

Belong Limited

# Belong at Home Warrington

## Inspection report

Loushers Lane  
Warrington  
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30 July 2019

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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

Belong at Home Warrington is a domiciliary care service providing support to people in their own homes. Not everyone who used the service 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. At the time of the inspection, the service was supporting 10 people with personal care.

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

People told us they received safe and consistent care. There were sufficient numbers of staff employed and they had been recruited safely. Staff were aware of safeguarding procedures and how to raise any concerns they had. Risk to people had been assessed and measures were in place to reduce any identified risks.

People's needs had been assessed before support commenced and this information was used to create detailed plans of care to ensure staff were aware of people's needs and how they wanted to be supported. Staff were supported in their roles through a robust induction, regular training and ongoing supervisions. When needed, staff effectively met people's nutritional needs and supported people to access healthcare services if required. 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.

Staff were kind, caring and knew the people they supported well. People told us staff treated them with respect, protected their dignity and provided support in ways which promoted their independence. Records showed people were involved in their care and were given information to help them make decisions about the support they received.

People told us they received care that met their individual needs and was based on their preferences. Staff were aware of people's individual communication needs and how best to interact with them. People were able to access regular activities at 'The Venue', one of the providers buildings that offered a range of services. Staff supported people to access these activities and trips if necessary.

People's feedback regarding the quality of the service was very positive. Staff told us they enjoyed their roles and would recommend the company to others. Systems were in place to monitor the quality and safety of the service and the registered manager was fully aware of their responsibilities.

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 previously registered as part of Belong Warrington Care Village. The domiciliary part of the service registered independently, as Belong at Home Warrington on 16 August 2018 and this is the first

inspection as a newly registered service.

#### Why we inspected

This inspection was undertaken in line with our inspection schedule for newly registered services.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Belong at Home Warrington

## 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

This inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and apartments.

The service had a manager 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

We gave the service one working days' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 29 July 2019 and ended on 30 July 2019. We visited the office location on 29 July 2019 and met with two people using the service. On the second day we contacted more people who used the service and staff members by telephone, to gain their views.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. 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. We used all of this

information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, senior support workers, support workers and the practice development facilitator.

We reviewed a range of records. This included three people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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

- Staff had received safeguarding training and a policy was in place to guide them. Staff were aware how to raise any concerns they had.
- A whistleblowing policy was also in place and staff were aware of the procedures to follow with regards to this.
- There had not been any safeguarding concerns to report.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and records showed that measures were in place to mitigate those risks. Risks to the environment had also been assessed to help ensure staff worked in a safe environment.
- Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm.
- People told us they received support that helped them to feel safe. One person said, "Staff are lovely, we get on well and I feel very safe."
- Some people had access to pendant alarms to enable them to get help in the event of an emergency.
- People had contact details for the service and told us they could call the office at any time. An on-call system was in place to ensure advice and support was available to people and staff out of hours.

Staffing and recruitment

- Enough staff were recruited to support people at the times they wanted to be supported. The registered manager told us they were constantly recruiting to enable the service to grow. They only agreed to support people once sufficient numbers of staff were available to provide the required support.
- Staff were safely recruited by the provider as necessary pre-employment checks had been completed.
- People told us they were supported by staff they knew. They were always introduced to any new staff before they provided support.
- When required, people received a rota, so they knew who would be supporting them at each visit.
- People told us staff arrived on time and always spent the full amount of time they were scheduled to.

Using medicines safely

- When people required support with their medicines, we found that they received them safely and as prescribed. However, audits identified several missing signatures on medication administration records (MARs), although daily records showed medications had been administered. We found that most records were completed accurately, but a small number of gaps were still present. The registered manager had acted to try to address this and we discussed further action that could be taken.

- Medicines were administered by staff who had completed relevant training and had been assessed as competent.

#### Preventing and controlling infection

- Staff had access to gloves, aprons and hand gel to help prevent the spread of infection.
- There was an infection control policy to guide staff practice in this area and staff had undertaken training.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded appropriately. All incidents were reviewed, and a tracker form used to help ensure all appropriate actions were taken.
- Records showed that appropriate actions had been taken following incidents and accidents, such as reviews of care plan, discussions with family and seeking medical advice when needed.



# 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 needs were assessed prior to support being provided to people, so that staff were aware of people's needs and to ensure they could be met by the service.
- Detailed plans of care were developed based on the initial assessments. These plans were reviewed regularly.

Staff support: induction, training, skills and experience

- New staff completed a detailed induction when they started in post. This included three classroom days where training was completed, followed by shadowing of more experienced staff.
- Following training provided at induction, there was a regular programme of relevant courses available to staff. Staff told us they could request any training they felt would benefit them to support people effectively and meet their needs.
- People told us they thought staff were well trained. One person told us, "[Staff] know what they are doing."
- Staff told us they were well supported in their roles. They received regular supervisions and annual appraisals and were able to raise any issues or concerns with senior carers or the registered manager.

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

- Care plans recorded when people required support preparing food and drinks and whether they had any specific dietary requirements or preferences.
- When needed, staff supported people to go shopping to buy their own food.
- One person told us they liked to go to The Venue once a week to enjoy the fish and chips in the bistro. The Venue is part of the wider Belong services, that is available to Belong at Home Warrington customers.

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

- Staff told us they would report any concerns regarding people's health to the registered manager, so they could liaise with family or the person's GP if appropriate.
- People were supported by staff to attend healthcare appointments when required.
- The registered manager told us they contacted relevant health professionals if people's needs changed and required their advice.

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.

- People told us staff always asked for their consent before supporting them.
- The registered manager was aware of their responsibilities regarding the MCA and what they needed to do if they felt people were being restricted and required a referral to the Court of Protection. Nobody being supported at the time of the inspection required this.
- People had consented to their support plans and for support with medicines, access to their home and sharing information.
- When an authorised Power of Attorney was in place for people, this was evidenced to help ensure relevant people were involved in decision making.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them with respect. Comments included, "They are fabulous, I think they are lovely girls and I am very happy with them" and "They are really lovely; respectful." Another person said, "I couldn't manage without them, we are all friends."
- Staff knew the people they supported well. Staff spoke warmly about the people they supported and language they used in records about people was respectful. One staff member told us, "It doesn't feel like a job, more like helping friends out."
- New staff were introduced to people by a senior member of staff who already knew the person, before they were expected to provide care. This meant people received support from staff they knew, who knew them, their needs and how they wanted them to be met.
- Staff understood how to effectively communicate with people. They knew when people required additional support due to hearing or visual impairment. Care plans had been developed to reflect this.
- The service received many compliment cards from people who used the service and their relatives. Some comments included, "All your staff were wonderful, always kind and cheerful, understanding and friendly. They were support for us as a family", "They have gone the extra mile" and "A breath of fresh air."
- There was an equality and diversity policy in place and people told us they were not discriminated against. Staff were open to people of all faiths and beliefs and supported them to meet their needs. For example, one person who no longer attended church, was supported to attend The Venue each week to join in with the Songs of Praise and they told us they enjoyed that.

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

- Records showed that people were involved with their support plans and participated in the regular reviews to ensure they were happy with the support provided.
- A service user guide was available to people. This provided information about the service and what people could expect to help them make decisions about their care.
- People had access to local advocacy services within their care files and staff would support people to access these services if required.
- People's views of the service they received was sought through care reviews and satisfaction surveys. The surveys provided people with an opportunity to feedback their views of the service and any changes they felt may be necessary. One person wrote, "I enjoy your company and appreciate your support" and a relative stated, "My [relative] could not have had better care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff always protected their privacy and dignity when they supported them. Staff agreed

and told us they always ensured care was delivered in private, that doors and curtains were closed, and people had towels to cover them during personal care.

- Staff were provided with the time and training required to provide person-centred support. Visit times were based on people's preferred times and were adjusted when necessary to meet their changing needs.
- Staff told us they always encouraged people to be independent and this approach was promoted in people's care plans.
- Records containing people's private information were stored securely to ensure confidentiality.
- People told us they had choice and control over the support they received, from which staff supported them, to what meal staff prepared for them.

# Is the service responsive?

## Our findings

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

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

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

- People's individual needs had been assessed and care plans had been developed to meet those needs in a person-centred way.
- Care plans were detailed and provided clear information as to the support people needed, their daily routines and how they wanted staff to support them at each visit.
- People's preferences were reflected throughout their plans of care. They also included information about people's life history, hobbies and important relationships. This enabled staff to get to know people as individuals.
- Care plans were reviewed regularly, and people were involved in these reviews to ensure care remained effective for them.
- The registered manager understood how beneficial continuity of care was to people. People told us they always knew staff that came to visit them and usually always had the same core team of carers.

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.

- People's care plans included information regarding their individual communication needs. This helped ensure staff communicated with people in ways that they could understand. A staff member described how they communicated effectively with a person who was unable to verbally communicate with staff.
- The registered manager told us they could provide records in different formats should it be 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

- The service supported people to continue their interests and enhance their wellbeing. For example, one person enjoyed trains and staff supported them to attend a local steam train fair.
- The Venue hosted regular activities onsite and within the community that people receiving support could access. Activities included barge trips, Albert Dock, quizzes, bingo, crafts, cinema club and table tennis. A weekly schedule of activities was provided to people, so they knew what was taking place.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and details of how to make complaints was included in the service user guide.

- People told us they knew how to raise their concerns and would not hesitate to contact the office if they needed to.
- The registered manager maintained a file for any complaints received. There had not been any recent complaints.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Staff had received end of life training to help ensure they could support people, and their families effectively when required.

# 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

- Staff felt well supported in their roles by the management team, and they all worked together as a team. One staff member told us, "[Registered manager] is probably the best manager I have ever had. We are treated like family, not just a number." Another staff member said, "I feel very lucky I stumbled upon Belong when I did." A third staff member commented, "[Registered manager] has been a fantastic mentor, he knows a lot."
- Staff enjoyed their roles and told us they were proud of the service they worked for. One staff member told us, "I like the [organisations] beliefs. It is all about the person and how they want it, as long as they are safe." Another staff member said, "It is amazing, I love the company values. It is world apart. The amount of support office staff give is amazing."
- The provider supported and encouraged staff and they were regularly rewarded for their commitment and good practice.
- The registered manager engaged with staff, people using the service and their relatives, to help ensure good communication and high-quality support.
- People's feedback regarding the quality of service they received was positive.

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

- Staff told us that they would not hesitate to inform the registered manager of any issues, concerns or errors that occurred.
- Accidents and incidents and were reviewed and addressed to ensure the service acted in an open way.
- People's family members were informed of any incidents when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was fully aware of their responsibilities.
- The registered manager had submitted statutory notifications to CQC appropriately.
- An out of hours system was in place to ensure people using the service and staff could contact a senior member of staff if required.
- A range of policies and procedures were in place to help guide staff in their roles and help ensure staff were aware of their responsibilities.

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

- Systems were in place to gather feedback from people about the service. These included care reviews, quality assurance surveys and complaints processes.
- Staff meetings were held regularly to enable staff to share their views regarding the service.
- The registered managers worked with other professionals involved in people's care when required, to achieve good outcomes for them.

Continuous learning and improving care

- The provider had developed robust systems to effectively assess and monitor the quality and safety of the service. We saw that when actions were identified, they were addressed in a timely way to improve that aspect of the service.
- Regular observations and spot checks were completed to ensure staff continued to provide high quality support to people.