

Berkeley Home Health Limited

# Berkeley Home Health - Somerset and Wiltshire

## Inspection report

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Date of inspection visit:

18 July 2018

19 July 2018

23 July 2018

24 July 2018

Date of publication:

01 August 2018

## 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

This inspection started with a visit to the registered office on Wednesday 18 July 2018 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the management, staff and people we needed to speak with were available. On 19 and 23 July 2018 we made calls to people who use the service and staff to gain their views and experiences. We provided feedback to the registered manager on the 24 July 2018 about our findings.

This was the first inspection of Berkeley Home Health. They were previously registered under a different provider. The inspection was carried out by one adult social care inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older and younger adults. At the time of this inspection the service was providing support to 41 people. They were providing on average of 430 hours of care each week. Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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 home is run.

Staff had a good understanding of safeguarding and knew what to do if they were concerned about the welfare of people or an allegation of abuse had been made. People had risk assessments to keep them safe whilst receiving personal care. This included environmental risk assessments. People told us they felt safe whilst being supported by staff. Staff were recruited in a safe and consistent manner. Medicines were managed safely with people receiving their medicines appropriately. Regular medicine audits were being carried out.

There was sufficient staff to meet people's individual needs. People told us staff turned up on time and stayed for the full duration of the visit. Staffing was planned flexibly to meet people's individual needs.

People had access to a range of health professionals when required. Some people looked after their own health care appointments. People's nutritional needs were being met. People were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported and committed to providing care which was tailored to the person. People were treated with kindness and compassion.

People had their needs assessed and clear plans of care were in place about how the person wanted to be supported. These were personalised and up to date. People were very much involved in their care. There was an emphasis on encouraging people to be independent as possible enabling them to live

independently in their own homes. People felt confident that their care needs would be met and gave very positive feedback about the staff who supported them. It was evident the service was very responsive to people's changing needs and adjustments were made to their care and support to enable them to continue to live the life they wanted.

Staff were consistently caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles and the people they supported. Staff were passionate about delivering care that was tailored to the person.

People were provided with a safe, effective, caring and very responsive service that was well led. The registered provider was aware of the importance of reviewing the quality of 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.

There were sufficient staff to meet people's needs. Visits to people were planned and carried out in accordance with their assessed and planned needs.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

Recruitment procedures were robust to ensure people were supported by staff who had the right skills and were suitable to work in care.

Medicines were well managed with people receiving their medicines as prescribed. Risks were clearly identified and monitored to ensure people were safe enabling them to live independently in their own homes.

People were protected against the risks in respect of cross infection.

### Is the service effective?

Good ●

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People's nutritional needs were being met. People had access to health care professionals and were supported by staff to make appointments where necessary.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

### Is the service caring?

Good ●

The service was caring.

Care was personalised and took into consideration the aspirations and wishes of people who used the service. People were encouraged to be as independent as possible enabling them to live in their own home. Staff were mindful that they were visiting people's own homes.

The service sought people's views and people were involved in decisions regarding their care and support. Staff treated people with respect and maintained their dignity when providing care.

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

**Good** ●

The service was responsive.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported.

People were involved in developing and reviewing their plans enabling them to live independently in their own homes.

People told us they knew how to raise concerns if they were unhappy but had no complaints about the care they received.

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

**Good** ●

The service was well led.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way. There was a registered manager in post and they had made improvements to the service.

People, their relatives and staff spoke positively about the leadership of the service and felt listened too.

The quality of the service was regularly reviewed by the provider/registered manager and the staff.

# Berkeley Home Health - Somerset and Wiltshire

## **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 18 July 2018 and was announced. We gave the service short notice of our visit to the office, because we wanted to make sure the people we needed to speak with were available. The inspection was carried out by one inspector. This was the first inspection of the service since its registration with CQC under this provider. The service had previously been registered with CQC under a different provider.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with the registered manager, regional manager, the care co-ordinator, a field supervisor and two members of staff in the office. We then telephoned a further five staff.

We looked at the care records for three people and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff and recruitment records for three members of staff.

We spoke with three people who used the service and six relatives about the care and support they received. This was completed on the telephone on the 19 and 23 July 2018. We also received an email from a relative and a member of staff shortly after the inspection. We emailed two health and social care professionals but did not receive a response. You can see what people told us in the main body of the report.

We provided feedback of our inspection findings to the registered manager on the telephone and via email on the 24 July 2018.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe when receiving care and support from the staff. A relative told us, "All the staff are very good", another told us, "I have no concerns, the staff turn up on time and stay for the full duration of the visit". People told us they liked the staff and felt safe when in their company. One relative told us at first, they had been apprehensive about having care workers into their home. They said from day one they had been put at ease and now will pop out and leave the care worker supporting their relative. They told us, "I have no worries about safety and have full confidence in the care workers".

Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training annually, which included completing a knowledge test. Staff were aware of the reporting process for allegations of abuse. There were policies and procedures to guide the staff on what to do if an allegation of abuse was made. The registered manager had raised alerts promptly and put in suitable safeguards to protect people.

People told us staff delivered care in accordance with their care plans and this included shopping trips. Staff confirmed they undertook shopping for people who used the service and told us of the safeguards that were in place. Records were completed of all financial transactions, which were signed by the person and the staff member. These were checked regularly by the registered manager and a field care supervisor. Financial risk assessments were in place. For example, some people's support plans included information about their vulnerability to financial abuse and the measures needed to safeguard their finances.

Staffing was planned in conjunction with the local placing authority and local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs. A commissioner is a person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioners are the people who pay for the service, but not always.

Sufficient staff were employed to support people. This was because people told us they received the care and support when they needed it. All care calls were covered and there were no missed visits. People and their relatives told us staff mostly turned up on time and stayed for the full duration. One person told us, "The staff never rush and take the time to support me the way I want". A relative told us on the few occasions the care worker was late, the office phoned them to explain. The registered manager told us they prided themselves that there had not been a missed visit. They said they would often complete visits or an office staff would support with care and support if required. This was confirmed in conversations with staff, relatives and people who used the service. The registered manager ensured new care packages were only accepted when sufficient staff with appropriate skills were available to meet people's needs.

Staff rotas were well managed and planned weekly. Travel time was scheduled in for staff to get from one visit to another. Staff covered a fairly small area so they could travel between visits easily and maintain their punctuality. Staff confirmed they were allocated sufficient travel time and there were rare occasions when they were late, for example in an emergency or traffic congestion.



There were safe recruitment and selection processes in place to protect people receiving a service. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about an applicant's criminal record and whether they were barred from working with vulnerable adults. Where staff had a criminal record, this was discussed and risk assessed. This was signed off by senior management.

Some people required assistance with their medicines. This was clearly recorded in the person's care plan along with a risk assessment and consent form in relation to staff assistance in this area. Medicine administration records (MAR) had been completed appropriately to show where people had taken medicines or declined them.

There had been one medication error in the last 12 months. This had been investigated and followed up with the staff involved. Appropriate action had been taken including contacting the GP at the time of the error. Monthly checks were completed on the medicine administration records to ensure these had been signed and that there were no errors in recording. During a recent team meeting, staff had been reminded of the importance of recording and they had been signposted to the medicines administration policy. Staff had received training in the safe administration of medicines and their competence was checked yearly.

Risks to people's personal safety had been assessed and plans were in place to minimise these. The approach of staff was about enabling and encouraging people to remain independent, whilst recognising potential risks. This enabled people to continue to live at home.

Environmental risk assessments had been completed to ensure people's homes were safe. Information was available about where the utilities such as water, gas and electricity could be turned off in the event of an emergency.

Some people had restricted mobility and information was provided to care workers about how to support them safely when moving around their home such as transferring in and out of chairs and their bed. Some people required two staff to assist with their care and support. People and staff confirmed this was managed well by the office staff with two staff turning up at their same time. One person had complimented the office on how the care staff had adapted really well to their changing needs when previously they had been able to transfer but now needed to use a hoist. Checks were completed on the equipment people used.

Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, any injuries and the immediate actions or treatment. The records were checked by the registered manager after the accident or incident who then assessed if any investigation was required and who needed to be notified. The reports included what action had been taken to address any further risks to people such as liaising with the person's GP or the falls clinic. Records confirmed that information was shared with the person's relative where relevant.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy and staff had been trained in this area to minimise risks of cross infection. People confirmed that staff left their home tidy and clean after each visit.

There were arrangements in place to deal with foreseeable emergencies. There were business continuity plans in place for flooding, utility failure and for backing up data held electronically. There were plans in

place to ensure people would continue to receive their support in the event of an emergency. People and staff confirmed during the snow people had continued to receive the care they needed. This was prioritised for those that were at more risk for example, no family involvement. The registered manager told us most of the care was delivered to people if slightly later than the planned time.

Staff told us the agency had a procedure for them to follow if they were unable to get a response from a person when they arrived to provide their care. Staff told us they would try to contact the person or their relatives and not to leave the person's property until the agency knew the person was safe. This would include making contacting with the office or the on-call person if out of office hours.

## Is the service effective?

### Our findings

People's needs were assessed before they used the service to ensure the agency could meet their needs. People told us they had contributed to their assessment to ensure it reflected their needs and preferences. People confirmed they met with a representative before they agreed to receiving a 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. Staff had completed training in the Mental Capacity Act 2005 and understood the importance of this legislation in protecting people who lacked capacity. Staff told us they would speak with a senior member of staff or the registered manager if there were any concerns about the person's ability to make a decision. Care plans contained assessments of people's capacity where required. We found where people did not have the capacity to consent to or make decisions about their own care, decisions were made in line with the MCA and were made in people's best interests.

People told us that staff asked for their consent on each occasion they visited them. One person said, "They (the staff) always ask me what help I need". Staff told us they always asked people before they commenced any care or support to ensure they were happy before proceeding. They felt it was important to ask people first so they were able to ensure they were consenting to the support offered to them.

People had signed an agreement for staff to support them with their personal care and to assist them with their medicines and this was kept within their care plans. This included a consent form to the sharing of information with other professionals as and when required. These had been signed by the person or where a person lacked capacity, their legal representative.

People were supported with eating and drinking where this was identified as being a support need. Care plans included the support people needed. Guidance had been given to staff on ensuring people had access to drinks due to the hot weather. People confirmed they were offered a choice. Food and fluid charts were in place where there were concerns about a person's nutritional intake. Training had been provided for staff to enable them to meet people's dietary needs. Staff reported any concerns they had about a person's food and drink intake to the office and subsequent referrals were made to the GP for guidance. This included liaising with the person's family and representative.

People were supported to access healthcare appointments if needed. Staff liaised with health and social care professionals involved in people's care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses and other health and social care professionals based on their individual needs.

Staff were equipped with the necessary skills and knowledge to meet people's needs. Staff confirmed their induction and planned training had equipped them for their role. New staff worked alongside more experienced staff to assist with continued training throughout the induction process so they could consolidate their learning. Staff completed comprehensive training in topics relevant to their role. The provider had yet to introduce the Care Certificate and was exploring how this could be best delivered. The registered manager was committed to implementing this once agreed by the senior management team. The Care Certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers.

Staff did not work alone until they felt confident within their role. The registered manager said that this would depend and could vary from one to two weeks depending on the experience of the new member of staff. People spoke positively about the new care staff who supported them. One person said, "X (name of staff) is a credit to you and an asset to Berkeley". They said the care worker was fairly new but confidence and care skills had improved dramatically. They said, "I receive outstanding care from X (the fairly new member of staff)".

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. Staff commented positively about the training provided, telling us it was comprehensive. One member of staff told us they had completed a vocational course at level 3 and the registered manager had recently suggested they complete a level 4.

Staff told us much of the training was done on line with a knowledge test at the end. Staff received a certificate once they had completed the training. Staff confirmed they were provided with yearly updates. This was monitored by the registered manager with a spread sheet kept of training completed and when it was next due. The care co-ordinator had completed a train the trainer course in first aid, medication and moving and handling. They provided staff with classroom learning in these areas.

There was a training room for staff to practice safe moving and handling with a hoist and other equipment. Staff had their practice observed to ensure they were completing this safely.

Staff confirmed they received regular supervision from the registered manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. In addition, observation checks were completed where a senior manager would observe the practice of the member of staff. A member of staff told us they had found this really useful. They said they were sure if there were any concerns about how they were working, the management team would address this immediately, fairly and appropriately.

## Is the service caring?

### Our findings

People and their relatives spoke highly about the staff who supported them. Comments included "Fabulous", "Excellent got no concerns", "The care is person centred and I feel part of my care" and "Dad looks forward to the carers visiting. It is not just about personal care it is the little chats they have". Another person told us, "Absolutely fabulous, I get on with the girls we have a laugh and a joke". A relative told us, "I was apprehensive about having strangers into my home, but from day one we were put at ease and I have full trust in all the staff". Another relative told us, "They (staff) are like an extended family".

Everyone we spoke with told us they were treated in a respectful manner. One person told us they liked all the staff, but some were better than others. They said the care ranged from 'excellent to very good'. People told us they had built positive relationships with staff and the office. The registered manager explained how they matched people to staff linking them with common interests and personality traits such as some people preferred quieter staff whilst others liked more outgoing staff. The registered manager told us this was kept under review to ensure all parties were happy with the care and support.

Staff we spoke with understood the importance of protecting and promoting people's privacy and dignity. One staff member said, "It's their home and this should be respected, I always ring the door bell and ask for permission before entering". A relative told us, "They always knock and call out before entering our home." Staff also described how they involved people in making decisions about their care and treatment when they visited and they never assumed what the person wanted doing.

People told us the care staff always asked if there was anything else they needed doing such as emptying bins or offering to make a drink for them. People told us when staff assisted them in their bathroom or in the kitchen they always ensured it was tidy before they left. This showed staff were respectful of people's property.

People received their care from consistent staff who understood their needs. People told us their care was provided by a small team of staff, all of whom were known to them. Some people told us this very important to them. One person told us, "I have the same carer most mornings and only have a different carer when they are on holiday". Another person said, "There are two or three of them that come regularly. I know them all well." Another person said, "I have recently had some new carers but they have quickly picked up what has been needed". A relative told us changes in care workers can cause some anxiety but usually new staff were introduced to them before they provided care and worked alongside more experienced staff. One person told us they did not like having new care staff but was planning to meet with the field care supervisor to discuss.

People told us staff always asked them how they wanted to be supported. One person said, "I have a care plan but staff always ask before delivering care". Everyone we spoke with said staff always checked if there was anything they needed before leaving. One person told us, "The staff are very good, they not only help me but my partner and will do additional chores such as getting the washing in. Some people had pets and the staff supported them in this area. The registered manager checked that the staff attended liked animals.

This was viewed as important for the wellbeing of the person they were supporting and formed part of the person's care plan.

People were encouraged to be independent where they were able. Care plans included what support the person needed and what they could do for themselves. A person told us the staff were flexible in their approach as sometimes they had good days and other days they needed more support. They said their regular staff knew them well and would adapt the support. A relative told us they were really impressed with the flexibility of staff and how they adapted the plan to suit the needs of the person. An example was given where usually the person was supported with a daily shower but due to this not working they had supported with a full wash. The relative told us the staff were very supportive of them and provided them with additional support including listening which they viewed as being important. They said the staff were caring not just of their client but also family.

All the care staff had signed up to the organisation 'dementia friends' and were dignity champions. A Dementia Friends Champion is a volunteer who encourages others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia, and what they can do to help. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate and person centred. Staff described how they put these principles into action in supporting people. They were committed to providing care that was tailored to the person. This included supporting the family in coming to terms with supporting a relative living with dementia. The regional manager said they had observed a family being supported by the registered manager. They were able to discuss their fears and were signposted to other support agencies such as the Alzheimer's society.

The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. This was shared with people using the service in the service user guide and staff were briefed on the statement and the importance of managing confidential information appropriately during their induction. People told us that staff maintained the confidentiality of personal information and never talked about other people the agency supported.

People were given sufficient information about the service. This included a service user guide and the statement of purpose. This provided information on the service and what they could expect. People's views were sought through care reviews, telephone interviews and surveys. People confirmed they felt listened to.

## Is the service responsive?

### Our findings

People told us they were receiving a service that was responsive to their needs. People told us the staff always completed what was in their care plan and before they left always asked if there was anything else they needed to do. People told us the staff always stayed the full time and visits were never missed.

People told us the service was flexible. For example, people told us the office was very good at changing times to suit their lifestyle such as when going out with relatives or hospital appointments, then times were adjusted. One person said this works both ways on occasions the office will contact them to see if they could have an earlier or later call. They said the agency had been really flexible and when their private care workers were on annual leave they will cover these shifts ensuring continuity of care. They also told us that when the weather was hot they arranged to come in later so the person could walk their dog when it was cooler.

Staff told us they had enough time to complete the visits without rushing. Staff told us if they were concerned they would contact the office if there was not enough time to meet people's needs. They said this would be responded to and actioned. The registered manager had taken the appropriate action and additional time had either been allocated or where people's needs had reduced visits would be reduced in liaison with commissioners of the service.

The registered manager told us they supported people as part of a rehabilitation from hospital for a six week period working alongside the local authority. This enabled people to receive the support when they needed it to enable them to return to their home safely. The registered manager told us they had supported at least 40 people over the last 12 months successfully enabling them to return home. This showed the service worked well with other health and social care providers in reducing re-admissions to hospital or a move to a care home. One person had complimented the service on supporting them to have the 'best package of care that met my needs and enabled me to remain independent'.

People told us they had a file in their own home containing information about the agency, their care plan and any associated risk assessments. There was also an office file containing the same information. Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we looked at were up to date and reflected the needs of each individual person. There was a clear plan of how people liked to be supported on each visit with daily records completed by staff on what care had been provided. Daily records were returned to the office each month to enable the registered manager to review the care delivered.

People told us they had been involved in the planning of their care and regular meetings were arranged to discuss their care and support needs. Care records showed people and their relatives were involved in care plan reviews as well as their social worker and staff from the agency.

People had taken the time to provide and share specific details about preferred daily routines and what level of assistance they required. This was reflected in their records and contained the level of support

needed whilst promoting independence. Information was clear and would help ensure that person centred care was promoted and respected. One person told us, "I have a care plan but what is more important is that staff ask me how I want to be supported". They confirmed they were asked at each visit what they needed. Staff helped people celebrate special events such as birthdays. The registered manager told us they sent birthday cards to everyone they supported and the staff.

Some people were living with dementia. Care plans included the information needed to support the person. Staff described how they supported people in a very person centred way. For example, they recognised one person could be agitated on arrival. In response, they looked at what the person enjoyed such as specific music or certain television programmes and engage in conversations that would put them at ease. Staff confirmed this had been very effective. It was evident from talking with staff they knew people well, their interests, hobbies and life stories. The registered manager was introducing a 'This is me' document that captured this information. This would be helpful for new staff, who may not know the person as well as the regular care staff.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the office. Staff told us because they visited people regularly they had got to know them really well and could pick up very quickly if someone was unwell. One person told us their needs could change from one visit to the next due to their health and staff were responsive in recognising this.

Staff also recognised that social isolation could be a concern for some people. Staff told us it was not about just delivering personal care but spending time with people chatting. For some people this was the only social contact they received. The registered manager told us they provided people with information about local initiatives in the community such as day centres, lunch clubs and networking groups to support people living with dementia. A relative confirmed this and additional support was put in place to enable their loved one to go out or sit and chat with staff. They told us the staff had taken their mum to the garden centre and out to the local shops. They were impressed on how quickly they had put this additional support in place.

People said they knew how to complain. People and their relatives spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints within clear timescales. Information about how to raise a concern or make a compliment was included in the care file kept in each person's home. This included the contact details for the registered provider. Where complaints had been made we saw clear outcomes were recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant. One relative told us they had to raise a minor concern but had every faith in the manager and staff that this would be rectified and not repeated. The registered manager confirmed that the relative had raised the concern and told us what they had done to make sure this did not happen again.

The service kept a record of all compliments from people who used the service. Comments included, 'X (name of staff) is an all rounder and does her work with pride', 'Fantastic, I love them all', 'X (another name of staff) is not allowed holidays, she is great'.

The agency worked closely with hospitals regarding the care of people towards the end of their lives. People who wished to spend their final days at home rather than in hospital were supported to return home with the agency's support. The agency communicated with other professionals to ensure people received the package of care they needed. Staff had completed training in end of life care.



## 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. The registered manager was supported by a care co-ordinator and a field care supervisor.

People, relatives and staff spoke positively about the management of the service. Staff told us the registered manager and the office staff were very supportive. There was an open door policy for staff, people who use the service and their relatives. People knew who the manager was, and told us they would have no hesitation in going to her with any concerns or suggestions. Comments included, "Absolutely fabulous, cannot fault the service", "We have got a really good working relationship, mum looks forward to the carers visiting and that is the main thing", "Really good communication. They are very good", "Office staff excellent always can be contacted", "All the carers are very good" and "X (name of registered manager) is a super person and will provide care to my husband. I cannot fault the service and nothing can improve". People who used the service and staff told us they would recommend the service to others.

Staff told us the registered manager was supportive, approachable and fair in her approach. Staff consistently told us they enjoyed working for Berkeley Home Health. They told us they worked consistently with a small group of people, had sufficient travel time, good training that was updated and generally felt supported in their roles. They told us they would be asked on occasions to pick up extra shifts but they were never put under pressure. They were aware of their visits a week in advance and the registered manager was flexible in the planning. For example, staff could tell the office staff their availability and take time off for appointments.

One member of staff told us they had worked for the last provider. They told us since the registered manager had been in post they had made so many improvements. This included reviewing how visits were organised to ensure continuity, travel time and compatibility of person to care staff. Other improvements included organising regular team meetings and improving on the communication with staff and people they supported. The member of staff said, "She is really on the ball".

Staff said they felt valued in their roles. They said feedback about their practice was provided regularly through observations, supervisions with the registered manager and informally, through emails. Staff said the registered manager was very good at sharing compliments but equally would support if there were concerns about their practice. There was also an 'employee of the month', which recognised when a member of staff had gone the extra mile. Certificates and photos were displayed in the office. One member of staff told us they had recently received this for working additional hours when needed. Others had received the award because of the feedback they had received from colleagues or people they supported.

Monthly team meetings were organised where staff could meet up and discuss the running of the business. Staff said these had been positive to reduce the isolation as often staff worked on their own supporting

people. Staff told us they could visit the office at any time and were made to feel welcome. Staff also received regularly emails and a newsletter which provided updates on policies, procedures, new staff, staff performance, training and events. Staff felt the communication between them and the office was effective with many improvements noted over the last 12 months with regular meetings now taking place.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the service provided. Systems were in place to check the quality and safety of the service. This included health and safety, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed identifying any improvements/changes that were required.

The registered manager had signed up to two local Dementia Action Alliance Groups. This was a national initiative to support local communities in supporting people with dementia. The registered manager attended local meetings which enabled them to network with other organisations and share good practice. The information gained was then filtered to the staff and the people they supported. One relative told us the registered manager had signposted them to the local group enabling them to look at local activities which may be relevant for their mum so she was not so isolated. The staff had also taken part in local fund raising by organising a coffee morning and a Moonlight walk in Bath as part of the dementia in action week. Photographs were displayed in the office.

Whilst there had been no missed visits, there was no daily formal systems to ensure visits were completed for the correct duration on a daily and weekly basis. The registered manager was confident they would be contacted by people using the service or member of staff if a visit was missed. The registered manager was confident that all visits were completed and for the full duration unless agreement had been sought from the person to leave. This was monitored monthly when the daily records were returned to the office and through regular contact with people who use the service. They were aware that as the service grows they would have to introduce a more formal monitoring of visits.

The registered manager had to provide the provider with weekly and monthly targets. This ensured they were aware of any risks to the service and could forward plan. The regional manager told us this was being reviewed and a new tool was being rolled out, which looked at the areas of whether the service was safe, effective, caring, responsive and well led on a monthly basis. The registered manager would be rated in relation to areas of risk and improvement again with action plans in place.

The provider's internal audit was undertaken twice yearly to check the registered manager had completed quality checks required by the provider. This was completed by the organisations quality assurance manager. These linked with the way the CQC inspected services looking at whether the service was safe, effective, caring, responsive and well led. This had been completed in January 2018. There were some areas for improvement which had been addressed such as ensuring care plans included more informative information about the person such as likes and dislikes. The registered manager told us they were planning to implement some new care document but this was being signed off by the senior management team.

The registered manager attended regional meetings with other registered managers working for the organisation. This enabled the registered manager to follow best practice, celebrate success and to share ideas. There was an element of training which included leadership, time management and dealing with conflicts.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service

and ensure they responded appropriately to keep people safe and meet their responsibilities as a registered provider.