us. This information helps support our inspections. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

An Expert by Experience spoke with four people who use the service and three relatives on the telephone on 4 November 2021. We spoke with the two registered managers and reviewed a range of records. This included four people's care records and three staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received feedback from three staff members. We continued to seek clarification from the provider to validate evidence found. We looked at accident procedures, medicine administration records and people's end of life choices.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with who used the service said they felt safe.
- Staff had completed safeguarding training and had access to relevant policies and procedures. They understood how to raise any concerns about poor practice.
- The registered managers and staff were clear about when to report incidents and safeguarding concerns to other agencies.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and well managed. A relative told us, "Staff are very professional, pro-active and thoughtful regarding safety."
- People's care plans included risk assessments about current individual care needs and their home environment. Control measures to reduce risks, such as trip hazards, were set out in care plans for staff to refer to.
- Although no accidents and incidents had occurred, the provider had systems to ensure these could be appropriately recorded and lessons could be learnt. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

Staffing and recruitment

- People and relatives told us staff were on time and had enough time to care for people safely. One person said, "Staff are always on time and do all I ask." A relative said, "There have been no late visits. The agency is very good at communication."
- A robust values-based recruitment system was in place. Recruitment procedures were safe and thorough. Staff files contained references and other appropriate background checks.
- There were enough staff to meet people's needs safely. People received consistent care from staff who knew them well.

Using medicines safely

- Medicines were managed and administered safely. People and relatives were happy with the way they received medicines. One person said, "I take the right pills at the right time. Some of my medication is quite strong and they make sure I take it safely."
- People were encouraged and supported to take their own medicines where they were able to do so and a risk assessment deemed this appropriate.
- Staff completed training in medicines administration and their competency to administer medicines was assessed regularly.

### Preventing and controlling infection

- Staff had completed training in infection prevention and control and were provided with the personal protective equipment they needed. A relative told us, "Staff always have face masks, gloves, aprons and wash their hands frequently."
- The provider had relevant policies in place to support effective infection prevention and control.

### Learning lessons when things go wrong

- There were systems in place to reflect on events and ways of working. The registered managers gave good examples of where things had been improved as a result of such reflection. Staff were encouraged to share their learning and discuss best practices at team meetings.

# 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 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

- People's care needs were assessed before they started to use the service. Assessments were centred around each person's needs and choices. There was clear involvement of the person and detailed descriptions of care tasks with a focus on the person's wellbeing, which led to a holistic approach.
- Care records included evidence of people's consent to their care and support. People we spoke with confirmed consent was sought appropriately.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. Staff had completed training in relevant areas to ensure they could carry out their role safely and competently.
- People told us they were happy with the support they received and felt staff were competent. One person told us, "Staff do their job well." A relative said, "They are well trained. One staff member goes over and above with the support they give."
- The traditional way of staff supervision was replaced by a 'confirmation of practices' system which took place between staff. Staff followed a template that guided them to consider their own strengths and competencies in various areas, receive feedback from a buddy (a colleague) and commit to improving practices or developing skills in certain areas if required. Staff told us they liked this method and felt well supported.

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

- Staff supported people with eating and drinking where they had needs in this area. One person told us, "I'm happy with it the care overall, especially the cooking. I get curries and the food I would choose to eat."

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

- People's records included contact details for GPs and immediate family members, and information about individuals' healthcare conditions. This helped staff recognise any deterioration in health so they could contact people's relatives and health and social care professionals.
- A relative told us, "Staff will call a GP and have already done so. They took the initiative."

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection nobody using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation.
- People told us they were involved in decisions about their care.

# 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; supporting people to express their views and be involved in making decisions about their care

- People were supported by a kind and caring staff team. People spoke positively about the service and the good quality of care provided. One person said, "I have good conversations with the staff and good laughs. I look forward to them coming. I call them angels on legs." Another person told us, "Staff are kind and caring. I can tell this by the way they speak to me." A relative said, "Staff are kind and [family member] is delighted with them."
- People told us staff supported and encouraged them to maintain their independence, which was important to them. People told us how much they valued the service as it enhanced their life. One person said, "I have a most enjoyable time with the staff. They are good company."
- People's care records reflected people's communication needs, for example, if a person had a hearing impairment, and how staff could support them with this. They also included information about their diverse needs, such as religious and cultural needs where relevant.

Respecting and promoting people's privacy, dignity and independence

- People, and where appropriate families, were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing their care plans and their views were listened to and respected.
- People's information was stored securely and used appropriately in line with the provider's policies and government regulations. Each staff member had own secure login details to access any information stored electronically.

# 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

- People received care and support that was focused on their individual needs, preferences and the things which were important to them. Staff monitored people's changing needs and brought these to the immediate attention of managers, who promptly arranged for reviews or referrals, as required. Care plans reflected people's current needs.
- The management team and staff understood the importance of promoting equality and diversity and respecting individual differences. Staff we spoke with knew people's needs and preferences well.

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.

- The service was meeting the AIS. People's communication needs were assessed and appropriate measures were put in place to support them.
- Care plans contained relevant information about people's communication needs and information could be provided in different formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend events and do activities they valued, if this was in line with their care plan. People's care plans included information about their life histories and how they wished to spend their time.
- Care records included information about important relationships.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns, although nobody we spoke with had any. The service took a proactive approach to complaints and staff engaged with this. For example, identifying potential causes for complaints and taking mitigating action.
- Concerns or complaints were dealt with in a timely and appropriate way.

End of life care and support

- Care records contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us the service was well managed and they were happy with the care provided. One person said, "It is a brilliant agency. I depend on them and they are reliable. Someone from the agency gave me a ring recently and asked if I was happy with my care. I have been with them about a month. I am so grateful for them. It makes a big difference to my life. I couldn't manage without them." A relative told us, "The agency has exceeded my expectations. I certainly would recommend them."
- The provider used various electronic systems to record information about people's assessed care needs, capture any risks and share updates about changes in people's presentation so these could be acted upon.
- Staff were committed to promoting positive outcomes for people who used the service. Staff were familiar with the aims of the service and the quality of care expected.
- Staff knew people well and encouraged people to make decisions about their care and support.
- Staff were committed to providing high standards of care and support. Staff told us the registered managers were approachable and supportive.
- Care records were person centred and people had been involved in their development and review.

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 managers understood their responsibilities regarding the duty of candour.
- Good relationships had been developed between management, staff and people using the service and their relatives. When improvements were identified these were discussed in staff meetings.

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

- The registered managers undertook a range of regular audits and checks to help ensure high standards were maintained. All aspects of the service, including spot checks on staff practice were monitored. Where further improvements were identified these were actioned promptly.
- The staff team was self-managing. This meant the whole team worked together to ensure people received good care and experienced effective communication. Staff told us they liked the self-managing model as it was empowering and made them feel valued and listened to.
- The registered managers were open and responsive to our inspection feedback. They were passionate about the service and committed to continuous improvement.

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

- Feedback from people who used the service and their families was regularly sought and acted upon. People told us the service was well-managed.
- Staff told us they liked the self-managing model as it was empowering and made them valued and listened to.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to enable effective co-ordinated care for people.