

# Bellcare Domiciliary Care Services Limited

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### Inspection report

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Date of inspection visit:  
20 September 2016  
22 September 2016

Date of publication:  
23 November 2016

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

We carried out an inspection of Bellcare Domiciliary Care Services Limited (Bellcare) on 20 and 22 September 2016. The inspection was announced. We last inspected Bellcare in September 2014 and found the service was meeting the legal requirements in force at that time.

Bellcare provides personal care to adults in their own homes mainly in the west of Cumbria. At the time of inspection the agency provided care and support to 224 people. People who received a service included those living with physical frailty or memory loss due to the progression of age. Visits ranged from half an hour up to seven and a half hours; and 24 hour support packages. The frequency of visits ranged from one visit per week to six visits per day depending on people's individual needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. During our inspection the registered manager was present.

The feedback we received from people was excellent; they expressed great satisfaction with the caring attitude of staff and the reliability of the service. People were all very enthusiastic about how the way in which care was given made a "huge difference" to their lives. They all spoke very highly of the registered manager, the owner and staff. People, relatives and professionals consistently gave us positive feedback about how the service was personalised to meet people's individual needs.

A social care manager told us, "Bellcare are really stepping up to the mark and are delivering really good packages of care to people. We can always rely on them. The staff are well trained and confident in what they are doing."

People told us they felt very safe with the staff that came to their home and confident in the care they provided. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. The provider's policies and procedures for keeping people safe included very thorough pre-employment checks, to make sure staff were suitable to deliver care in people's own homes.

People told us that staff were always kind and respected their privacy, dignity and independence. Care staff were very thoughtful and recognised and respected people's cultural values and preferences. One person summed up people's positive views by telling us, "The staff make me feel like the Queen mother. There's nothing they won't do." Another said, "Bellcare and the staff have given me back the will to live, they are so positive with me."

We saw that staff had created really positive, caring and empowering relationships with those people they supported. Staff had high expectations for people and were positive in their attitude. People expressed how

their independence had been promoted to the extent that many had regained skills they thought they had lost. For example one said, "I never thought I'd be up on my feet again, I'm over the moon. It's all down to the staff being so patient with me and letting me take my time to build up my confidence again." Another person said that they had been "thrilled" to be supported to have a bath again. The service worked towards every person being able to regain or maintain skills wherever possible while feeling supported at the same time to help build confidence.

Risks to people's health and wellbeing were identified at the initial assessment of care and their care plans included the actions staff should take to minimise the risks. Staff understood people's needs and abilities very well because they read their care plans and shadowed experienced staff, so they could get to know people well before working with them independently.

We found that the service worked with people's wider networks of support and encouraged and supported their involvement in activities which were important to them. One person said of his support, "I have my care plan but now me and my staff team are bouncing ideas off each other, it's great. They keep me on my feet with a 'can do' attitude. I go to all sorts of places and I can plan where I want to go next, shopping, a show or a day out."

People were effectively supported by stable and consistent staff teams who knew people well and had received training specific to their needs. Bellcare had developed its own induction programme, Junior care workers programme and a Manager Development Programme. One new starter told us, "The induction has been fantastic, we covered all the areas you can think of." All staff were well trained in medicines management and regularly had their competency checked. This was to ensure they knew how to support people to take their medicines safely and to keep accurate records.

We found that this organisation was particularly effective in delivering consistently high quality care because of the emphasis it placed on building a really strong staff development programme. The provider valued their staff and saw them as an asset when delivering high quality care to people. Staff received extensive training and support to meet people's needs effectively. Staff had regular opportunities to reflect on their practice and to request any additional support or training. A staff member told us, "The training is really good, the managers are a fantastic support. We have lots of opportunities here for career progression. I've been able to do a management course and now have responsibility as a supervisor and manage a team of carers. Never in a million years did I think I could do it."

The registered manager told us, "We invest in, nurture and promote staff. They're our biggest asset." All these measures ensured that people were receiving an efficient and effective well run service.

Staff had sought people's consent for their care. Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff had received relevant training and understood the principles of the Act. People's consent to their care and support was in line with legislation and guidance.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient to drink. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People were confident any complaints would be listened to and action taken to resolve them. When people raised issues, the registered manager resolved them immediately, through face-to-face meetings with people. One person told us, "I can talk to them all, the carers, the team leaders, the manager (name), the

owner (name). I often ring up the office staff they're great too. It's that sort of agency they all listen to you."

The systems in place to organise the delivery of care were very efficient. People told us that the owner of the company and the registered manager often visited to check on the quality of care. The agency had a policy of doing half hour visits as a minimum so that people wouldn't be rushed and the quality of peoples' experiences could be maintained. People could request, however, 15 minute visits for simpler tasks and a well-being check. People told us they had "never" experienced a missed care visit. We found staff consistently provided care visits of the correct visit length. The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

People and relatives told us their staff never rushed them. A relative said, "It's been life changing having this agency. My friends told me not to use one as they had experienced lots of problems. But with Bellcare from day one they have been so professional. This had given me total confidence that my mother's is being looked after properly." A staff member said, "This agency is great. There's no rushing with people, you take your time and do the job properly and make sure people are safe."

There was a positive culture and the provider's value system placed people at the heart of the service. There was a whole team culture, the focus of which was how they could do things better for people. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. She had strong values and a desire to learn about and implement best practice throughout the service.

Staff were very highly motivated and proud of the service. There was an emphasis on developing staff potential within a positive learning environment to create a high quality service. Staff were 'champions' in specialist areas and. Champions had received additional training and skills in their specific areas. Skills were then shared within the rest of the staff team to create more positive outcomes for people who used the service.

## 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.

People told us they felt very safe and secure with the service they received.

Recruitment processes were robust and there were sufficient staff with the right skills and experience to meet people's needs at all times.

There were systems in place to manage risks. Safeguarding matters were reported internally and notified to external organisations, such as the council's safeguarding adults' team and CQC.

People's medicines were safely managed and staff undertook assessments to be deemed competent to manage medicines.

### Is the service effective?

Outstanding ☆

The service was very effective.

The service was committed to promoting an open culture of learning. Staff were actively encouraged to develop their strengths and interests as a means to promote effective care and to develop a highly proficient organisation.

People therefore received support that made a positive difference to their lives.

There was a strong emphasis on ensuring people's nutritional needs were well met. The service worked in partnership with other professionals and guidance was actively followed by staff.

Staff were aware of people's healthcare needs and engaged with other professionals to promote and improve people's health, well-being and independence.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff had formed strong caring relationships with people who used the service. Staff took time to listen to people and get to know them and went out of their way to make people feel valued, cared for and cared about.

Care was very individualised. People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence and enabled people to regain skills to stay more independent.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

The registered provider had a procedure for receiving and managing complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a registered manager in post. People using the service, their relatives and staff were very positive about the registered manager.

There were clear values underpinning the service which were focussed on promoting independence and providing person centred care.

Incidents and notifiable events had been reported to CQC.

There were systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

# Bellcare Domiciliary Care Services Limited

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 22 September 2016. This visit was announced and the provider was given 48 hours' notice because the location provides a domiciliary care service. We contacted a sample of people who used the service, their relatives and staff by telephone. We also visited people who used the service, with their permissions, in their own homes. The inspection was carried out by a lead adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We asked the provider to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They provided this information in good time.

During the inspection we spoke with eight people who used the service, three relatives and eight staff including the registered manager and the provider. We held a group meeting with staff so that they could feel more supported to express their views.

We looked at a sample of records including three people's care plans and other associated documentation, medication records, staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

We also contacted the local Healthwatch team, service commissioners and other healthcare professionals such as social workers and community health nurses to gather their views about the service.



# Is the service safe?

## Our findings

People we spoke with told us they felt very safe and secure with the service provided. They said they had confidence in the staff's ability to care for them safely. One person said, "Yes, I feel very safe, I know I can rely on them. I have carers who know how to help me and that's important." Another person said, "I trust them all and they keep me safe when they are assisting me."

The care workers we spoke with were able to explain how they would protect people from harm and deal with any concerns they might have. Staff told us that safeguarding people from all forms of abuse was an important part of their role. They said the regular safeguarding training and updates received helped them be competent in understanding how to keep people safe. One staff member we spoke with said, "Knowing about abuse was a key part of my induction and then I had training delivered by the local authority safeguarding officer, we have a lot of face to face training, it helps to make it more real."

Staff were given safeguarding booklets to refer to. They told us of when they had reported concerns to their manager and discussed ways to keep people safe. For example, they told us of noticing that food and money were going missing in one person's home. Staff reported this to the manager who made an appropriate referral that was then investigated by the local authority. This resulted in security measures being put in the person's home to keep them safe.

Arrangements were in place for identifying and managing risks. All staff expressed confidence that safeguarding and health and safety concerns would be dealt with promptly and effectively by their managers. Staff explained there was also out of hours 'on-call' support, with one commenting to us, "If in doubt about anything to do with safety you can ring the on-call at any time, in fact we can ring about anything we are not sure about. The last time I rang about a moving and handling issue in the night a manager was there in 15 minutes." Another said, "It's reassuring to know there's someone on the end of the phone."

Staff had recorded in care plans any risks to people's safety and wellbeing. This included areas such as bathing, self-neglect, household security and fire safety. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner.

Risk assessments were also used to promote positive risk taking and maintain people's independence and safety as much as possible. Examples included supporting people with medicines, maintaining a safe home environment and going out safely on a motorised scooter. When we spoke with people they were also clear that risks were being carefully managed. We saw a document named, "Your house as a safe workplace" that people had signed and agreed to. One person said, "They are very thorough with risks, they even risk assessed my dogs, to make sure staff were safe with them but also with me."

Staff explained how they helped support individuals in a safe manner, for example when helping people with distressed behaviours and those described as 'challenging'. Staff confirmed they received suitable training and records verified this. Staff explained how they were made aware of risks and also how they

would highlight any concerns to their managers so risks could be reviewed and managed.

Staff were clear about how they would deal with foreseeable emergencies, such as people having accidents in their home. The registered manager described how they had coped during recent floods in the local area and the contingency plan that had come into force. She said she had been very proud of how all the staff had responded and how well the plan had worked in an emergency. We saw records to show that people had been prioritised as to risk, for example those who lived alone and did not have family members close by. These people were responded to first. One person told us, "I couldn't believe it I had one of the girls (staff) on my doorstep before I could pick up the phone."

Checks carried out by the provider ensured staff were safely recruited. An application form (with a detailed employment history) was completed and other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helped support safe recruitment decisions.

Staff were not employed until they had carried out a shadow shift with an experienced member of staff to check the persons attitude and aptitude to working in care. These measures all ensured that people were supported by staff that had been thoroughly vetted.

People using the service said the service was reliable. Staff indicated there were sufficient staff available to meet people's needs. Staff we spoke with were very proud that they never missed a visit to a person and they never felt rushed, or had to rush a person receiving care. One staff member said "This agency is great. There's no rushing with people, you take your time and do the job properly and make sure people are safe."

We found that medicines were administered by staff who had been trained in the safe handling of medicines and their competency to do so was assessed. Where relevant, staff had also received specific training for medicines used in an emergency. One staff member said, "There's regular medicines audits and senior staff come out and watch you do it from time to time." One new member of staff said that she had been given extra time and support when she had told her supervisor she didn't feel quite ready to administer medicines. Staff were clear what to do should an error occur, and also explained about the medicines they used to respond to medical emergencies.

Where support was offered to people, records were kept to help ensure medicines were administered as prescribed. We looked at a sample of medicine administration records and saw no omissions or other recording errors. First aid training, including resuscitation techniques and what to do in the event of someone choking were also part of this training.

Staff were supported by the provider and the registered manager to positively manage risks for people which led to people being able to live in their own homes longer and stay safe. For example, a person who was identified by staff as being at risk of self-harming was given support to seek help and engage with the local mental health team. Joint working followed with the agency staff and the mental health team who helped this person via detailed risk assessments to allow this person to be supported and monitored to stay well in their own home. A staff member said, "We work closely with the mental health crisis team, we monitor the person's mood and medication and know the triggers. We are now confident that we can spot the risks."

Before people received a service, staff completed an assessment of key needs. A specific job role had been created to carry out assessments. These staff were called 'care planning and quality managers'. We spoke

with one of these managers who told us, "I do the initial assessments when the referral comes in, and the first thing we look at is risk and ensuring the person is safe." We checked the records and saw a detailed description of each person's support needs and very clear risk assessments such as safe moving and handling and any infection control measures required, such as the use of protective clothing and gloves. Staff we spoke with said they had a ready supply of these and had completed infection control training.

## Is the service effective?

### Our findings

People felt very well supported by staff who were appropriately trained and knew how to care for them. They made very positive comments about the competence and abilities of staff and were very happy with the staff approach. One person said, "They know exactly what they are doing and exactly what I want."

A relative said, "It's been life changing having this agency. My friends told me not to use one as they had experienced lots of problems. But with Bellcare from day one they have been so professional. This had given me total confidence that my mother's is being looked after properly."

A social care manager told us, "Bellcare are really stepping up to the mark and are delivering really good packages of care to people. We can always rely on them. The staff are well trained and confident in what they are doing. They are willing to do joint visits with our practitioners for reviews and assessments and they play a full role. They are really keen to get it right for people." A healthcare professional said, "The information sharing and communication from them is great, The records are always up to date and the care plans in place before the packages start with staff who know what they are doing before they start. I would say out of all the agency's "they've got it!".

We found that this organisation was particularly effective in delivering consistently high quality care because of the emphasis it placed on building a really strong staff development programme. There was real focus on a learning culture within the service. This included a thorough vetting procedure, followed by Bellcare's own distinct training programmes targeted to meet both staff needs and the needs of people they were supporting. This included: Bellcare's own induction programme, a Junior care workers programme and a Manager Development Programme.

We saw that new staff had undergone the Bellcare induction programme when they started work with the service. The care planning and quality managers delivered the induction programme and this included support in the community to new starters. One of these managers told us, "We are really proud of our induction programme. All training is in the classroom face to face to begin with. This helps us to get to know the new staff and they get to know how we work and what's expected of them. We then see them as they shadow other staff in the community and soon work out who needs any extra support or more training. It works really well as we can then use this knowledge to match people to clients."

The registered manager also told us, "We have ensured our training, including the induction programme maps to the Care Certificate and to the Care Act and is in-line with current good practice. The induction is built around the needs of the individual staff members, We can offer literacy and numeracy support if someone needs it." The registered manager had recently updated and added into the safeguarding of vulnerable adult training signs of possible coercion and controlling behaviours. This had led to a recent safeguarding issue being brought to light by a new carer and an appropriate referral and measures put in place to make sure the person was safe.

One new starter told us, "The induction has been fantastic, we covered all the areas you can think of. I was

worried at first as I've come from a retail background. I shadowed an experienced carer who took me under her wing. I feel the induction and the on-going support has really boosted my confidence and I feel ready to do the job." Another said, "I asked for a bit more time and my supervisor was fine about it. You never feel on your own. We know who's working on our patch and our team leader is always available to us, we also have the (registered) manager and even (name), the owner. There's on-call through the night and you never have to wait long for support or an answer."

We saw that after a three month probationary period, if candidates were successful that this leads onto Bellcare's nine month Junior Care Worker programme. During both of these programme skills and competencies were developed. The care planning and quality manager told us, "Employees are really well supported to become competent for the role of care giver. If an employee fails to learn the required skills and competencies we will always provide extra support before implementing our disciplinary procedures."

Staff told us the training given by Bellcare had been "excellent" and "fantastic" and given them confidence to deliver safe and effective care and a real desire to request more training. We saw that this training was designed around the needs of the individual they were supporting and was bespoke to every package of care. Staff could request training that they felt could benefit the people they were supporting. For example, to support people living with epilepsy, behaviours which may challenge others, Parkinson's disease, multiple sclerosis as well as other subjects relevant to their roles, such as advanced First Aid. Supervisors had arranged to visit Stirling University for the latest good practice example of working with people living with dementia. One carer had requested more training on supporting people with autism and this had been arranged via the local college.

The registered manager told us that the agency believed in face to face classroom training and as part of the induction a student nurse training room was booked so that staff could be shown how to use a full range of equipment. Such as hoists, profiling beds, standing and other aids used to increase independence. This had led to staff reporting that they were more confident in working with healthcare professionals and to ensuring that new skills and training were transferred into people's homes. For example one person using the service told us, "I've had a bath for the first time since leaving hospital as the girls (care staff) helped me sort out getting the equipment I needed. Then they had training in my house how to get me in and out the bath safely. It's wonderful, I can have a bath whenever I want now." Another person said, "They (care staff) literally got me back on my feet, helping me do my physiotherapy exercises. They had training in how to do it."

There was an emphasis on developing staff potential within a positive learning environment to create a high quality service. Staff were 'champions' in specialist areas and received additional training at the local college in their specific areas, such as end of life care, dignity and dementia care. Skills were shared within the staff team to create more positive outcomes for people who used the service. We spoke with a Dignity champion who said, "It's so important to get even the small details right, it all builds up to people being cared for well and being satisfied with the care. The training for this has been brilliant, we also attend focus groups and go to conferences to bring back new ideas." The end of life champion spoke of giving staff support and training when they were working with a person who had a terminal illness. This included after support for staff so that they felt able to offer this support again to another person.

We saw from supervision records and from speaking to staff that they were expected to use reflective practice to move through the challenges, both routine and exceptional, to learn and improve practice. At least one of these supervisions was an observation of care practice and additional to this the supervisors of each patch dropped in from time to time to check that people were satisfied with their support. One staff member said, "We (the staff) feel as well looked after as the clients. The organisation nurtures us as well."

We saw that the organisation's six month Manager Development Programme used reflective practice to build skills and practices, with the support and guidance of a manager mentor." One staff member said, "The managers are a fantastic support. We have lots of opportunities here for career progression. I've been able to do a management course with time to also assess my own suitability for a managerial role. I now have responsibility as a supervisor and manage a team of carers. Never in a million years did I think I could do it."

We saw that the organisation had a staffing strategy that ensured that there was always sufficient care staff and that there was capacity to be flexible to meet emergency's. For example, staff reported to us that the agency paid above the local average, paid them for staff training and with really good training and support the turnover of staff was low. The records we checked confirmed this low turnover of staff. The registered manager told us that the agency always does an exit interview and to prevent losing a good carer they try to make changes to accommodate family commitments. The registered manager told us, "We invest in our staff. We nurture and promote from within staff are our biggest asset." All these measures ensured that people were receiving an efficient and effective well run service.

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.

We checked whether the service was working within the principles of the MCA. We discussed the requirements of the MCA with the registered manager. The registered manager was fully aware of their responsibilities regarding this legislation and was clear about the principles of the MCA and the actions to be taken where people lacked capacity. Staff were all trained in the principles of the MCA. One staff member told us, "We know to look out for changes in people's memory's as this can effect their ability to make decisions. We report changes like this to our supervisors and then the care manager's come to see if a social workers needs to be involved."

The registered manager told us information would be available where a person had a deputy appointed by the Court of Protection and they were aware of situations where a person would be deprived of their liberty by the court. We saw that this was recorded in their care plan, with more specific details held in the agency office. The registered manager spoke of asking the appointees to supply a copy of the court order that was then held at the office for reference. This meant staff were aware of the relevant people to consult about decisions affecting people's care.

The agency had a very good supportive management and administration infrastructure to support staff out in the community. One of these management roles that made the service so efficient and effective was the care planning and quality managers role. We saw that they played a key role to overseeing and ensuring that the agency ran "like clockwork". We saw that they had in-depth knowledge of each person as they had carried out the initial assessment of people's needs; they knew staff well as they did the induction training and they had a team leader in each 'patch' that co-ordinated the care staff on a day to day basis. The care and quality managers were also responsible for organising one to one and group meetings with new staff members in each area so that this encouraged team work and peer support. One staff member said, "You never feel on your own, we are encouraged to support each other, we have each other's work phone numbers and can use our own initiative to make sure we never have a missed call. The office staff are fantastic as well, we all communicate with each other." We found staff consistently provided care visits of the correct visit length. People and relatives told us their staff never rushed them and stayed for the correct

duration of their visit.

The provider recognised the importance of promoting good nutrition and hydration. Staff attended cooking lessons as part of their induction training where they learned basic cooking skills if needed. Where necessary, staff also supported people with their budgeting, food shopping, meal preparation and checking whether food remained within its best before dates. Where possible, people were encouraged to maintain their independence in this area.

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to other health professionals. Where people required their fluid or food intake monitoring, to ensure they maintained good health, records had been kept. Staff had received training from a speech and language therapist on the use of thickeners for drinks and foods to prevent people from choking. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met. One person told us that that with the support of staff to help reduce symptoms related to their health condition, they were eating more healthily, saying "Staff encourage me with my diet and I now have my cereal with bananas and prunes."

## Is the service caring?

### Our findings

We received very positive and enthusiastic comments about the caring approach of staff. People told us they were always treated with kindness. One person told us of the care she received, "The girls make me feel like the Queen mother. Anything I ask they do it." Another said, "The staff have given me the will to live, they have been so positive with me. They supported my decision to get a dog and helped me with all the practicalities, it's even in my care plan. Who'd have thought it; they made it happen for me."

People's relatives told us that staff were also very caring towards them as well. One relative told us, "Their hearts are in this job. They really do care and have been a godsend to our family. They have even stepped in to go to hospital appointments when we couldn't do them. We didn't have to ask." Another said, "We cannot believe the positive attitude of all the carers we have come across with this agency. We had moved from another agency and their attitude was appalling. But these girls are lovely, like a breath of fresh air they are so helpful." Another said, "They have quite literally held my hand and taken time to explain my mother's condition and put me in touch with a group that can help."

We saw that staff had created really positive, caring and empowering relationships with those people they supported. They were aware of the expectations placed on them to do this. We spoke to a group of staff and they reported that the agency had a "massive commitment to providing the highest quality care" and the central theme they said was a commitment to making people as independent as possible, no matter how small the steps. One staff member said, "We helped one lady to start to make cups of tea after a stroke. She's now making snacks and has agreed to reducing her visits from us. She still sees us but she's dead pleased as it's saving her money as well." This demonstrated the staff commitment to ensuring that people were able to be as independent as possible, including when that resulted in a reduction in services provided. The focus was on people being able to do as much as they could for themselves to help them feel empowered.

Other people also expressed how their independence had been promoted to the extent that many had regained skills they thought they had lost. For example one said, "I never thought I'd be up on my feet again, I'm over the moon. It's all down to the staff begin so patient with me and letting me take my time to build up my confidence again." The service worked towards every person being able to regain or maintain skills where possible while feeling supported at the same time to help build confidence.

One person told us of how one of the team leaders had come out over several visits to help her feel safe having a bath again after coming out of hospital after a fall. She said, "It may seem a small thing but I can't tell you how nice it is to have a bath again. She said she would come anytime I fancy one, and is now showing the other girls how to help me. It's very reassuring." This demonstrated the dedication of the staff to providing personalised support. One staff member told us about the attitude of the agency, she said, "There's no rushing with this agency, if you find you need more time with a person you only have to ring and the office sorts it for you."

When we spoke with the office staff they told us that they had done all the training that the care workers were expected to do. One said, "I don't work out in the community but I do speak to people on the phone a



lot, I know them all now and get to meet them at the Christmas parties. The training helps me to empathise and point them in right direction for advice." This showed that the staff were all expected to have knowledge and understanding of people's needs, regardless of the position they held. This meant office staff were able to understand the needs of people more effectively when communicating with them.

We saw that care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and support. People told us that staff took time to get to know them and their backgrounds, past jobs, hobbies and about their families. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. This was reflected in the language used by the staff we interviewed, who demonstrated a professional and compassionate approach.

Staff demonstrated a real passion about caring for people, they couldn't wait to tell us about how much they enjoyed their time with people. One said, "This is not just a job, we really do care for people like they were our own family. They tell us about their family news and we do the same. We bring the outside world in for some of those people who are housebound. If they don't have family we will have birthday parties for them and make a fuss." On the day of the inspection staff were organising a party for a person who was 100 years old and had been discussing with the person what they were going to wear, what jewellery to put on and what type of cake to have. Staff reported that this was a person, who from suffers from depression, and at times could be hard to coax but had been involved in the preparation and planning and were really looking forward to the party. We were told that staff who were not on duty were going to pop in with cards and presents.

Staff were clear about their roles in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care and their duty of care for people. For example staff spoke of supporting people who were socially isolated. Events organised by the staff team to address this included an annual Christmas and Easter party. Staff raised money for this through a fancy dress bed push, six car boot sales, cream tea afternoons and other sponsored events. They also arranged the entertainer, music, and gifts and food hampers as well as transport for everyone. This was all carried out in their own time. Staff told us that they were determined to improve people's lives. One staff member summed it up by saying, "Nobody should feel lonely. We here at Bellcare will do anything we can to bring a cheer into people's lives. It's what you would do for your own family."

Staff had developed and demonstrated to us an excellent understanding of people and their needs. They were able to describe how they promoted positive, caring relationships and respected people's individuality and diversity. A care and quality manager, who carried out induction training told us, "We really do deliver person centred care and provide training from day one about putting people at the centre of everything we do. We select staff from the minute they ring in for an application form. Then at interview we select only people we know will be able to fit our philosophy and deliver care with compassion, kindness, dignity and respect."

Arrangements were in place to monitor the approach of staff. Managers carried out planned observations and visited to monitor people's care experiences, care practices and the ways staff communicated and interacted. A staff member told us, "We know about professional boundaries but we always befriend people and look for extra things we can do on top of the care tasks." Another said, "I like to be able to have a good 'crack' with the people we look after as sometimes we are the only people they will see that day. It feels great to make people smile and know that is because you have done your best to make that person feel

cared for. This demonstrated the attitude of staff as seeing people as valued individuals.

Staff were also aware of the high expectations of the manager and owner. One told us, "Oh yes we all know it's only the best for our clients, the managers not afraid to sack people with the wrong attitude. And we agree we don't want people letting the side down."

People using the service and relatives acting on their behalf were supported to express their views and were actively involved in making decisions about their care, treatment and support. People were provided with information about the provider, including who to contact with any questions they might have. One relative informed us, "We know the staff really well including the manager and the owner who have both made an effort to introduce themselves. In fact after that they asked to do some shifts so that they could get to know our mam better. It's amazing, they really do care. We have regular meetings as well so we are involved as a family." We were told by another family how the agency had offered support in an emergency when they had been delayed due to flooding in the area. They told us, "The staff just took all the stress out of the situation. They stayed with my mother until we could get there, and told us not to worry, that they wouldn't leave until we got there no matter how long it took."

We spoke with one person who was an end of life care champion. They confirmed they had approached the registered manager about pursuing further training in this area. The registered manager said this additional training had given the staff member the confidence to provide practical and emotional support to families who had relatives who were terminally ill.

Where people needed support from a third party to help express their opinions they were able to seek the support of an advocate. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted. Staff were aware of advocacy support that could be accessed to support people with any conflicts or to help with decision-making. One person said of a local advocacy group, "Oh yes the agency have put me in touch with (name) and I ring him up from time to time for advice. Its been very helpful having a different pair of eyes."

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree to the terms of a confidentiality statement. When asked, staff were clear about the need to keep matters private and to put care plans and daily notes away after visits. The staff also told us about the practical measures they took to ensure privacy and dignity were maintained, such as knocking on doors and closing curtains and blinds when offering help with personal care. People we spoke with also confirmed that their privacy and dignity were protected. We heard when in the office how the care planning and quality manager gave staff very clear instructions, "On no account should you take photographs of people that you are caring for."

We saw how Bellcare established high expectations and values of caring and respect right from the start. The agency had designed their own induction programme that included a 'Competency and Practical Training Record' for all grades of staff. Staff had to demonstrate and record how their actions promoted person centred values. These included how they promoted: individuality, independence, privacy, partnership, choice, dignity, and respect. We found that this ethos was demonstrated through the positive outcomes for people who led fuller lives through the direct interactions of the agency staff.

## Is the service responsive?

### Our findings

People and their relatives told us the service was very responsive to their needs. People showed us a copy of their care plan which they had in their home. They had signed their care plans and told us they were in agreement with the support identified.

One person told us, "I had the initial visit, then I worked out my care and a manager put it down in writing and brought it back to me to agree and sign. Then she brought my carers round to meet me, that was nice. Then she came back after a few days and then a couple of weeks later." They then went on to say, "My plan was changed after about a month as some of the times of the visits were not quite right. And then later on I found one of the carers wasn't really fitting in, so I got the chance to say and they got me someone else. There was nothing wrong with her we just didn't click. Anyway the team now is fantastic." This demonstrated the flexibility and on-going monitoring that was applied to all care packages.

A relative said, "The staff are excellent. I can't praise them highly enough. We have full confidence in them, it's a relief. They have really got to know my mum and have asked us about her past as well. It's nice to see her talking about her job as a nurse."

People's care and support was assessed proactively and planned in partnership with them. We saw that care plans included an assessment of the person's abilities and dependencies for sight, hearing, eating, drinking, personal care, health and mobility and these described exactly how staff should support the person. For example, one care plan we looked at described, whether the person, their relatives or staff would run the bath, choose clothes, apply cream and brush hair.

Care plans included a list of 'tasks' to be completed during each call and the desired outcome for the person. This was of particular importance for people who may not have been able to explain their needs. Staff were given clear instructions about making sure people had their medicines, were comfortable, safe and had personal alarms and sufficient drinks close to hand before they left the premises.

People told us the service was responsive in accommodating their particular routines and lifestyles. Where appropriate staff supported social activities. A staff member said, "There's no such thing as a typical day, every day is different. We always ask people what they would like and we do our best to make sure it happens."

One person described the way the agency worked in a "non-dictatorial" way. This person said, "I have my care plan but now me and my staff team are bouncing ideas off each other, it's great. They keep me on my feet with a 'can do' attitude. I go to all sorts of places and can plan where I want to go next, shopping, a show or a day out." We found that the service worked with people's wider networks of support and encouraged and supported their involvement in activities which were important to them.

From our discussions and review of care records it was apparent that people were encouraged to maintain their independence. People were supported to address their own care needs where this was safe and

appropriate. This meant people using the service were supported to keep control over their lives and retain their skills. One person told us, "After having them coming for a while they said to me did I want to apply my own creams and I said yes as felt better enough to do it, but they still put my stockings on for me."

Care records were written in plain English and technical terms were avoided or explained. Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress.

The service had a policy and procedure in place for dealing with any concerns or complaints. Details of the service's complaints processes were included within people care plans. People told us they understood how to report any concerns or complaints about the service. People reported they had never wished to make a complaint but when they had concerns or worries these were always sorted out without any fuss, they said. One person told us, "I can talk to them all, the carers, the team leaders, the manager (name), the owner (name.) I often ring up the office staff, they're great too. It's that sort of agency they all listen to you."

## Is the service well-led?

### Our findings

People, relatives and professionals gave us consistently positive feedback about the quality of care provided. People told us they were happy with the management of the service. They told us the registered manager and other service managers were actively involved in engaging with the people using the service and monitoring the care offered.

We found that the provider had put a strong emphasis on continually striving to improve the service offered to people. The provider and registered manager recognised, promoted and regularly implemented innovative systems in order to provide a high quality service. For example, we were told that an improved programming system that had been installed recently that further helped to co-ordinate staffing rotas and visits. The management team wanted to show the staff how much they valued and appreciated their work and had introduced some new initiatives. For example, staff were given a bonus for completing training and each staff meeting a different member of staff was given a big box of chocolates. The registered manager said, "Praise is a very important part of our staff support systems and happens during staff meetings for the team and during one to one supervisions individually."

There was a registered manager in post who was present during the 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.

The registered manager had been in post for over 10 years and was experienced and well-qualified for the post having a registered managers qualification as well as a healthcare related degree. We saw that she was very proactive in nurturing staff and pushing them to make the most of their potential. We saw how Bellcare management provided care and support to their work force. We heard of numerous examples from care staff where the management team had provided them with support through periods of personal difficulties such as illness and changing family circumstances. For example, the management team had supported staff with financial loans when in difficulty.

The provider was not only responsive in meeting the needs of people who used their services, they were also contacted by local authority when there was a need for them to urgently take over people's care from a failing provider. On one of these occasions the provider had successfully taken over on Christmas Eve with no missed calls to people. We also found that this was happening on the day of our inspection, whereby a provider was handing back more than a dozen care packages and the local authority had come to the agency to assist them.

The dedication and hard work from the managers and staff from Bellcare had resulted in people being able to safely remain in their own homes. This meant that the provider was not only meeting the needs of people who used their services but was prepared and able, with a well-developed contingency plan, to support other people in their community. This had also been the case in recent flooding of towns in Cumbria and

when there had been excessive snow falls.

We saw that the infrastructure was designed to support the care workers in providing good quality care that was consistent and reliable. When we spoke to Bellcare's contracts manager she was proud to say that over recent years the service had never missed a call to a person in receipt of their care.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. The registered manager had clearly expressed visions and values that were person-centred, ensuring people were at the heart of the service. We observed the registered manager and senior staff acted as positive role models. Feedback on how the service was managed and the culture within the team was very positive. The registered manager told us that she and the owner had worked hard to "foster teamwork".

All of the different staff we spoke with said there was good teamwork and clear communication both internally within the team and with outside agencies. A team leader said, "Overall it is brilliant. You are listened to. Everyone from management takes an interest in what we do. Everyone's voice is heard and we can all have an input into what goes on." Another staff member said, "It's really good, you can't fault it, everybody is very approachable. We have feedback meetings with management to discuss concerns and how the role is progressing," and another staff member said, "I feel very well supported. The manager cares about us in our role and in our personal life. You can ring up out of hours and she always seems to have a solution to our problems."

Managers were encouraged to attain a level 3 Diploma in Health and Social Care, as specified in their job description as a minimum qualification, and be a champion of a specialised topic, such as dignity or end of life. We saw that recently two people had successfully completed this and were now care planning and quality managers. This post was unique to this service and demonstrated the registered managers drive to ensure that the service was well-led not only by her but through the development of a strong management team and infrastructure.

The registered manager told us, "The managerial team work closely together, with cooperation and with an ethos of mutual respect and support. We make sure we look after all our staff, we think a work/life balance is very important and will try to accommodate any commitments such as child care, caring responsibilities, bereavements that sort of thing." One staff member said, "I was really surprised about how the supervisor and manager helped me out when my childcare went pear-shaped. The supervisor is like our mam. You feel so supported when you're out on visits. If you have a problem with the clients or staff wise, they stop everything to help out. The manager's are a brilliant support."

The quality of the service was monitored by several means, including on-going consultation, formal audits and the collation of findings from other reviews; such as commissioner's reports. The registered manager spoke of the extensive quality assurance (QA) programme in place stating, "We practice continuous improvement which we feel is more proactive and accurate than an 'annual event questionnaires'. Our QA actions are carried out at regular intervals and at random during the service users time with us. Examples of our QA processes are: announced and unannounced care supervisions; punctuality assessments; acting on complaints or concerns; Health and Safety QA assessment for staff; and feedback from training sessions," These are all ways to help identify areas in need of further improvement and to incorporate the views of those using the service. The most recent annual quality assurance survey showed that people were highly satisfied with the care provided.

The registered manager was clear about their requirements to send the Care Quality Commission (CQC)

notifications of particular changes and events. We reviewed incidents that had occurred and saw that reportable incidents had been notified to us.