

CLS Care Services Limited







# Belong at Home Domiciliary Care Agency Atherton

## Inspection report

55 Mealhouse Lane  
Atherton  
M46 0EU  
Tel: 01942 898410  
Website: [www.belong.org.uk](http://www.belong.org.uk)

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 05 October 2015 and was announced. Belong at Home Domiciliary Care Agency Atherton provides domiciliary care services to people who live in their own home. At the time of our inspection there were 21 people using the service, with a variety of care needs, including people living with dementia.

The service was last inspected on 12 June 2013 and at the time was meeting all regulations assessed during the inspection.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were complimentary about the care and support they received. People spoke highly about the care staff and valued having care workers who were consistent and with whom they had built relationships. People and their relatives spoke positively about the skills of the care workers and felt staff were efficient and well trained.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We reviewed a sample of recruitment records, which demonstrated that staff had been safely and effectively recruited.

The service used a matrix to monitor the training requirements of staff. This showed us that staff were trained in core subjects such as safeguarding, moving and handling, medication, dementia, nutrition and health and safety. Each member of staff we spoke with told us they were happy with the training and support available to them.

There was a positive caring culture, which was promoted by the registered manager. Staff were passionate about providing high quality care and enjoyed caring for people. Care workers felt supported by the registered manager, describing them as approachable and supportive.

People had support plans in place but they did not capture people's histories and how people preferred their assessed needs to be met. The details in the support plans did not identify how people's pain would be managed when it had been documented as requiring management and the medicine administration records (MAR) contained conflicting information.

We found that support plans were task orientated and not person centred but despite this, we did not consider it to impact on the care provided. Staff had developed good relationships with people and were knowledgeable about the person they supported enabling them to provide care tailored to the person.

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. The registered manager and care workers demonstrated a good understanding of MCA and provided examples of when consideration had been given to the legislation in reaching best interest decisions.

Quality assurance systems were not robust. The registered manager had undertaken audits in regards to the practices and records at the service to ensure people were receiving safe care. However, we found that these were not always effective. The systems had not identified gaps in the risk assessments, management of medicines or documentation pertaining to person centred care. The registered manager had also not consistently developed action plans to show how issues identified in audits were being addressed and monitored.

The registered manager demonstrated a commitment to address any issues identified in a planned and structured way.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risk assessments were not consistently completed to assess people's needs to support care being provided safely.

Medicines were not always managed safely.

Staff were recruited safely.

Requires improvement



### Is the service effective?

The service was effective.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and knew their roles and responsibilities and how to support people's rights to make decisions for themselves.

Staff had regular supervision and appraisals. People received care from staff that were skilled and trained to deliver care.

Good



### Is the service caring?

The service was caring.

People and their relatives were enthusiastic about the care provided. People told us that staff were caring and respected their privacy and dignity.

People felt involved in decisions about their care and told us they had the information they needed.

Staff had developed positive relationships with people and had a good understanding of their needs.

Good



### Is the service responsive?

The service was responsive.

People's support plans were not always person centred but care staff responded when people's needs changed to ensure they received the care they needed.

People were engaged with their communities and there were many activities being supported to reduce social isolation based on what people wanted to do.

People and relatives said they knew how to raise any concerns and were confident that these would be addressed.

Good



### Is the service well-led?

This service was well-led.

Good



# Summary of findings

There was a caring culture at the service and the views of people were listened to and acted on.

People and their relatives spoke highly of the registered manager and felt they were approachable, responsive and professional.

Staff felt supported by the registered manager and told us they had the information they needed.

# Belong at Home Domiciliary Care Agency Atherton

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 05 October 2015 and was announced. We gave the provider 48 hours' notice of our inspection. This was to ensure the manager would be available to facilitate the inspection. We needed to be sure that they would be in. The inspection team consisted of three adult social care inspectors from the Care Quality Commission (CQC).

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about

important events which the service is required to send us by law. We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and contacted local commissioners for their views about the service.

During the inspection, we spent time at the office and looked at various documentation including three care files for people receiving support and three staff personnel files. We looked at policies and procedures, staff rotas, staff recruitment, audits, supervision notes, the training matrix and compliments/complaints.

We met two people receiving support at home and spoke to two people's relatives. We also spoke with two care workers and the registered manager. This enabled us to hear what people had to say about the service.

# Is the service safe?

## Our findings

People told us they felt safe. Relatives told us they didn't have concerns for their family member's safety. One relative said, "All the girls are experienced and it shows in the care they give. I never go to work worried because I know [person] is safe." Another relative told us, "I don't have any concerns for [person] safety. I don't live local but [person] is visited four times a day. The care staff write down how [person] is and they keep me updated."

During the inspection we checked to see how the service managed and administered medication safely. We visited two people in their own home and looked at the medication administration records (MAR), which recorded when and by whom medication was administered. The records were up to date and there were no gaps in the documentation. However, we found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medication safely. We observed that one person was prescribed a medication twice a day and 'as required' on their medication administration record (MAR). Records showed that this medication had been given on alternate days.

We found that all the medication prescribed 'as required' was not accompanied by adequate information to guide staff on how and when to give them. It was important that this information was recorded to ensure people were given their medication safely and consistently at all times.

We also found that 'as required medication' was not recorded consistently in people's support plans. A person had been identified as requiring help to manage their pain but there were no details indicating how this should be managed in their support plan. Recording this information would provide consistency between staff and provide a clear audit trail, which would assist in the assessment and management of pain. We found that the registered manager had not protected people against the risk associated with the safe management of medication. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We informed the registered manager of this discrepancy and they assured us that they would review the MAR and medication prescribed 'as required' protocols to address this breach.

Risks to people's health and safety were not appropriately assessed and there was an absence of control measures to reduce the risks. The registered manager had visited each person's property prior to a care package commencing and identified the risks. However, we looked at three care files and found that the risk assessments in each of the care files were incomplete. For example, two people were identified in their life plan as requiring walking aids to mobilise around the home but the risks relating to people being safe when outside of the home were not assessed, and there was no guidance in place for staff in people's care plan. We ascertained that neither of these people had fallen, but this lack of detailed information could have impacted on their health and safety. This is a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager and they agreed that the examples given showed a lack of information to enable staff to manage or reduce the risks. Following the inspection, the registered manager contacted us and confirmed that they had reviewed the risk assessments and implemented a safe handling risk assessment and getting out and about risk assessment to ensure care workers were provided with all the required information to support people safely.

During our inspection, we checked to see how the service protected vulnerable people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding adult's policy and saw how the service managed safeguarding concerns. We found that all the staff had completed training in safeguarding vulnerable adults and were given a small booklet 'if you see something, say something' to carry with them; this detailed signs of abuse and what to do in the event that they had concerns. The two staff spoken with were able to identify types of abuse and provided examples of safeguarding concerns that they had raised with the registered manager.

We spoke with two care staff and they told us that they felt there were enough staff employed to meet people's needs and keep people safe. They also said they had sufficient time to provide care and support safely. One care worker told us, "You do have the time because there is time for travel between visits so we are not rushing from one person to the next." They told us that staff absences were covered

## Is the service safe?

from within the staff team and they worked together to meet people's needs, changing their rounds or using the care staff employed at the care village who have been introduced to the person to ensure consistency and continuity of care. The registered manager felt they had enough staff to cover the care packages they already had and would not take on new packages unless they had the staff. The registered manager also informed us that they had capped the number of people they could support to ensure they could provide personalised care based on people's needs.

The registered manager informed us that people's visits were monitored using a call monitoring sheet that staff signed on arrival and upon leaving people's homes. The service was planning to implement an electronic system in the next couple of weeks, which would monitor visits

completed by care workers. This would record automatically the times care workers arrived and left. This would be monitored by the registered manager to ensure people had received their care package as planned.

We looked at two staff personnel files and found that appropriate recruitment checks were undertaken before staff began work. This included a Disclosure and Barring (DBS) check, full employment history, interview notes and references. However, we found some gaps in the information provided on application forms and the interview documentation to reach a decision of appointment. We discussed this with the registered manager, who told us they would review their recruitment process with an aim to strengthening practice in this area.

We saw records which demonstrated that concerns about staff practices, were investigated and disciplinary processes followed if necessary.

# Is the service effective?

## Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found all new members of staff underwent a comprehensive induction programme, which was designed to welcome them to the service and support them during their probationary period of six months. One care worker told us, “The induction was very good. It was seven days training. I attended two days dementia training, food hygiene, moving and handling. I also shadowed somebody for two weeks and I read people’s support plans before providing support.”

Staff told us there was a rolling programme of training, which included mandatory training, such as dementia, safeguarding, medication, food safety and nutrition, moving and handling, infection control and fire. We reviewed training records, which were up to date. We found required refresher training courses were scheduled to allow staff to develop their skills and knowledge. Staff also told us they were able to access individual specific training to help them effectively support people with particular needs such as diabetes. People told us they felt the staff were well trained. One person told us, “All the girls are experienced. They know what they are doing and it shows in the care that they give. I think they are excellent.”

Staff received ongoing support and professional development to assist them in their role. The registered manager told us that staff received quarterly supervision and an annual appraisal. We saw copies of supervision records and staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns. One care worker told us, “I’ve had supervision regularly, about every six weeks. I also see the manager daily so I would raise any concerns with them then.”

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there was nobody receiving support that was subject to a court order.

The registered manager had completed train the trainer training in MCA and demonstrated a good understanding of the Mental Capacity Act (2005). Staff had received MCA training delivered by the registered manager and the staff spoken with demonstrated a good understanding of the Mental Capacity Act. One care worker told us, “In those instances, you have to think. What can we do to be least restrictive.”

We asked one of the care workers to explain how they sought consent from people when providing support. They told us, “I talk to the person I’m supporting. I ask the person before doing anything and seek the person’s agreement. The people we spoke with told us the care workers always asked for their consent before doing anything.”

We looked at how the service supported people to maintain a balanced diet. Support plans contained guidance on the support each person required in respect of food, drink and nutrition. People were supported to obtain their own shopping and exercise choice regarding the foods they purchased. One person told us, “They make sure I have enough food, they check my cupboards, freezer and everything and help me make a list.” People and their relatives did not raise any issues regarding people’s nutritional needs.

Care workers we spoke with gave examples of how they had supported people with their health needs. They told us how they had reported concerns to the office or contacted GP surgeries to alert healthcare professionals of a change in a person’s health.

Additionally, they also told us about the action that they had taken themselves when the concerns were more serious or life threatening. This involved calling the emergency services for assistance.

Care workers also told us about the communication systems in place where they recorded information about people’s health to alert family members or the next care worker of information that was important. This enabled care workers to monitor people’s health effectively.

# Is the service caring?

## Our findings

We asked people and their relatives how they felt about the caring approach of the care staff. Without exception, people and their relatives praised the staff for their caring and professional approach. One person who used the service told us, "They are excellent. They are practical, very, very friendly, polite and respectful. They have helped me a lot." Another person told us, they are wonderful, they will just do absolutely anything for you."

We received comments from people who told us the continuity of care workers ensured the formation of good relationships between people and care workers. A relative said, "They support [Person] as I would. It's the same carers and they know [person] well. It would confuse [person] if they had different staff coming".

A care worker explained to us that one of the people they supported liked to have their hair done regularly but their relative was struggling to do this. The care worker had suggested that the person could have their hair done whilst they were receiving support from the care workers. The care worker had then scheduled the appointment at the hair salon and taken the appointment card to the person and their relative in their own time. The care worker explained to us that they would sometimes run errands for people or just sit and chat with people in their own time because they enjoyed spending time with people and felt that it made a positive difference to people's lives. One person we spoke with told us, "The staff are fantastic. I can honestly say that. They go well beyond what they're supposed to do."

One of the care staff told us, "When I visit the person, I adhere to the plan but I make up a list with the person of what they would like me to do during that visit." A relative

told us, "[Person] is always given choices. They ask and let [person] decide what they would like to do. On one of the support days, they take [person] out, wherever [person] wants to go."

People who used the service said that staff allowed them to be as independent as possible. Staff were also able to describe how they tried to encourage people to do things for themselves. One person told us, "When I'm getting ready, they ask if I'd like help. I can do some things so they just help me where needed." A care worker told us, "I always see what people can do for themselves before providing assistance. If people are struggling, I assist where needed but it is important to let people do as much for themselves as possible."

Care workers described how they respected people's privacy and dignity and acted in accordance with people's wishes. One care worker told us, "I always knock on the door before entering people's rooms. I close the door and curtains before supporting people with personal care." Another care worker said, "The agency always makes sure that a female care worker provides personal care to females and offers males the option of a male worker to assist in maintaining people's dignity." Care workers spoke positively about the support they were providing and felt they had developed good working relations with people they cared for.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission. Care workers told us their induction included customer care and maintaining confidentiality of information. We saw that people's care records were kept securely in a cupboard in the registered manager's office.

# Is the service responsive?

## Our findings

The registered manager told us the service received referrals through social services and self referrals from the person or their relative to request support. The process for assessment in both instances involved the registered manager or the senior care worker from the service visiting the prospective service user to carry out an assessment of their health and personal care needs. One relative we spoke with had made their own arrangements for their family member to receive support from the service and they confirmed the registered manager had visited them to carry out a pre-service assessment.

The information provided by the local authority and the information gained from the agency's initial assessment of the person, was then used to develop the support plan. Support plans we viewed varied in their details, with some being more person centred than others. Three plans we looked at contained general statements rather than information that was specific to the individual. For example, two plans stated the person required assistance with their mobility. No details had been recorded of the assistance that was required in the community.

We found in the three care files that we looked at that there was limited information about people's personal histories to inform personalised care. There was not an accurate record of what people's personal choices and preferences were in the support plan. This included a lack of specific detail about people's likes, dislikes, and personal preferences and how people wanted their care to be delivered. We found background information about people was incomplete; there was no additional information in the files and some support need sections were left blank. This meant that when staff referred to the support plans, they could be unaware of how to deliver person centred care, because the specific information was not available for them to refer to.

In one person's care plan it simply stated, 'Look in the freezer for [person's] tea and lift out a meal and a sweet. Make sure [person has clean clothes out for the morning ready] with no mention about how to offer this person choice during meals, clothes worn or reference to the person's preferences. We raised this concern with the

manager who told us that following the inspection, they would re-evaluate people's support plans to capture information of importance to people, that was personalised to their needs.

Following the inspection, the registered manager sent us a, 'This is me' document which they informed us had now been sent to all the new people joining the service. The registered manager also told us that they had commenced sending, 'This is me' to existing people receiving support. The document captured people's histories; schooling, employment, significant relationships, places and social activities and interests. This would provide people and families an opportunity to communicate their needs to inform personalised care planning.

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. Care staff we spoke with knew the meaning of providing 'person-centred care'. They told us that it was about making sure people were involved in the planning of their care and being treated as individuals, each with individual care and support needs. Staff demonstrated they knew people who used the service well. They verbalised a commitment to providing high quality care and support to people.

People told us that the care workers met their needs. We saw that staff had a good understanding of, and were knowledgeable about, people's individual needs. They were able to tell us about people and what their care and support needs were. They were also able to tell us what was important to individual people.

Care workers told us that they routinely supported people to access the community and to pursue hobbies or interests. One person told us they were supported swimming and another person was now being supported to get their hair done. Care workers also told us that some of the people were supported to attend the care village for experience days in which they could access activities and clubs. The activities included use of the facilities at the care village and there were set days in which coffee mornings and movies were shown. This helped minimise the risk of social isolation for people.

Care workers were responsive to people's changing needs. If care workers noticed someone's care needs had

## Is the service responsive?

increased or they needed more help than had been allocated they reported this to the registered manager who in turn discussed this with social workers regarding the amount of care time allocated. One care worker told us, "We sometimes feel that the person doesn't need all the time allocated and we would also report this back to the registered manager so that it could be discussed at the review."

We found that the service was registered with homecare and people and their relatives had been regularly asked for their views about the service. Results of the satisfaction survey showed that eight people had responded; four relatives and four people receiving support. The results showed that they were all satisfied with all aspects of the service and care workers.

Some of the feedback obtained from relatives who completed the survey included, "All staff are caring, compassionate and experienced. They treat [person] with respect and dignity, giving them the opportunity to use their skills when appropriate, but are always there to help when needed. The staff are a support to myself as her carer, and have helped me manage to look after [person], giving additional support - with wise words and humour. Staff are all polite, well dressed, always on time, and reliable! I would recommend their care to anyone. "The care [person] received was excellent from day one, they treated [person]

with dignity. Also very vigilant in noticing any change in their condition, professional in every way and so cheerful. I would recommend Belong Home Care to anyone their support and friendship was invaluable to all of us.

People receiving support said, "Great staff. Very friendly. No job is too much. Excellent service. I would recommend to anyone, five stars." Another person had written, "All care workers punctual, friendly and efficient. 100% satisfied. Couldn't have asked for more."

People were given information when they started to use the service. Information about how to make a complaint was attached to the Service User Guide that each person who used the service was given. People we spoke with told us, "I haven't made a complaint but if I had one, I'd go to the registered manager and I know it would be resolved locally." Another person told us, "I genuinely haven't got a complaint. If I had, I'd speak to the staff. They are so good, they'd be pleased to hear it and sort out the problem."

We saw the complaints policy and procedure was current. The registered manager had received three complaints and we were able to track the complaint to capture details of the complaint received, actions taken and response. The complaints had been followed up appropriately and feedback given to people. This demonstrated the registered manager was proactive in responding to complaints about the service.

# Is the service well-led?

## Our findings

There was a registered manager in post. 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. At the time of our inspection the registered manager was on duty.

Both staff and people receiving support spoke positively about the registered manager. One member of staff said to us, "They are approachable, forthcoming and encourage feedback. It's well led and it is by far the best establishment that I have ever worked for." Another member of staff told us, "If there is a problem at the house, for example, somebody needs a second person or a person is presenting as aggressive, the registered manager will come straight out to support us and assess the situation." People told us, "They are well managed. They all know what they are doing." Another person told us, "I see the registered manager a lot and they always ask me if things are okay."

Staff members spoken with told us communication throughout the team, including with the registered manager was good and that they felt supported to raise any concerns or discuss people's care at any time. The staff told us they had a stable team with few changes, meaning continuity of care for people who received support.

The care workers spoken with were aware of their roles and responsibilities and received regular feedback on their work performance through regular supervision. This ensured that management would be aware of any shortfalls in staff performance and could offer advice where necessary.

Care workers told us that staff meetings were conducted regularly and they felt free to express their views and concerns. This meant that there was an open culture in which the care staff could discuss issues with management.

The provider had internal quality assurance processes in place. However, the quality assurance processes had not been consistently followed with an action plan when discrepancies had been identified. We informed the registered manager of some of the gaps following the inspection visit which they promptly actioned. The quality assurance monitoring systems had not identified the issues we found in relation to the management of medicine and person centred care planning but the registered manager contacted us following the inspection to inform us that they had addressed these issues.

Although the internal monitoring system had not picked up the issues identified the registered manager acknowledged the need to check these issues in the future. Following the feedback from the inspection, the registered manager reported the actions they had taken to improve their quality assurance systems. We will look at the internal monitoring system at our next inspection but we are satisfied that the issues that we raised have been addressed.

We saw that policies and procedures were available and up to date.

We saw that a new call system was being introduced within the service to monitor the times care staff arrived at and left peoples' home. This system will enable the registered manager to monitor whether people are receiving the support they are contracted to receive.

People had involvement with their local community. For example, one of the people receiving support had been introduced to a local football team and had provided coaching lessons as a result of their previous involvement in football.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

### Regulation

Personal care

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that the registered person had not protected people against the risk of harm, because potential risks had not always been appropriately assessed and managed.

We found that the registered person had not protected people against the risk of associated with the safe management of medication.