

CLS Care Services Limited

Belong at Home Domiciliary Care Agency - Macclesfield

Inspection report

Belong Care Village, Kennedy Avenue
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12 August 2016

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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

The inspection was unannounced and took place on 11 and 12 August 2016. This service was last inspected on 26 February 2013 where it was found to be compliant in all the areas we looked at.

Belong at home is a domiciliary care agency providing personal care and support to people who live in the Macclesfield and surrounding areas. The service is based within Belong Macclesfield care village and is managed by CLS Care Services Limited, a not for profit organisation based in the North West of England. The village is situated on the outskirts of Macclesfield in a residential area. Local community amenities such as shops, a pub and a bus stop are within a short walking distance. At the time of our visit the service was providing care and support for 45 people. Timing and frequency of visits were dependent on people's varying needs.

The service has a registered manager. 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 visit the registered manager was in the process of handing over her role to the current manager of the service. We saw that the manager had completed her application to become registered with the Care Quality Commission.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. The service was managed and staffed by a consistent team of support workers who were well trained and well supported.

The safety of people using the service was taken seriously by the registered manager and staff who understood their responsibility to protect people's health and well-being. The registered manager and staff had received training about protecting people from abuse and they knew exactly what action to take if they suspected abuse. Risks to people's and staff safety both internally and externally to the person's home had been addressed and recorded with measures put in place to manage any hazards identified.

Staff had received the training and guidance they needed to assist people in the right way including helping them to eat and drink enough. People had been assisted to receive all the healthcare assistance they needed. Staff had ensured that people's rights were protected because the Mental Capacity Act 2005 Code of Practice was followed when decisions were made on their behalf.

We looked at staff recruitment files to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that this was up to date and provided them with knowledge and skills to do their

jobs effectively.

People who used the service told us that the standard of care they received was good. Comments included, "I feel that I have an extended family as that's what the staff are like to me", "I really don't know what I would do without them" and "They are all so good I could never imagine life without them".

Relatives spoken with praised the staff team for the quality of care provided. Comments included "The staff know (name)'s needs and meet them very well" and "I am so pleased with the services provided to (name). Staff are reliable, kind and caring and know what they are doing". Staff members we spoke with were positive about how the service was being managed and spoke about the staff team in general being very supportive and of feeling part of a family.

There was an internal quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who used the service. This included audits on care plans, medication and accidents.

Medicines were managed safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained and assessed to administer medicines safely. Staff were observed by the provider before being 'signed off' as being competent.

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

There were enough staff available to give people the care they needed.

Recruitment records demonstrated there were systems in place to help ensure that staff who were employed at Belong at home were suitable to work with vulnerable people.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

Staff understood the importance of gaining consent from people before they delivered any care. People's rights were protected because the Mental Capacity Act 2005 Code of Practice was followed when decisions were made on their behalf.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were caring and compassionate

Staff recognised people's rights to privacy and promoted their dignity.

Confidential information was securely maintained.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about their needs and wishes.

Staff had provided people with the care they need including people who had special communication needs or who could become distressed.

There was a system to resolve concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager had effective systems in place to assess and monitor the quality of the service.

The registered manager operated an open and accessible approach to both staff and people living in the service and actively sought feedback from everyone on a continuous basis in order to improve the service. The staff said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

Belong at Home Domiciliary Care Agency - Macclesfield

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 11 and 12 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Belong at Home.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service.

We spoke with a total of twenty one people who used the service, three of their relatives and nine staff members including the general manager and the manager.

We visited the main office of Belong at Home where we looked at a total of four care plans (Belong call these life plans) and noted how the documentation was stored. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

People and their relatives told us that they felt safe when being supported by Belong at Home staff. Comments included; "They know what they are doing and are very thorough" and "The staff are trained to provide safe care. I know that because sometimes their boss comes to see they are doing things properly. We have what you call a risk assessment of the property as well and how I need to be moved around".

We saw that the provider had a safeguarding policy in place which staff were required to read and complete safeguarding training as part of their induction. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification since the previous inspection took place had been submitted to the CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I had to report something in my last job as I saw a person being handled inappropriately. I know what to do but I have never seen anything bad occur here". Staff spoken with were able to describe the potential signs of abuse and what they would do if they had any things such as contacting the registered manager, Social Services, the police or the Care Quality Commission (CQC). Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. No safeguarding concerns had been raised by the agency in the past 12 months; however the manager understood their responsibilities in reporting any concerns they had with the local authority safeguarding team.

We saw that the provider had a whistleblowing policy in place and staff were regularly reminded in team meetings and provided with a copy of a leaflet "If you see something, say something". Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

There were enough skilled staff to meet people's assessed needs. A system was in place if someone required any additional support. One person who used the service told us that they usually went out for lunch and therefore a lunchtime call was not allocated. However they said that if they did not feel too well they would 'call the office' and staff would call in to ensure everything was OK. Records showed that the registered manager and senior staff would attend any additional calls to ensure consistency and continuity for people using the service.

We looked at the files for four staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held a photograph of the employee, suitable proof of identity, an application form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

Accidents and incidents were recorded with the details of the accident, any apparent harm, the reason given for the cause and any action taken. These were investigated by the registered manager and were discussed with the provider which helped to identify any potential patterns or trends.

Potential risk to people in their everyday lives had been assessed and recorded on an individual basis and to the staff who supported them. For example, risks relating to personal care, management of health conditions, mobility, medicine management and pets. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk such as tripping hazards, appliance risk or smoke alarms.

The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions, staff shortages, fire or flood. We saw that people's life plans held a summary of their abilities to include specific physical and communication requirements to ensure they could be safely evacuated in the event of fire.

We saw the provider had a policy for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by staff who had received the appropriate training. Medicines and Medicine Administration Record (MAR) sheets were kept locked in each individual persons rooms. We saw that the practices for administering medicines were safe. We checked four MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed.

Peoples medication administration records (MAR) were issued by the registered manager on a monthly basis for staff to use within people's homes. MAR sheets were audited by the registered manager on a monthly basis. Action was taken to address any errors that were found during the audit. For example the registered manager had noticed two missing staff signatures for one person's cream application. The registered manager had spoken with the staff member and had reminded all staff of the medication policy and the need for staff to sign for every medication administered including use of cream.

Is the service effective?

Our findings

People we spoke with said the service was effective and consistently delivered, to enable them to plan their day. Comments included, "We know when the girls (staff) are coming they are always on time. We are able to plan what we do with the rest of our day because we know (name) will have been washed and dressed and ready to go out if we feel like"; "We can plan our day around them. They are all very good, reliable and understand our needs" and "They treat people as individuals and understand individual needs. They don't patronise me, they treat me well".

Staff demonstrated during discussions that they had good knowledge and understanding of their remit. Comments included, "We get lots of training and support to enable us to assist people who have varying needs. We have a lengthy induction followed on by regular training and updates" and "I cannot fault Belong. We get lots of training in all sorts of topics and get supervision and support. I have worked for other services before but have never had training and support like this. We are encouraged to build on our knowledge and if we want to develop in certain areas it is sorted".

The provider had their own induction training programme that was designed to ensure that any new members of staff had the skills they needed to do their jobs effectively and competently. We looked at the induction record for one recently appointed staff member and could see that this included ensuring that the member of staff had access to all the core training identified by the service. Each staff member completed four days induction training in a classroom covering areas such as: ageing well, dementia awareness, end of life training, fire safety, safeguarding, nutrition and infection control, food safety, manual handling and first aid. In addition to this each staff member was given a workbook specific to their role. They had three months to work through this from commencement at the service and all care staff also completed the Care Certificate workbook, which is a nationally recognised and accredited system for inducting new staff. Once the classroom induction was completed and prior to starting work on shift, the manager advised that people had two weeks shadowing existing staff, more if required. Staff told us that recently the shadowing process had superseded the training. They said that this enabled newly appointed staff to get an overview of what the role entailed, prior to undertaking extensive training. They said that it gave people an opportunity to fully understand what the job involved and make sure it was the right job for them prior to undertaking training.

The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We spoke with the manager about gaining consent to care and treatment. They told us that staff had received training in the MCA. However they said that most people that they supported had capacity to say how they wanted their care to be delivered in their own homes. Where people had limited capacity spouses and relatives were able to inform any decisions that may be needed. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Capacity assessments and consent documentation was completed with people or their relatives during the initial assessment and on-going via care reviews. Staff spoke confidently about how they involved the people they supported to make decisions.

For example offering a limited number of choices to not overwhelm the person or visually showing people choices of what they would like to wear. Staff gained people's consent before carrying out any care support tasks such as obtaining consent before medication was administered.

Staff said they felt valued and supported in their role by the registered manager and the provider. Staff members we spoke with told us that they received on-going supervision about three or four times a year which included an observation of their working practice. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. One staff member told us, "They are very supportive meetings. We can ask about anything". Staff told us that supervision meetings provided opportunities for staff to discuss their performance, development and training needs. They said they were also supported to undertake an annual progress review to discuss feedback on their performance and set goals for the forthcoming year. Comments from staff included; "We have had the same staff for a long time which helps us work together as a team" and "I cannot fault this service. I have worked in other places where you are just left to your own devices. We get so much training and support here. I feel valued and cannot fault it. We are treated well by people who really care about us and the people we look after".

Staff also told us that the service had recently added traveling time to their rotas. They said that a Google map was used to ascertain the distance and time involved between calls and this was included in the rota. Staff said that this had been most effective and ensured that all calls were made at the time they had been agreed.

People using the service were living in their own homes and receiving support from staff of Belong at Home. People's nutrition and hydration support needs and guidelines were recorded within their life plan. People's likes and dislikes relating to food and drink had been clearly recorded. For example how a person liked their tea with plenty of milk. Assisting people with meals was discussed as part of people's induction. Staff also received training regarding positive and effective communication to include dementia awareness.

People were supported to maintain good health and access the healthcare services they required. People's health and medical information was detailed in their life plan to include any contact details of health and social care professionals involved with the person's health and wellbeing. Staff reported any changes in people's health to the registered manager and recorded it within the visit record.

Is the service caring?

Our findings

People we spoke with said that staff were "brilliant, wonderful, like family".

Staff were motivated and clearly passionate about making a difference to people's lives. Staff we spoke with were most enthusiastic about their role and the impact their interventions had upon the people who used the service. Comments from staff included; "I love being able to help people to help themselves. We really do care about everyone we visit", "I love my job because we are given sufficient time to provide needs led care to the people we look after" and "We are a small team who provide people with a service that respects them as individuals, upholds their dignity and ensures they get the right amount of care and support to meet their needs".

Training records showed that staff had received training in equality and diversity and privacy and dignity. They told us that they treated each person as an individual with individual support needs. . Staff told us how they achieved this which included closing doors and curtains when delivering personal care and covering people with a towel to respect their dignity. We saw that staff recognised the importance of not intruding into people's private space.

We noted that staff had a detailed knowledge about things that were important to people. This included staff knowing which relatives were involved in a person's care so they could coordinate and complement each other's contribution. Staff also gave people time to express their wishes and respects their decisions. For example we spoke with a person who said they liked a certain brand of food and staff ensured this was always available. One relative said "I know that the girls (staff) will arrive to give me a break, they provide such good care and treat (name) with such kindness. They are a truly caring service".

Staff had received training and guidance about how to correctly manage confidential information. Staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. We noted that staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues. For example staff said they never used social media applications for these conversations because anyone would be able to access them. Staff told us they used a secure private telephone system or verbal communication methods to ensure information was securely managed.

Staff spoke about respecting people's confidentiality by not discussing any personal details outside of the person's home. Records that contained private information were stored securely in the service's computer system. This system could only be accessed by authorised staff and by using their own unique password. Paper documentation was stored within locked cabinets in the main office.

People told us that they were involved in the development of their life plans which included how they wished their care and support to be delivered. People told us that staff always followed this plan and treated them in a most caring and thoughtful way. One person said "The staff of Belong are the most caring people I have ever met. They are all excellent, I would highly recommend them".

Is the service responsive?

Our findings

People told us that they could not cope without the services provided. Comments included "I cannot see how I would cope without them, they are my lifeline", "They provide me with the support I need to enable me to live a semi-independent life" and "They are brilliant, no matter who calls they all give me exactly the support I need".

Initial assessments were completed by the provider and used as a way to start to develop a relationship with the person and their relatives. The information that was gathered at the initial assessment was then transferred into a personal life plan which the staff followed to ensure the person's needs were identified and met.

We looked at four life plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual. We also saw that the plans were written in a style that would enable a staff member reading it to have a good idea of what help and assistance someone needed at a particular time.

The life plans we looked at contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, holidays they had enjoyed, what they preferred to be called, preferred social activities, people who mattered to them. We asked staff members about people's choices, preferences and needs and the staff we spoke with were very knowledgeable about them. We were also able to see that people's preferences were respected, for instance someone wanted a flexible service to enable them to enjoy social activities and another person sometimes requested a lunch time call. Other examples included change of times of visits to accommodate hospital or other appointments. We saw that the registered manager was always able to make changes to times and lengths of visits to ensure people received a service at the time of their choice.

People told us and records confirmed that staff provided people with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. One person said "I like to be as independent as possible and the care staff don't try to take over".

People told us that in general all visits had been completed at the right time and staff stayed for the time they were allocated on each visit. There was a system for letting people know if staff were running late. This involved administrative staff in the office telephoning people to advise them if staff had been delayed. People told us that this system worked well. One person said "The visits are generally on time but if staff are held up in traffic for instance someone will ring me to let me know. The service has an agreed 15 minute either way agreement regarding the time of calls and I have never had to wait longer than 15 minutes in all the time I have used the service. Most reliable".

Systems were in place to ensure people's life plans were reviewed on a regular basis. Spot checks and

review visits took place on a regular basis to assess peoples changing needs. Daily records were also reviewed on a monthly basis and we saw that they held detailed information about the care and support provided on each visit. We noted that extra information about achievements or concerns was added to the records however need to know information was cascaded at the time to the registered manger or on call duty officer. We saw prompt actions had been taken as a result of this. For example one person was supported in respect of a medical issue and another was supported to make immediate family contact.

We saw that Belong Village had a bistro, gym, and activity room and people told us that they were welcomed to join in any activity if they wished. We saw two people who used the service enjoying a meal in the bistro and they told us that this enabled them to experience some 'social life' and meet up with family and friends in a very pleasant setting.

The service had a complaints policy and processes were in place to record any complaints or compliments received and to ensure that these would be addressed within the timescales given in the policy. Copies of leaflets were provided to each person who used the service and were available in the reception area of The Belong Village where Belong at Home was based. People and their relatives were actively encouraged to give their views and raise any concerns or complaints.

We saw that only one complaint had been received in 2016. We could see that the complaint had been dealt with appropriately. People we spoke with told us that they had not needed to complain about the service but knew what to do and who to speak with if they had any concerns. Staff gave examples of how they would support someone to complain by talking to the person to try to resolve any issues, explain to them the complaint process and then report this to the office.

The service had received six compliments in 2016. They included 'thank you for the good service and for improving the quality of people's lives'.

Is the service well-led?

Our findings

People told us that the service was well managed. They said they received timely visits and the staff rota allowed staff travelling time to ensure they were able to arrive and leave the calls at the allocated time. Comments included "I have never had a problem, the service is well managed and we have never had a missed call" and "We are given questionnaires to see if we are happy with the service. The manager appears to be very effective in arranging the visits and seeing that the staff are trained to look after us. If we need to contact them they are always available, even late at night".

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example when a person who used the service had died or had an accident. The agency had submitted two notifiable incidents within the last year.

The service had clear vision and values which were person-centred and ensured people were at the heart of the service. They were developed by the provider when the agency was set up. These values were shared by the registered manager and embedded into the staff's working practice. They included the quality of life for the person receiving the service as being their primary concern and supporting people to make the most of later life. The aims and objectives were included in the service user guide, statement of purpose and employee handbook.

Staff told us they had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided and we observed them interacting with each other in a professional manner. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included, "I cannot praise this service enough, we are supported and trained to ensure we give a quality service" and "It's not just the clients that are cared for. Belong ensures that the staff are cared for as well. I needed some time off due to sickness and they rearranged my shifts to ensure I was OK".

Belong at Home had its own internal quality assurance system in place which formed part of the Belong Macclesfield Village. The registered manager completed monthly audits to include medicine, life plans, training and accidents and incidents.

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and/or raise concerns. During our inspection we viewed minutes from past staff meetings and saw that these were being held on a regular basis. Staff had opportunity to discuss a variety of topics including staffing, annual leave and training. They were given reminders about safeguarding and recording. We were able to view a sample of all of the meetings and could see that the meetings provided an opportunity for information to be passed to staff on areas to improve as well as allowing staff an opportunity to raise any issues they may have.

A positive, open and inclusive culture permeated throughout the agency. Staff told us they were motivated and shared the same passion to provide a quality service. They said that the registered manager and senior staff worked well together and kept them fully informed about any changes to the service. Staff said they felt fully supported by the management team who were always visible and available. They said they received regular support and guidance via pre-planned formal and also informal supervisions. They said they also obtained support via team meetings, out of hours on call systems and over the phone

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team and they expressed no concerns about the service

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

The provider also held meetings with managers of all the provider's registered services. This helped the provider organisation gather information from a range of different people and sources.

We saw that surveys for people using the service were sent out annually and returned directly to the provider's head office. The registered manager received feedback from the surveys as well as the information being available on the provider's Internet site. Information from complaints was used to improve the service provided. The comments received about the service from people that used the service were included in a report about the provider's quality assurance and monitoring of the services it provided.

Reflective practice was encouraged and used by staff to look at any incidents and seek ways of learning from incidents to improve practice and enhance the quality of the service.