

Bayliss and Wilcox Community Support Ltd

# Bayliss and Wilcox Community Support Ltd

## Inspection report

10 Amersham Way  
Measham  
Swadlincote  
Derbyshire  
DE12 7PD

Tel: 01530271492

Date of inspection visit:  
24 May 2017  
05 June 2017

Date of publication:  
11 July 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 24 May and 5 June 2017 and this was the first inspection of this service. This was an announced inspection and we telephoned the provider four days' before our inspection to ensure we had an opportunity to speak with people who used the service and staff. The service was registered to provide personal care for people. Two people were supported by the provider in their own home. Other people received a support with activities that was not associated with personal care and therefore was not regulated by us.

The service had 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.

People chose how to spend their time and staff sought people's consent before they provided care and support. Where other people were able to make decisions on people's behalf, the registered manager obtained necessary information so they had the legal authority to make decisions that were in their best interests.

The staff knew how to reduce avoidable risk to prevent harm and understood how to recognise and report any abuse. People were supported by staff when out and could take responsible risks so they could do the things they enjoyed. People had opportunities to develop their independence and develop and maintain relationships with people who were important to them. Staffing levels were sufficient and flexible to support people to do the activities they wanted to do. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Where people needed support to take their medicines, systems were in place to ensure they received them when needed. People accessed health care where needed and when they were unwell or had concerns. Staff knew people well and were trained and competent to meet people's needs. The staff were kind and caring in their approach and people's privacy and dignity were respected. Staff had access to training to improve their knowledge of care and enhance their skills.

People were involved in the planning and review of their care and support and family members continued to play an important role. Staff gained information about what was important to people so that they could provide care which met their preferences. Where people had any concerns they were able to make a complaint and this was responded to.

Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service, to review how improvements could be made. The manager promoted an open culture which put people at the heart 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.

People's risks associated with their everyday care were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed to ensure people were supported to take what they were prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to gain the skills and knowledge they required to care for people. Staff understood the importance of supporting people to make decisions. People had access to food and drink they wanted.

### Is the service caring?

Good ●

The service was caring.

People and staff had developed good relationships and respected each other. Staff were kind and showed an interest in people whose needs they knew well. People were supported to maintain their dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their preferences and staff understood what was important to them. People were aware of their care plans and could read and review them whenever they wanted to. People knew how to raise any concerns or complaints and felt they would be listened to.

### Is the service well-led?

Good ●

The service was well led.

People were provided with opportunities to feedback their views on the service. There were quality monitoring systems in place

which were used to drive improvements. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

---

# Bayliss and Wilcox Community Support Ltd

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 24 May and 5 June 2017 and was announced. The provider was given four days' notice because the location provides a domiciliary care service and we needed to be sure that we could speak with people and someone would be available at the office. The inspection was carried out by one inspector. There were two people receiving a service at the time of our inspection.

On this occasion we did not ask the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with one person who used the service, one relative, six members of care staff and the registered manager. We observed how the staff interacted with people who used the service. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

People were involved in the assessment and review of their risks and staff understood how each person wanted to be supported. One relative told us, "They always make sure they are safe and have done the necessary checks. If there is anything they are worried about, we all work together to sort this out and make sure they are happy and well." One member of staff told us, "We have done our risk assessments but more importantly we know them and work closely together as a team so we can make sure they are safe but also allowed to do things that may be risky if they want to. We are here to support them to live the life they want to, and the risks assessments help us to do this as safe as we can but not to stop doing the things they want."

People were helped to understand what potential abuse was and how to report it. One person told us, "If I had any worries I would call the manager." Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were reported to the registered manager and local safeguarding team.

People were satisfied with the frequency of staff support and took into account the activities they wanted to be involved with during the day in their home and when out. One person told us, "I have staff to help me all the time. I like all the staff that help and I decide what I want to do." The level of support was reviewed with the person and people who commissioned the service to ensure it continued to meet their needs and we saw the agreed support was provided. There were no current vacancies in the service and staff worked together as a team to cover any unplanned absences and leave. One member of staff told us, "It's important that [Person who used the service] has consistency. They like to know who is providing the support. It wouldn't work with strange staff who they didn't know and that wouldn't be fair for them."

People were supported to have their medicines as prescribed. We saw one person had medicines dispensed in a blister pack to enable them to easily recognise which tablets they needed to take each day. They told us, "I have my tablets when I need them. I keep my tablets here (in their home)." The staff had a good knowledge of what medicines people needed and why they were required.

When new staff started working in the service, recruitment checks were completed to ensure they were suitable to work. One member of staff told us, "When you start working here, you have to wait for all the checks to come back before you can start working. It's better this way as they need to make sure we are the right people for this job." We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

## Is the service effective?

### Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for people living in their own homes is through the Court of Protection [CoP]. On this inspection we checked whether the provider was working within the principles of the MCA.

People were able to make decisions about how they spent their time and how to be supported. They confirmed that staff sought their consent before they provided support and staff told us that people had the ability to make everyday decisions about their care and support. Some people lacked capacity to make some important decisions and needed help from others to make these decisions in their best interest. The staff told us that they were supported to make decisions through a Deputyship, as a member of their family had applied to be their deputy although the staff had not seen a copy of this authorisation. A Deputyship enables people who are authorised by The Court of Protection, to make decisions on their behalf. To ensure only people who had the legal authority could make decisions on others behalf, following our inspection, the provider obtained these necessary documents.

People were supported to have access to health care services, including G.Ps and dentists. One person told us, "I have to see the doctor and they check my blood." Staff explained that this was to ensure their medical condition was managed with the medicines they took. They told us, "Medicines have been changed in the past and they like to keep an eye on them to make sure they are having the right dosages. We record if they have an (epileptic) seizure and this is reviewed by the doctor." Another member of staff told us, "We have great support from the community health team. If we are concerned about anything they are always there to give us advice or come out and visit. We have a really good relationship with them,"

People were happy with how staff provided support and how they were trained. Staff received specific training around the individual support needs of each person who used the service. One member of staff told us, "One of the most interesting training was for autism. It helped me to understand some of the behaviour I see and how I can speak with people and support them." When new staff started working in the service they worked alongside other staff who knew people well. One person told us, "I see all the new staff who come here and I tell the manager if I like them or not." Staff explained it was important to introduce new staff to people and enable them to develop a good relationship. "When working in someone's home, it's important that they feel comfortable and trust you. Sometimes it takes quite a while but everyone is different and we have different personalities." All the staff were completing training for the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People were supported to shop, plan and prepare meals in their home. One person told us, "I prefer it when the staff do the meals and they are here to help me." Staff explained that support was provided to help people to develop the skills they needed to prepare meals. People went shopping with personal money and chose the food they wanted to eat and had access to food, drinks and snacks throughout the day. One person told us, "I like cups of tea and the staff help to make this for me."

## Is the service caring?

### Our findings

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. One person told us, "I'm the boss here and the staff listen to what I want and help me. I like the staff here and they are very good and kind to me." One relative told us, "The staff here are like family. We have a really good relationship with them all and the whole family is happy with how they help [Person who used the service]. I trust them all."

People's privacy and dignity were promoted and respected. One person told us, "I have my own room and If I want to go there on my own I can." They explained they had a call system which enabled them to speak to staff if they needed support, but it also enabled them to remain private. They told us, "I like my room and the staff come in only if I let them." The staff understood people's care needs and spoke knowledgeably about how they were able to support people. One member of staff told us, "We are all very clear that this is [Person who used the service]'s home. We respect their privacy and know having time alone is important for them. We have developed a really good relationship with them so recognise this."

People made choices and decisions about their care and their independence was promoted to maintain their living skills. One person spoke proudly of their role in their local community and spoke and helped with looking after their neighbours home, such as cutting the front grassed areas. One member of staff told us, "It's lovely to see how the neighbours look out for each other here and help each other out. It's great to see how [Person who used the service] has become valued here and how people respect each other."

Staff respected people's privacy and were aware of the need to maintain confidentiality and securely maintain records. One person told us, "I keep my care plan here in my home." They consented for us to read the plan and we saw it reflected how they told us they wanted to be supported. They continued to tell us, "The staff can read it but nobody else can." This demonstrated that people and staff understood how to ensure information was protected.

## Is the service responsive?

### Our findings

People chose how to spend their time and were involved in a range of activities according to their interests. Support was provided with personal care in the home and to pursue activities and interests that were important to them. For example, going shopping, playing snooker and visiting places of interest. During these support visits, personal care was not provided and therefore this support is not regulated by us, although people spoke positively about the support they received from staff.

People had a support plan which they kept in their home and told us they had been involved in how this was developed. We saw the support plans were personalised and contained information to assist staff to provide support. We saw that the care records were reviewed regularly or when people's needs changed. One person told us how they had recently experienced a fracture which meant their support and care had changed as they were less mobile. The staff explained that health professionals had been involved with the review of the plan to ensure they could be safely supported in their home. One relative told us, "It was a difficult time and the staff were excellent. We had to change the home around to make sure they could get around and be safe. I can't fault them and how they adapted."

People knew how to raise issues or make a complaint and felt confident that any issues raised would be listened to and addressed. One person told us, "I'd tell the staff if anything was wrong and the manager. I can ring them any time and they listen to me." The provider had a complaints procedure and staff understood the need to investigate any complaints. There had been no complaints made since registration of the service.

## Is the service well-led?

### Our findings

The service had a registered manager who spent time working alongside staff. We saw their values were based on respect for each other and putting people at the heart of the service. The staff told us that the registered manager was approachable and provided the support they needed to provide good care to people who used the service. People who used the service and their relatives told us that they felt the manager was supportive and available when needed. One person told us, "I can call them when I want. I have their number in my phone and they always answer and talk to me." One relative told us, "The manager and all the staff are brilliant. I cannot fault the support or the service."

This was the first inspection of the service since registration and we saw the provider had sought the views of people and professionals to help to develop the service and drive improvements. We saw comments from professionals included, 'The feedback to the review [of person who used the service] was invaluable. They have great insight into the needs of the person and are proactive in working across the agency and with family to resolve issues.' Quality assurance systems had been developed and the registered manager carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. The registered manager knew which incidents needed to be reported to us and notified us of significant events. This helped to ensure the service was effective for people.

Staff were encouraged to contribute to the development of the service. Staff meetings were held for them to discuss issues relevant to their roles and how the service was inspected. We saw the last team meeting reviewed how they could further develop effective team work; review how the training they had completed could be used to demonstrate competence with completion of the care certificate. It also reviewed how they could demonstrate they were providing a good service by reviewing our regulations and values. One staff member told us, "I enjoy meeting together and talking about what's happening and what we can do to improve. We are a close team and want to get everything right."

Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying. One member of staff told us, "You may think it would be difficult here as it would be obvious who is making the report, but that's not the case we all know that if something is wrong then we would report it. We have to remember why we are here and [Person who used the service] is the important one and we all act to make sure they get the right care and are protected."