Bella Home Care Ltd

Bella Home Care

Inspection report

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Tel: 01926259463

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 19 September 2016. The inspection was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the manager of the service and talk with staff on the day of our inspection visit.

Bella Home Care is registered to provide personal care and support to people living in their own homes. The service operates across Leamington Spa, Warwick and Kenilworth. There were 120 people using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who had registered with the Care Quality Commission to manager the service. Like registered provider's they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection there was a registered manager who was also the provider for the service. The registered manager was supported by a care manager to run the service. We refer the registered manager as the manager in the body of this report.

The service was last inspected on 30 September 2015 when we found the provider was not meeting the required standards. We identified two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to improve their staffing arrangements and ensure that risks were assessed and monitored relating to the health, safety and welfare of people who used the service.

The provider sent us an action plan which stated all the required improvements would be completed by 1 April 2016. During this inspection we checked whether the improvements had been made. We found not all improvements had been made and sufficient action had not been taken in response to the breaches in regulations.

The provider had not ensured that effective quality assurance procedures were in place to assess and monitor the quality and safety of the service people received. Risk assessments were in place to manage the risks associated with people's safety, health and well-being. However, audits and checks were not always effective to identify where people's needs had changed. Therefore, we could not be sure people were kept as safe as possible. People's care records were not always personalised to give staff guidance on how people preferred their care and support to be provided.

People's experiences of being supported by consistent staff were mixed. People told us there were not always enough care staff to meet their needs because staff did not always arrive at the agreed times. We identified the deployment of staff had not been sufficiently improved since our previous inspection to meet people's need to care for them.

We received mixed feedback from people about how the service was run because a manager was not always available when they needed them, and they did not feel their requests were always listened to and acted upon promptly.

Staff completed training to meet people's needs but we identified not all of the training was effective. Despite the provider taking some action since our last inspection medicine administration records required further improvement, because records were not completed correctly. This meant we could not be sure people received their medicines as prescribed.

The provider's recruitment procedures made sure staff were of suitable character to care for people in their own homes. Staff completed an induction when they first started work at Bella Home Care. They completed training and knew how to raise concerns and safeguard people from potential harm. Most people thought staff had the skills and knowledge they needed to provide the care and support they required.

People told us they felt safe with the staff who supported them and the staff were kind and attentive to their needs. Prior to using the service people were assessed to ensure the service could meet their needs and people told us they felt involved in decision-making about their care and support.

Staff enjoyed working at Bella Home Care and were complimentary about the support they received from their managers. Staff felt supported by the manager through regular meetings. There was an 'out of hours' call system in place to provide management support and advice to staff at all times. However, staff were not always provided with the equipment they required to gain this support.

There were systems in place to gather people's feedback through annual surveys. The information had been analysed and action had been taken in response to this feedback. People knew how to make a complaint and there were systems in place to manage complaints about the service provided. However, we could not be sure all complaints had been responded to and investigated thoroughly.

People made everyday decisions for themselves, which helped to maintain their independence. Staff respected the decisions people made and gained their consent before they provided care. People told us staff respected their right to privacy and explained to us how the staff supported them to remain independent. People who required support with eating and drinking were provided with foods they enjoyed.

Managers and staff understood the principles of the mental Capacity Act 2005 (MCA) and the Depravation of Liberty Safeguards (DoLS). The managers had improved their knowledge in relation to community DoLs since our last inspection. Mental capacity assessments had been completed for people who needed them. This showed us what decisions people could make for themselves, and which decisions needed to be made on their behalf in their 'best interests'.

We found two breaches of the Health and social care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us there were not enough staff. Staff were not always deployed effectively to meet people's agreed care and support needs. Medicine administration records were not completed consistently which meant we could not be sure people received their medicines as prescribed. Risk assessments were in place to minimise the risks associated with people's care. People told us they felt safe and staff knew how to raise concerns and safeguard people from potential harm.

Is the service effective?

Good

The service was effective.

People told us staff had the skills and knowledge they needed to provide the care and support they required. However, records showed some training had not been effective. The management and staff understood the principles of the Mental Capacity Act 2005. Staff respected people's decisions and gained people's consent before providing their care. People who required support with eating and drinking were provided with food they enjoyed.

Is the service caring?

Good

The service was caring.

People told us staff showed them kindness. Staff enjoyed working at Bella Home Care and they knew some of the people they cared for well. Staff respected people's right to privacy. They recognised the importance of supporting people to remain independent and they treated them with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Most people we spoke with told us staff were attentive to their needs, however some people's requests were not always listened to and acted upon promptly. Information contained within

people's care records was not personalised and the level of information recorded was inconsistent. There were systems in place to manage complaints about the service provided. Prior to using the service, people were assessed to ensure their needs could be met and people felt involved in decision-making about their care and support.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not ensured that effective quality assurance procedures were in place to assess and monitor the quality and safety of the service people received. We received mixed feedback from people regarding whether the service was well-led. However, staff felt supported by the management team.

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

The inspection took place to follow up on two previously identified breaches in the regulations, and to make sure the required improvements had been undertaken. The office visit took place 19 September 2016 and was announced. We gave the provider 48 hours' notice we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with staff. The inspection was conducted by one inspector and an expert by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to send to us a Provider's Information Return (PIR). This enabled the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. The information did not consistently reflect the service provided.

The provider sent us a list of people who used the service before our inspection. We sent questionnaires to 50 people and received 36 responses back, 50 were sent to people's relatives and we received 4 responses. We looked at the feedback from the questionnaires and reviewed the information to form part of our judgements.

Prior to the visit we spoke with eleven people who used the service via telephone. Following the visit we received feedback from a further four people or their relatives. During the visit we looked at the records of five people and two staff records. We looked at other records related to people's care and how the service operated including the services' quality assurance audits and complaints. We spoke with the registered manager, the care manager, the training staff member and three care staff.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Requires Improvement

Is the service safe?

Our findings

During our last inspection on 30 September 2015, we identified insufficient numbers of suitably qualified, skilled and experienced staff were not always deployed in order to meet the needs of people using the service at all times. This resulted in people not receiving care and support at the agreed times and for the agreed length of time. This was a breach of regulation 18. HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.

Following the inspection in September 2015 the provider sent us an action plan outlining how they would ensure improvements to the deployment of their staff were made. They told us the actions would be completed by the 1 April 2016. They told us they would discuss the required improvements with all staff in team meetings and during one-one discussions. Some staff would also receive extra training to further develop their knowledge and skills to use the electronic call monitoring system. Monitoring of the electronic logging in and out system used would be audited daily by managers to ensure there were no missed or late calls and disciplinary action would be taken if staff did not comply with the provider's procedure. A recruitment drive would also take place in an attempt to employ more staff.

Prior to our return inspection we received information of concern that some calls had been missed. A relative explained how three missed calls in June 2016 had caused their relation to feel anxious and worried because they did not know if or when care workers were coming. An explanation for the missed calls had not been provided and they had chosen to seek an alternative provider because they were not confident that Bella Home care could keep their relation safe. We discussed this with the care manager who explained a small number of missed calls had occurred but the number had significantly reduced over the last 12 months. They told us this was because some staff had been unreliable and had not turned up for work. They told us they always attempted to contact people if their call could not be completed on time and make arrangements for the call to be carried out as soon as possible.

During this inspection we saw some action had been taken but further improvements were required. Records showed care staff had received further training about how to use the electronic logging system correctly and the safe handling and administration of medicines. Some unreliable staff had been dismissed and some new staff had been recruited. Discussions with staff had taken place during meetings. A newsletter had been sent to care staff in May 2016 which reminded them they all needed to use their mobile phones to log in and out of calls. If they did not comply disciplinary action would be taken against them.

However, despite these actions being taken, we continued to receive some negative feedback from people about the service they received. People told us there were not always enough staff to meet their needs and some people remained dissatisfied because staff did not always arrive when they expected them. One person explained the impact this had on them, saying inconsistent visit times made it dangerous for them to get dressed in the morning by themselves because they attempted to get dressed whilst they waited. They said, "Some days my carer will come at 7am and other days it can be nearly 8:30am. There is not enough of them (care staff)." A person's relative explained how their relation needed help from the staff to take their pain relieving medicine. Frequently the early morning carer arrived up to an hour later than scheduled and

this meant the person could be in pain whilst they waited for the staff to arrive.

Only 61% of people who responded to our survey told us staff arrived on time. Twenty five per cent of people's relatives strongly disagreed that care staff did stay for the agreed length of time and strongly disagreed care workers arrived on time.

This was a continued breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing .

Other people provided positive feedback and their comments included, "I cannot fault any of the carers, they do stay for the full time that I pay for and I know it must be difficult for them, because they have to see so many people in one morning. It must be tempting to cut corners, but they certainly don't with me." And, "I have four calls each day. Each of the calls is quite short in time so my carers really have to work hard to get everything done in the time they have."

We discussed the feedback we had received with the manager and the care manager and asked them for a response. They told us they did have enough staff to keep people safe but their deployment of staff did require further improvement. They explained trying to recruit new care staff remained a challenge because many staff wanted to work part time and some had been unreliable. This meant on occasions plans to scheduled calls had to be changed. To address this issue they had increased the rate of pay for staff who worked at weekends and had made changes to staff rotas and scheduled calls closer together in an attempt to reduce the number of late visits. Staff confirmed this had happened and they completed visits which were closer together than they had done previously. The manager said, "We try, we want to provide excellent care but it is impossible to get to all calls on time." The care manager said, "Things are better than they were but we know we still have work to do, we do try hard and keep people safe."

Staff told us there were enough of them to provide safe care to people and if there was an unexplained delay, for example traffic hold ups, they may arrive later than expected. Staff comments included, "Yes, there are enough of us, and, "I sometimes run late but it's a hazard of the job."

During our last inspection we found medicine administration records (MARs) were not correctly completed by staff to record when people had received their medicines. Records did not clearly list all the medicines people were prescribed, which meant we could not be sure people were receiving all of the medicines they needed.

During this inspection, records showed all care staff had completed extra training to improve their knowledge and competency in handling medicines, within the last six months. All staff had been reminded of the importance of correctly following procedures on seven occasions since our last inspection and people's medicines were listed separately on their records so staff knew what they were administering to people. The provider's medication policy had been reviewed and updated and managers had completed observations of how staff handled and administered medicines to people to check they were competent to do so.

Despite this action being taken it had not been effective and we could not be sure people received their medicines as prescribed. For example, we looked at completed MARs for five people and identified unexplained gaps on all of the records which the registered manager was not aware of. For example, in August 2016 it was not recorded if one person had received their medicines on five separate occasions. The manager was unable to explain why the gaps had not been identified by staff and the records had not been checked. They acknowledged if checks had taken place the gaps would have been identified. In response to our findings the manager told us they would immediately review the training staff received and they looked

at the records we had bought to their attention. They identified which staff members had not completed the records correctly. They assured us they would speak with the staff immediately and they would not administer medicines to people until they were competent to do so.

During our last inspection we found medicine risk assessments did not always provide staff with the information they needed which posed a risk to people. Where people had medicine prescribed on as 'as required' basis, information was not always documented to instruct staff on when the medicine might be needed. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. We saw these risk assessments had been improved during this inspection and the information staff required was available to them.

Risk assessments were in place to identify potential risks to people's health and wellbeing. We looked at risk assessments for five people. All had been reviewed in-line with the provider's policy. These assessments helped to keep people and staff safe when delivering care. The provider had contingency plans in place for managing risks to the delivery of the service in an emergency. For example, people's home environments had been assessed to keep them and the staff safe. Guidance for staff to follow in the event of an emergency such as, a gas leak or a flood was in place.

Ninety six per cent of the respondents to our survey told us felt safe with staff who provided care to them. People we spoke with told us they felt safe when the staff visited. One person said, "In terms of how I am looked after every day, yes I feel safe." Another said, "Although I don't know all of the carers, I have never felt unsafe with any of them." People explained they felt confident to report if they did not feel safe. One person said, "To start with, I would speak to my carer to tell them that I didn't feel safe. If nothing changed, then I would phone the office and insist on speaking to somebody who could do something about my concerns." Another person said, "I think I would have a chat with my regular carer because I know they do listen to me and would take action it if I have any problems. Other than that, I would probably ask my (relative) to have a word with someone at the office."

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended safeguarding training annually and the provider's safeguarding procedure was accessible to them because it was on display in the training room. Training included information on how to raise concerns and the signs to look for to indicate people were potentially being abused such as, unexplained bruising to their skin. Staff told us the training had supported them to identify different types of abuse and they told us they would document and report any concerns that they had about people's safety to their manager. All the staff understood their responsibilities to keep people safe and they were confident the manager would take action to protect people if they did raise concerns.

The provider's recruitment procedures minimised the risks to people safety. The care manager explained Bella Home Care recruited staff who were of good character and checks were carried out before they stated work. Records showed and staff confirmed checks had taken place to ensure they were suitable to work with people in their own homes. One staff member said, "Yes, I had a DBS check and I provided written references." The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

Good

Is the service effective?

Our findings

Twenty one people who responded to our questionnaire strongly agreed care staff had the skills and knowledge they needed to provide the care and support they required. However, three people disagreed. We received positive feedback from the people we spoke with. One explained staff knew how to move them safely. They said, "I use a hoist and I've never had any problems with it. The staff are well trained and they make sure I am secure before they lift and move me."

Staff signed to confirm they had received an employee handbook which included the provider's policies and procedures and outlined the standards expected of them. Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. New staff members were provided with effective support when they first started work at Bella Home Care and they completed an induction and the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Staff told us they had spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. They had also read people's care records before they worked unsupervised.

The provider invested in staff training by providing an on-site training room, a designated trainer and opportunities for staff to complete nationally recognised qualifications. We spoke with the designated trainer. They said, "The manager is committed to encouraging staff to gain extra skills. If staff do not attend 3 booked training sessions without good reason they are disciplined." They explained staff had completed or were in the process of completing level 2 or 3 qualifications in health and social care to benefit the people who used the service. We looked at the training matrix and this reflected what the provider and the trainer had told us.

Staff told us they received training the provider considered essential to meet people's care and support needs which included safe medicine handling, first aid and health and safety. However, we saw some training such as medicine handling was not effective because staff were not correctly filling in paperwork. We discussed the content of this training with the designated trainer. They said, "I don't know what else we can do, we are going to have to try a different approach because staff are not listening despite them telling us they understand what they need to do." They told us they would discuss this with the manager.

Records showed staff had completed training to obtain the skills to effectively support people with specific health conditions such as Parkinson's disease and dementia. One member of staff said, "I am keen to learn. The training is amazing here, I really feel I have learnt a lot and that helps me to care for people." Another explained how completing dementia training had enabled them to effectively support people living with the condition. They said, "One person has Alzheimer's disease. They can be forgetful and they would eat out of date food which could be harmful. So each week we check the food in their fridge to make sure it is edible."

Staff were supported in their roles by a system of meetings and yearly appraisals. The manager told us staff appraisals would commence in October 2016 and were a good opportunity for staff to reflect on their work practices over the previous 12 months. Staff confirmed they did have regular meetings with their manager

and they provided an opportunity to discuss personal development and training requirements. The managers also undertook regular unannounced 'spot checks' of staff performance which included their attitude, appearance and time keeping to ensure high standards of care were met. Staff confirmed these observations did take place.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within these principles and whether any authorisations to deprive a person of their liberty were being met. During our last inspection we found people did not always have capacity assessments completed, when they lacked capacity to make some decisions. During this inspection we found improvements had been made. The managers had increased their knowledge in this area and our discussions with them indicated they were now aware of the procedure they needed to follow to refer people for community DoLS.

We saw mental capacity assessments had been completed for people who lacked the capacity to make all of their own decisions. Appropriate discussions had taken place with those closest to the person to make decisions in their best interests and the outcomes were clearly recorded. This meant the rights of people who were unable to make important decisions were protected.

Staff confirmed they had received training in MCA since our last inspection. One said, "People have a right to refuse, if they don't want me to help them with something I would record it. I know that people have rights and I can't help them if they refuse." This showed us staff understood the principles of the MCA and knew they could only provide care and support to people who had capacity who had given their consent. We saw consent forms had been completed correctly for areas such as staff using people's key safes and consent for staff to administer medicines. Key safes are secure coded boxes where people's keys are kept, so care staff can access their property, if people cannot answer the door themselves.

We asked staff how they knew if a person's care and support needs had changed. One staff member explained how they always read people's daily notes. They told us they had not noticed any gaps in people's medicine records. Another said, "Sometimes office staff will phone me to tell me and I make sure I read people's daily notes so I know what has been happening."

People spoke positively about the way the staff prepared their meals and drinks which maintained their health. One person said, "These days I need a carer to make all of my meals for me. In the morning I will usually have cereal, but the carers never mind making me toast if I fancy a change. For lunch I have a sandwich or some soup and then they will heat me up a meal at teatime." Another said, "My carer makes me nicely presented meals which look appetising, they make me a hot drink and leave me some juice for me to drink later on."

People we spoke with managed their own healthcare or relatives supported them with this. The manager told us the service was flexible and could support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed. Records confirmed the service involved health professionals with people's care when required including district nurses and GPs.

Good

Is the service caring?

Our findings

Ninety six per cent of the respondents to our questionnaire told us staff were caring and kind. Our discussions with people confirmed this. For example, one person said, "I think the carers are lovely and kind." Another person told us, "Our regular morning carers are excellent and we know the routines." A relative said, "Excellent staff member (Name), who really takes the time to care for (Name). We always know when they have visited as they look well cared for ."

Staff told us what caring meant to them. Comments included, "Providing care to a high standard that would be good enough for my relative." "Listening to people, making sure they are happy." And, "Being patient and respectful." The manager was confident all of the staff showed people kindness and demonstrated a positive attitude.

Staff enjoyed working at Bella Home Care and told us they would recommend the service to their family and friends. One said, "I work in the morning and during the evening. I usually visit the same people." Another said, "I know some people well. I always read their care plans. I think the information is up to date. I ask people how they want me to help them if I am not sure." However, our findings showed us the information recorded was not always correct which meant staff could not rely on the information to ensure they provided personalised care to people.

One hundred per cent of people and their relatives who responded to our survey told us the support and care they received helped them to be as independent as possible. People we spoke with confirmed this. For example, staff had supported one person to purchase a new kettle because their previous one had been too heavy for them to lift. Having the new kettle meant they were not reliant on others to make them a hot drink. It was documented in another person's records staff needed to position their wheelchair so handrails were located on their left hand side. If staff followed this guidance the person could to stand up independently. Staff we spoke with knew this and understood the importance of the person completing this task for themselves.

People told us staff encouraged them to make their own decisions. One person told us staff always told them what they had in the fridge so they could choose what they wanted to eat. They said, "It's always my choice what I eat." The care manager told us all people who received a service all had a relative or friend to advocate to help them make decisions. They were aware of the process to obtain an independent advocate if someone required one. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to help them to make a decision.

Ninety six per cent of respondents to our survey told us staff always treated them with respect and dignity. Most people we spoke with confirmed this. For example, one explained staff always knocked their bedroom door before they entered. They said, "Staff know if I tell them to wait a minute I am just getting myself sorted. They come in when I am ready." However another person said, "Sometimes, it depends which carer comes. Some can be a bit rude which is not respectful." They thought this was because staff were rushed or running late. It was recorded in one person's records they liked to be addressed by their title and surname. Staff

knew this and told us they addressed the person in the way they preferred. Staff described to us how they respected people's privacy and dignity. For example, they waited outside the door when people were using the toilet and they covered people up with towels when they assisted them with personal care.

Staff understood the importance of maintaining people's confidentiality. Staff told us they would not speak with people about other clients and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the Bella Home Care office. Only authorised staff had access to this information.

Requires Improvement

Is the service responsive?

Our findings

Three people told us they were not supported by regular care staff who they knew well. A further seven people explained to us that despite staff showing them kindness, the consistency of staff who visited them needed to be improved. This was because when their regular carers had time off there seemed to be difficulty in obtaining other staff who knew their care needs. Not all care plans contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. Care staff who did not know them well, therefore could not always respond to their needs consistently.

During our last inspection, we saw some people's care plans were contradictory, and the information was not always up to date. This could be confusing for the staff, because they did not always have accurate information about people's wellbeing. The manager had told us they planned to take action to improve the records. The selection of records we looked at during this inspection visit showed us some but not all improvements had been made. For example, the information within people's care plans had recently been reviewed but the information was not always personalised. In two care plans there was detailed information for staff which described how they needed to provide care during each call. In the other three the information was not as specific and information was focussed on the tasks staff needed to complete. For example, 'provide all personal care' and 'full assistance' was written. This could be interpreted differently by staff so people received inconsistent care when they were visited by staff who did not know them well. Some people who received a service were living with dementia and were unable to describe to staff how they preferred their care to be provided. In response to this, the care manager acknowledged this information was not sufficient for staff to carry out their role effectively. They said, "Care plans are still in the process of being updated to include more information and people's personal preferences to ensure people receive personalised care."

One person explained to us how the service did not respond in a timely way when they asked which staff would visit them. One person said, "The assumption is that I get the same care worker, not so. I will get two or three during a week. One regular in the week, and then maybe a couple of different ones at the weekend. They are all very kind to me but I would be a lot happier if I knew who should be coming to me every day and that they would be coming at the time that I really need them to be here to help me out." Another explained they did not know if or what time the staff would arrive. They said, "I end up just guessing what time my carer will ring the front door bell. They don't have enough staff. It really is a service that seems to be organised around the agency's convenience rather than what it is I would like as a client. It can be really frustrating."

Another person said, "Visits are regularly cut short, this is evidenced in the call log. When I reported it, I was advised to find another agency to provide my care as there was nothing they could do to resolve the issue." Following our visit two more people told us how the service was not always responsive to their needs. One person said, "They (staff) left wet towels on my bathroom floor. They (staff) told me they did not have time to tidy up. They knew I could not pick them up myself. The other said, "We have had many issues, staff are in and out in 15 minutes. Sometimes they haven't changed my bed linen when I have asked them (staff) to."

Managers planned calls to people and call schedules were issued weekly to staff each week. People did not have the schedules provided to them which we had identified during our last inspection. This meant people were unaware who would be providing their care. Two people we spoke with were unhappy about this. One said, "That is one thing that I really hate about this agency. At a previous agency I always received a schedule on a Monday morning so I knew who was coming for the rest of the week. I've never had one from this agency and it really concerns me that I have no idea who will be coming from one day to the next and whether it's somebody I know or quite possibly someone I haven't seen in a very long while." Another said, "I would love to receive a schedule so I know who was coming each day, if I did, it would hopefully mean that I wouldn't have to call the office as soon if someone is running late because I would have some reassurance someone had at least been allocated to me on the rota." The care manager told us they would discuss this feedback with the manager to see if it would be possible for rota's to be sent to people as well as the staff.

Ninety six per cent of respondents to our survey told us they were involved in decision-making about their care and support. Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involving people and their relatives had taken place and included their mobility, likes, dislikes and mental health needs.

The manager told us people's care needs were reviewed every six months and people we spoke with confirmed this was correct. One person said, "I feel involved. I have a care plan which details what care I need. However, they could not recall anyone from Bella Home Care talking to them about if they needed to make any changes. One person told us, "I think I can remember someone from the office phoning me up this year to ask if everything was alright, but I'm certain no one has actually visited me to sit down and talk about the service." Records showed us telephone reviews of people's care had taken place within the last six months. The manager told us face to face discussions with people to review their care did take place, but these discussions had not been undertaken with the five people whose records we looked at.

During our last inspection we identified people's preferences for how they received personal care was not always met. During this inspection we saw some improvements had been made. For example, we saw a female person had received care from two male staff members on several occasions. It was documented in care records that the person had agreed to this care. However, we could not be sure improvements had been sustained because one person's relative told us male staff did visit their female relation on regular basis, and this had a negative effect on their relative's wellbeing and personal hygiene because they did not want to be showered by a male worker.

Eighty six per cent of respondents to our survey told us they knew how to make a complaint about and 83% agreed staff responded well to any complaints or concerns they raised. People confirmed they had been given leaflets and the complaints policy was included within the information guide which was located within their homes. However, two people felt their complaints had not been listened to and acted upon. One person said, "I would always make a complaint if I felt it was necessary, but the problem is when you don't get a proper response from the agency you are dealing with, it puts you off complaining again." Another said, "My relative always tries to sort problems out for me and I know in the past they have tried to make sure staff arrive when they are supposed to. We have given up as no one listens to us."

There were systems in place to manage complaints about the service provided. Ten complaints had been recorded about the service in 2016 in the file which was maintained by the manager. Complaints received included the time staff arrived and missed visits. During our last inspection the manager had identified a trend in complaints which had identified these same issues. Our discussions with people during this inspection indicated that some action to improve the service had been taken by the provider.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection we identified the provider was not ensuring that risks relating to the health, safety and welfare of people who used the service were assessed and monitored. The provider was not maintaining accurate and up to date records in respect of each person who used their service, including a record of the care provided. This was a breach of Regulation 17 HSCA 2008.

Following the inspection the provider's action plan showed us how they planned to make improvements. This included the assessment and monitoring of risks and how they would maintain accurate records for all people who used the service. At this inspection we saw sufficient improvements against this breach had not been made. People's care records had been reviewed in-line with the provider's policy but the arrangements in place to check the quality of information recorded was not effective. A number of care plans did not contain sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes.

During our last inspection we identified people's medication records were not consistently completed correctly by staff and the checks that took place to identify gaps and errors were not effective. During this inspection the action that the provider had taken in attempt to resolve this issue required further improvement.

Following our last inspection the procedure to check completed MARs had been improved and people's records were checked each month to make sure there were no mistakes. However, these increased checks had not been sustained and records for ten people were being checked each month at the time of this visit which was less than 10% of people who used the service. The registered manager told us due to other work commitments taking priority it was only possible to audit records for 10 people each month. They told us of their plans to employ another senior member of staff in the near future who would take on the responsibility for auditing records.

We saw in people's records action to respond to their requests were not always listened to acted upon promptly. For example, in June 2016 a person requested a member of staff no longer visited them. The care manager had advised them the staff member could not be removed because they did not have anyone else to provide their care. This evidenced there were not enough staff to meet people's needs. A month later the person's relative requested the staff member stopped visiting. Records did not reflect what action had been taken in response to this. The care manager confirmed they did address the issue with the member of staff and they no longer visited the person.

Another person felt staff in the office did not listen to them because they had told them they did not want one staff member in their home. Office staff did not pass the message on. This caused the person to feel angry when the member of staff had arrived at their home. The care manager told us this was because the message had been written on their paper records and had not been transferred to the electronic system. During our last inspection we found paper records and electronic records were kept separately. The manager had assured us a review would take place to improve how paper copies of records could be

amalgamated with the electronic system to improve communication between staff. This had not happened and we saw how some information which had not been recorded and communicated effectively had had a negative impact on one person.

The feedback we received and our discussions with people during this inspection indicated there were still not always enough staff to meet their needs. This feedback is similar to that which we obtained during our last visit. Despite this the provider told us they had enough staff. During our last visit the manager told us how they had planned to monitor the lengths of time staff spent with people during each scheduled visit to ensure people received the care they required. However, during this inspection we saw sufficient action had not been taken despite monitoring systems being in place. For example, analysis of visit lengths was not being completed consistently and sufficient action to ensure staff used the logging in and out system as required had not taken place. We saw one person had received 84 calls in the three weeks prior to our visit and only 34 of the calls had been logged on the monitoring system. Another person had been visited 11 times and only 4 calls had been logged during the same time period. Therefore, the provider could not be sure if staff had arrived on time or if they had stayed for the required length of time.

The provider had not followed their own procedure because staff had not been disciplined when they had not consistently used the logging in and out system. Some staff had not been provided with mobile phones or their phones were not working to enable them to log in and out of calls as required. We discussed this with the manager who told us there was no reason why all staff had not been provided with mobile phones, some phones were in the process of being repaired and they would make sure all staff had a working phone provided to them in the next few weeks. The manager acknowledged further improvement was required in this area and they told us they would take immediate action to make the required improvements.

We received mixed feedback from people regarding whether the service was well-led. One person explained managers could be difficult to contact if they needed them which was similar to the feedback we received during our last inspection. They said, "Sometimes the phone will be picked up, but other times I've had to leave a message when I've been phoning to see where my carer is and they don't always phone back, usually relying on me to keep phoning them until I do get a response." Another person said, "It's really hit and miss, one day I will get the phone answered promptly, but another day I can be hanging on forever before anyone will pick up." A third person commented, "I'm not sure I could even tell you the name of the manager so it's hard for me to judge how well I think the organisation is led. To be honest, if they can't organise to get carers to me at the right time, then I really don't think I could say that they are well-managed as a service." In response to this the manager told us they had 'an open door policy' and they did try and answer all telephone calls promptly.

This was a continued breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

We saw a clear management structure was in place. The manager was experienced and had been in post for several years. They were supported by a care manager, care coordinators, a senior care worker and a designated trainer. Staff felt valued by the provider and told us they were supported by their managers. Comments included, "All of the mangers are helpful, and they really do try their best." "The manager is approachable," and, "Having worked in care for many years in various roles l commend the management of Bella Home Care, they do their best to provide a good service to customers and always stress the service to customers is high on their priority list. They are always supportive towards all staff."

Staff told us the managers always provided advice over the telephone or they could go into the office and speak face to face with them if they needed to. An 'on-call' telephone number was available for staff to call if

they needed support outside of office hours and this made staff feel their managers were available when they needed. However, some staff had not provided with essential equipment such as mobile phones to enable them to do this. Those staff members used their personal mobile phones to seek advice.

Sixty seven percent of respondents to our survey told us they had been asked what they thought about the service. Some people told us they were asked for their views and opinions about the service during reviews and telephone calls. Other people said they had received a questionnaire from the service asking about their care. The manager showed us feedback they had analysed in March 2016. Fifty two questionnaires had been sent and 62 per cent of people had responded. We saw the provider took action to improve the service where people had identified any issues. For example, some people were unaware of the standard of care they should receive. The information had been added to the customer guide which had been provided to people. Other people had not been aware of the provider's complaints policy. This policy had been included within the customer guide and a newsletter had been sent to people in July 2016 to remind them where the policy was located.

The provider information return told us, 'We have regular team meetings and supervisions where staff are supported to share both good and bad practices.' Staff confirmed they had regular meetings with their managers and the staff team to discuss how things could be improved. For example, in May 2016 it had been had identified staff sickness levels had increased. Staff had been given the opportunity to discuss their attendance at work with their manager and staff had been reminded of the procedure they needed to follow if they became unwell. We saw that staff sickness levels had decreased in the four months prior to our inspection in September 2016.

The manager understood their responsibilities and the requirements of their registration. For example, they knew about statutory notifications and they had completed the provider information return as required by our regulations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that effective quality assurance procedures were in place to assess and monitor the quality and safety of the service people received.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitable qualified, skilled and experienced persons were not always deployed in order to meet the needs of people using the service at all times.