

Ms Lorraine Durrance

Belvoir Home Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

We conducted an announced inspection at Belvoir Home Care on 19 October 2018. Belvoir Home Care is a domiciliary care agency, which provides care to people living in their own homes. CQC regulates the care provided, which we looked at during this inspection. On the day of our inspection, Belvoir Home Care was providing care to 29 people.

A registered manager was present during the inspection. 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.

At our last inspection on 7 December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by staff who understood the risks people could face and knew how to keep them safe. People were supported to minimise risk and promote their safety.

People were provided with their care and support when this was needed because there were enough staff to do so. People received the support they required to take their medicines at the time they needed these. People were being protected from infection because safe practices were being followed.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were provided with the support they needed to have sufficient nutritional and fluid intake. Staff understood people's healthcare needs and their role in supporting them with these.

People were cared for and supported by staff who respected them and maintained their privacy and dignity. Where possible people were involved in planning their own care.

People received care that met their needs and they were able to participate in meaningful interaction. People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with. People approaching the end of their life were supported in a caring and sensitive way at that time.

People used a service that was responsive to their needs and views. They had confidence in the registered manager who was respected and supported by staff. There were systems in place to monitor the quality of the service and make improvements when needed.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Belvoir Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 19 October 2018 and was announced. The provider was given 24 hours' notice because this is a small service and we wanted to ensure there was someone available to assist us with the inspection.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted other professionals who work with the service and asked them for their views. We used this information to help us to plan the inspection.

We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one inspector. During the inspection, we spoke with three people who used the service, seven relatives, six care workers, the care coordinator, the field care supervisor, the administrator and the registered manager.

We looked at the records for four people who used the service and other information related to the running of and measuring the quality of the service. This included quality assurance audits, training information for care staff, client visit rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People felt safe when staff provided them with support within their own homes. One person who used the service told us, "I am very happy with them, I feel safe with them." Another person spoke of "feeling happy with the carers". Relatives also described their family members feeling safe during their visits. One relative said, "We feel very comfortable with the people who come."

Staff demonstrated a good awareness of their roles and responsibilities regarding how to protect people from harm or abuse. They were able to describe the different types of abuse and harm people could face, and how these could occur. The provider stated in their PIR that staff received training on safeguarding as part of their induction, which we confirmed to be the case during our visit. The registered manager was aware of their responsibility to report any concerns about people's safety to the local authority safeguarding team. They had been working with other agencies regarding people's safety.

People who used the service were provided with support to promote their safety and minimise any risks. People spoke of having confidence in the way staff supported them. One person described how staff had been helping them to regain their independence and they had been able to reduce the number of calls they had. Another person told us staff, "Always make sure I have my alarm on." Staff were aware of the risks people faced and described practices to manage and reduce these where possible. This included carrying out various checks and completing monitoring forms. Staff also spoke of having good communication with other staff so they knew how each person was and if there were any emerging risks.

People told us they received their care and support at the time this was planned for from staff they knew and saw on a regular basis. One person told us, "They say they will arrive quarter an hour either way (of the planned time), to allow if things happen, which they do." A relative said, "We have a lead carer and a few others cover when [Name] isn't working." Some relatives mentioned that the time of visits was not at their preferred time. The registered manager explained that they knew people's preferred times and provided visits as close to these as resources would allow them to. They added they were working to meet people's preferred times as opportunities made it possible to do so. People also told us they were introduced to any new staff member before they started to provide them with any care calls.

Staff told us that they were able to arrive at each person's call on time, unless there had been any unexpected circumstances. They told us there were enough staff employed to carry out people's visits as needed. New clients were not taken on without the staff being in place to provide the service they were assessed to need. People were supported by staff who had been through the required recruitment checks that help to identify appropriate staff to work at the service.

People who required support to take their medicines were provided with this in the way this was needed. One person told us, "They check my medication and make sure I am taking it." Another person said that staff, "Put drops in my ears as I can't do it myself." Relatives told us their family members were provided with the support they needed to take their medicines. One relative told us their family member was "prompted to take the medication". Another relative said staff made a record of any medicines given.

Staff had their competency assessed to ensure they were safe to manage people's medicine, and we saw records confirming this. A newly recruited member of staff was undergoing medicines training and having their competency assessed by the registered manager during our visit. Records made when people were supported to take their medicines were audited to ensure people were having their medicines as planned. We saw a sample of records made of when people had taken their medicines which had been completed correctly.

People were provided with their care and support in a way that minimised the risk of any infection and promoted good hygiene. A person told us that care workers were, "Very aware of cleanliness and hygiene." Staff said that any resources they needed, such as personal protective equipment (PPE) were available and there was an ample supply available in the office for staff to collect.

There was a process in place to record any accidents or incidents that could have an effect on people's health, safety and wellbeing. Ways of reducing risks were identified and there was a system for staff to follow to pass on any emerging concerns to other staff.

Is the service effective?

Our findings

Before people were provided with a service they were assessed to ensure their needs could be met. A relative told us they had found the assessment, "Extremely helpful in both setting-up the service and providing feedback once it had been put in place." Another relative described the service provided to their family member as being "tailor made". Other professionals we contacted spoke highly of working with the service, one saying it had been, "Very good, as good as it gets for my role to be honest."

People told us they were supported by staff who had been trained to provide them with the care and support they needed. New staff underwent an induction when they joined the service and we saw a new staff member being trained during our visit. The induction included training on equality and diversity along with the care skills needed for undertaking their duties.

There were training facilities in the office and staff said they had all the training they required. Staff training certificates showed staff had completed varying courses and achieved various qualifications. Staff also said they were well supported through supervision and having their practice observed during client visits. The registered manager told us staff received regular feedback on how they were working and had an annual appraisal.

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 found people were making decisions about their care and how this was provided.

People told us they were only provided with the care and support they had agreed to and wanted. One person described how they had changed their care due to an improvement in their ability to do things for themselves. Staff had a knowledge of the principles of the MCA and described following these when providing people with support. Staff were aware of people's individual preferences and described assisting them with these.

People were provided with the support they required to ensure they had sufficient to eat and drink. People who used the service and their relatives spoke of the different meals staff prepared for them. Staff knew of the importance of ensuring people had enough to eat and drink and described how they supported people in doing so. Staff spoke of assisting people with eating their meals and leaving snacks and drinks in people's reach for when they had finished the visit. They described monitoring people's food and fluid intake to ensure they were having sufficient to eat and drink.

People were supported by staff who understood their healthcare needs and knew how to support them with these. One person described how staff understood their complex healthcare needs which made them feel safe. Relatives said they were kept informed about any health issues.

Staff told us they understood people's healthcare needs and could tell if someone was not feeling well. The registered manager told us they followed advice given by healthcare professionals and contacted them if they had any concerns.

Is the service caring?

Our findings

We were told by people who used the service and relatives that they found staff to be kind and caring. One person told us, "I get on well with them all." Another person said, "I find them helpful." A relative spoke of how staff had won the trust of their family member, which had been "quite an achievement".

Staff spoke about people in a caring and respectful way and said they enjoyed their work. They described getting satisfaction from making a difference to people's lives and recognised how important their visits may be. One staff member talked about how they made a difference to people's lives. They said there were times when they were the only people the person who used the service saw all day.

Staff had identified a number of values for the service which were displayed on the office wall. These included being person centred and recognising everyone's diversity. The registered manager spoke of doing things "The Belvoir way" following these values. There was information about people's earlier lives and significant events in their care records, which staff said helped them to have meaningful conversations with them. There were also goals set as part of the care planning process that people would like to achieve.

People who used the service decided what care they wanted and how this should be provided. One person told us how staff would vary what happened during a visit depending on how they felt. Staff spoke of altering what took place in people's visits in line with their wishes. One staff member said on one occasion the person had only wanted to sit and talk, so that was what happened.

The registered manager said there was not anyone who used the service who was supported by an advocate but there was information available to give to people if needed. They also told us advocacy support was a topic planned for a future staff meeting and was to be included in the staff training programme. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People described how they had their privacy and dignity promoted. They spoke of staff being polite and respectful. Staff said they respected people's homes and always announced their arrival before entering. Staff spoke of providing people with their care in a way that respected them and promoted their dignity, as well as their independence. There were systems in place to ensure people's rights to confidentiality were respected and the service complied with data protection legislation.

Is the service responsive?

Our findings

People received person centred care in the way they wanted that met their needs. One person told us, "They (staff) give me the support I need." A relative joked, "They do everything except cut the lawn, and I am working on that!" People's care needs and how these should be met were recorded on a recently introduced electronic system. This was spoken of highly by relatives and staff, and relatives could access the information with the person's consent. Staff were aware of the importance of keeping information about people's care up to date when there was a change in their needs. They described doing this, as well as letting other staff know the care records had been updated. We reviewed some of these care records and found they provided the information needed about people's care.

People who used the service received the care and support they required in the way they preferred. One person told us, "They cheer me up, that's what I need them to do." The registered manager explained that all visits were for a minimum of an hour's duration. This ensured they had time to provide people with the support they needed without rushing, as well as providing them with meaningful companionship. Staff described supporting people to meet their daily routines and achieve their goals, such as improving their independence.

The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw records which provided information about people's method of communication and how this should be interpreted.

People were able to express any concerns or complaints about the service they received. A person who used the service told us they "would feel confident to raise anything". A relative told us, "I have not needed to make any complaints, but I have been given some details explaining about that." We reviewed the complaints file which included two complaints made during 2018. These had been appropriately investigated and responded to. Included in the communication was a statement about how any complaints would be used as a way of improving the service. In the provider's 2017 quality assurance survey it was recorded that 'Clients who have had to make a complaint, 100% were satisfied with how it was resolved.'

The service was able to provide support to people who required palliative care towards the end of their life. This was provided by staff who had undergone palliative care training. There was no one who used the service receiving this at the time of our inspection, but some staff spoke of having done so previously.

Is the service well-led?

Our findings

People used a service that was well managed and met their needs. One person said the service was, "Perfect, everything is done by the book." A relative told us they had used a number of different home care services over the years and this was, "The best one we have ever had." We also found the service was continually looking for ways to improve and develop. An example of this was introducing electronic care records which enabled office based staff to monitor the service 'live' as well as enable a more prompt auditing of care records. People who used the service and relatives told us they were asked for their view and comments, as did the staff we spoke with. Reports prepared following service user and staff surveys showed very positive results with complimentary comments made such as "All your carers are kind and thoughtful" and "Staff were very helpful in a crisis".

Staff were valued and supported with their health and wellbeing. Staff who had been off work were supported on their return by discussing whether any additional support was required. When needed staff had been supported to access physical and mental healthcare services. During our visit to the office we observed a cheerful and friendly atmosphere. The registered manager told us about a number of fun initiatives they had introduced to build up the morale of staff. We heard one recently started staff member telling another, "I have never had the support like we have here."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. People who used the service and relatives spoke of regularly seeing the registered manager, who also undertook some of the visits. We were also told that office staff were helpful and flexible and would respond to any requests promptly.

The registered manager told us they felt well supported by the provider, who was a director of the business, and regularly attended the office. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about. Providers are legally required to display the rating we give them in the service and on their website if they have one. The rating from the previous inspection was displayed in the office and on their website.

There were systems in place to monitor the service and ensure improvements were made when these were identified. It was highlighted when any issue needed to be reported to other bodies such as ourselves or the Health and Safety Executive. We saw audits had been completed at the required frequency and these had confirmed when the service had been provided as intended. The audits also showed when improvements were needed. We saw that when improvements were identified these were then made. For example monitoring the use of PPE and obtaining consent prior to taking a photograph.

Although the provider had limited contact with other agencies when providing their services we did receive positive comments from those who had professional contact with them. The registered manager had worked with a local university providing some training to Health and Social Care students. A lecturer told us they had been impressed with the training they had provided which they described as being delivered with

"care and compassion". A training provider who delivered some training to Belvoir Home Care staff told us they found staff "eager and happy to learn".