

Bare Hall Quality Carers Limited

# Bare Hall Quality Carers Limited

## Inspection report

Lancaster Road  
Morecambe  
Lancashire  
LA4 5TH

Tel: 01524832744  
Website: [www.barehallqc.co.uk](http://www.barehallqc.co.uk)

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07 June 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

This unannounced inspection took place on 27 May and 06 June 2016.

Bare Hall Quality Carers Limited is registered to provide personal care to people in their own homes. In addition the agency also provides other support to people such as shopping, household maintenance and other domestic services. The agency operates from a ground floor purpose built office and is accessible to anyone. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in.

At the time of inspection, the registered provider employed 87 staff and delivered a service to 231 people across Morecambe, Lancaster and surrounding areas.

There was a registered manager in place. 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.

During this inspection carried out in June 2016, people spoke positively about the quality of service. They told us staff were caring and kind and sometimes went above and beyond what was expected of them.

People told us staffing levels met their needs. Staff were reliable and flexible and were committed to ensuring all visits were maintained. Staff were courteous and would ring if they were going to be late.

Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. During the course of the inspection we identified one incident which had been investigated by the Local Authority but had not been reported to the Care Quality Commission. The Service had followed its safeguarding policy but this did not meet Care Quality Commission Regulations. We have made a recommendation about this.

Systems were in place to check all staff employed had the required skills and were of suitable nature before they started working for the service.

Arrangements were in place for managing and administering medicines. People were encouraged to self-administer medicines where appropriate.

People's healthcare needs were monitored and concerns regarding people's health were fed back to relevant health professionals or the person's relatives so action could be taken. Relatives said staff responded to health concerns in a timely manner.

Care plans were in place for people who used the service. Care plans covered support needs and personal wishes. People told us care plans were reviewed and updated at regular intervals. Information was sought

from appropriate professionals as and when required. Staff providing direct care said they were encouraged to be involved in the reviewing of care needs of people and communicated all changes in needs to management.

The registered manager said they promoted person centred care through the development of individualised care plans. People told us they were consulted with when developing their care plans.

Staff had a good understanding of the Mental Capacity Act and how this impacted upon their work.

Staff praised training provided and told us development opportunities allowed them to carry out their tasks proficiently. The registered provider kept records of all staff training completed.

Staff said they were supported by management and described teamwork within the service as good. Staff were expected to visit the office on a weekly basis to collect and return all required paperwork. The registered manager said they used this opportunity to keep staff briefed and updated.

People who used the service and relatives spoke positively about the management of the service and the effectiveness of the care provided.

The registered manager had a complaints policy in place which gave clear instruction on how to manage complaints. They told us they had received some issues of concern but had not received any formal complaints to date. People told us whenever they expressed any concerns they were acted upon swiftly and treated seriously.

People said they were supported to meet their nutritional needs. Records were kept when support had been provided with eating and drinking.

The registered provider carried out formal quality audits, engaging with people who used the service on a regular basis. Feedback on service provision was positive.

## 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 who used the service told us they felt safe. They told us staff were reliable.

The provider had recruitment procedures in place to ensure staff recruited were of suitable character.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

Suitable arrangements were in place when people required support with medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had access to training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

People who used the service told us their nutritional and health needs were met.

### Is the service caring?

Good ●

Staff were caring.

People who used the service told us staff were kind and caring.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

### Is the service responsive?

Good 

The service was responsive.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system in place. Identified concerns were taken seriously and acted upon before concerns escalated to a complaint.

### Is the service well-led?

Good 

The service was well led.

People who used the service and relatives described the service as well managed.

Regular communication took place between management, staff and people who used the service as a means to improve service delivery.

# Bare Hall Quality Carers Limited

## **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 27 May and 06 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

Information from a variety of sources was gathered and analysed prior to the inspection taking place. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We contacted the local authority and received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with eight members of staff. This included the nominated individual, the registered manager, a deputy manager, a care coordinator, and four members of staff who provided direct care. We also spoke with a consultant who was employed to provide advice and guidance to the registered provider.

As part of the inspection process we made telephone calls and spoke with six people who used the service. We also spoke with two relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care plan files relating to seven people who used the service and recruitment files belonging to six staff members. We viewed other

documentation which was relevant to the management of the service including health and safety certification and training records.

# Is the service safe?

## Our findings

People and relatives said safety of people was considered at all times. One person said, "Because of my condition it is important staff make me feel safe. Staff are aware of this and help me to feel safe." One relative told us, "They absolutely keep people safe."

As part of the inspection process we looked at how the registered provider assessed and managed risk. We noted the registered provider had recently updated their policy surrounding assessment of risk. The policy identified areas in which risk must be addressed by the registered provider and referred to Health and Safety Executive guidance.

Risk assessments were carried out by management before support was provided to people to ensure the environment was safe for people to work in. Risks to people using the service were also addressed and were incorporated within the person's care plan. We noted risk assessments were reviewed at least annually or when changes to people's needs were identified.

The registered manager said they over saw any services where risk was identified and carried out monitoring visits to ensure the risk was being appropriately managed. The registered manager told us, "I will not leave people at risk. I am happy to raise risks with the Local Authority and will not leave it until it is sorted."

We saw evidence of multi-agency working with Lancashire Fire and Rescue Service. The registered provider had sent information to all people who used the service about the importance of fire safety and had worked with people to encourage them to have routine fire safety checks carried out in their home.

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed six staff files. We found full employment checks were carried out prior to staff commencing work. The registered provider ensured a full employment history was recorded for each staff member. They also sought two references, one of who was the person's last employer. This allowed the registered provider to consider and review the persons conduct in previous employment.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing personal care within health and social care. Staff told us they were unable to commence work without receipt of a valid DBS. The registered provider said they renewed staff DBS certificates for staff who have worked for the company for a significant period of time.

The nominated individual of the service said they took recruitment checks for all staff seriously. They said, "Our primary consideration is will the people who use the service be safe?"

We looked at how safeguarding procedures were managed by the registered provider. We did this to ensure people were protected from any harm. Staff were able to describe different forms of abuse and were aware of the system to report any safeguarding concerns to management. One member of staff said, "I would



report any suspicions to the office, I wouldn't mention it to anyone else."

Staff were aware of their rights to whistle-blow and said they would not be afraid to do so. One staff member said, "I would go above their heads (the management) if no one listened and did anything about it."

We spoke with the registered provider about identifying and reporting safeguarding concerns. During the course of the inspection we noted two incidents which had been investigated but not documented as safeguarding concerns. The registered manager said they had discussed the incidents with the local authority and were informed they did not need to report the concerns to the Care Quality Commission. We looked at the Services policy and noted this did not reflect current Health and Social Care Regulation. We highlighted this to the registered manager who said they were in the process of amending and reviewing all policies. They agreed to amend their policy.

We recommend the registered provider consults with good practice guidelines and develops a new safeguarding of vulnerable adults policy.

We looked at staffing arrangements in place to ensure people received the support they required. The people we spoke with told us staff were reliable and always turned up. No one had ever experienced any missed visits. People told us staff were courteous and would ring if they were going to be late.

We asked people who used the service and relatives about the support time provided by Bare Hall Quality Carers. People consistently told us staff always stayed for the allocated time and never left early. One person said if staff finished their jobs early they would always stay and complete other tasks or chat with them.

During the course of the inspection we looked at paperwork relating to visit times. We noted records relating to two service users documented shorter than commissioned visits. This had occurred on a frequent basis. We asked the registered manager about this and they explained these people often asked staff to leave early when they had completed tasks or had family visiting. The registered manager agreed to improve record keeping when this occurred and agreed to ask staff to record the reasons as to why a visit had ended early so there was an audit trail.

We spoke with a care coordinator who was responsible for scheduling staff visits. They said their role was to ensure people received visits from regular staff who knew people's needs. This promoted consistency of care. They also monitored for any potential missed visits and acted to ensure all visits were maintained. They said, "We don't miss any visits. People will ring and we act."

We looked at how the registered provider managed medicines for people who required support. When people could self-administer they were supported to do so. Support with medicines was reviewed on an annual basis. The registered manager promoted independence wherever possible.

We noted staff recorded in daily records when medicines had been given by staff. When people required assistance with creams and ointments we noted body maps were in situ to direct staff as to where creams were to be applied. This promoted effective care and treatment.

We looked at how accidents and incidents were managed by the registered provider. The registered provider said they had not had any accidents or incidents recorded. We spoke with staff about reporting of incidents. They were aware of reporting procedures in place.

# Is the service effective?

## Our findings

People who used the service told us the care provided was good. They told us they were supported by regular staff who knew them well. One person said, "Staff get to know me, my needs, what to do and how to do it."

Both relatives we spoke with praised the effectiveness and knowledge of the staff. They told us staff at Bare Hall Quality Carers would consult with them if they had any concerns about their relative's health. One relative said, "If it wasn't for the quick thinking of [staff member] my [relative] would not be here. They saw they weren't right and called 111. They saved their life."

We asked staff how they promoted people's health. One staff member said, "We need to be aware of people's health needs. Because I visit people regularly I know what their needs are. If I was in doubt I would look at records or speak to the office."

Staff were aware of the need to communicate with other health professionals if they had any concerns. One staff member said, "If I had concerns I would get the doctor or speak to the district nurse."

People's health needs were identified and addressed within the care assessment. As part of the pre-assessment admission the registered provider collected information about the person's medical history. This was sometimes detailed within the main care plan. We noted one person's medical history stated the person had a specific medical condition. This was not noted on the main care plan. The registered manager said the person was sensitive about the matter and did not want everyone to see this. The registered manager said staff were briefed about this before visiting the person so they were aware of how to monitor the condition and address the associated risks.

We asked staff how they promoted diet and nutrition where appropriate. Staff said they supported people to cook meals if this was identified as a need within the care plan. They said if they had any concerns about people's dietary intake they would consult with the health professionals. Staff told us they had received some training from the District Nursing Team in relation to managing one person's dietary linked health condition.

We looked at records relating to a person who was at risk of malnourishment. We noted records were maintained to show when support had been provided with diet and nutrition.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We spoke with staff to assess their working knowledge of the MCA. Staff were aware of the need to consider

capacity and gave examples of what they have done when they have assessed people as lacking capacity. One staff member described how they communicated with health professionals when one person had made an unwise decision. As a result of the communication a best interests meeting was held to consider the welfare of the person as they lacked capacity. Another staff member said, "People can make unwise decisions. If I was concerned I would speak to the office or the person's legal guardian."

We looked at training opportunities offered to staff. We did this to ensure staff were appropriately trained to carry out their role. The registered manager told us training was provided by a variety of means including in-house training and usage of external trainers.

The registered provider had a training room on site which was used for staff training. The training room had a profile bed, a lifting hoist and other pieces of equipment within the room. The registered manager said the equipment was used to train staff in appropriate techniques before they visited people in their own homes. This reduced any risk of accidents or harm.

We looked at a training matrix the registered provider maintained to evidence staff training had taken place. Training provided to staff included stoma care, first aid, load management, food hygiene, health and safety, handling of medication and safeguarding. We noted there were some gaps in training and discussed this with the registered manager. They told us they were in the process of implementing a new training recording system so information was not fully up to date on the matrix. They said a staff member had recently been identified to take on the role of overseeing staff training.

Staff praised the training and development opportunities offered by the registered provider. One staff member said, "I have had so much training I can't remember exactly what I have done!" Staff said they were always provided with appropriate training and support prior to supporting people in their own homes. They told us they received annual training updates through in-house and on line learning. Staff said they were not afraid to ask for additional training if they did not feel comfortable in carrying out tasks.

One staff member said they were scheduled to work with a person with a particular health condition. The registered provider organised a training course for them to develop their knowledge. The staff member said the training course did not provide them with all the knowledge they required and they did not feel confident in working with the person. They registered manager swapped staff so an experienced staff member could attend and then organised further staff training for this member of staff. This shows the registered manager was committed to ensuring staff were appropriately trained for the role.

We asked staff about support offered at the beginning of their employment. They told us they were supported on visits and shadowed experienced members of staff at the beginning of their employment until they felt comfortable to work alone. Staff said they were happy with the support they received at the outset of their employment.

The registered manager said the assessment officer within the service routinely carried out spot checks on staff. They visited them whilst on shift and observed their practice to ensure people were getting the correct care. Documentation was completed after each observation and findings were fed back to staff to assist them improve their performance or to give recognition.

We asked staff about supervision. We received mixed feedback on the frequency of supervision. Office based staff told us they had regular supervisions with management; however staff providing direct care said they did not receive regular formal supervision. Staff did not see this as a problem however as they said the registered manager was readily available if they had any concerns.

## Is the service caring?

### Our findings

People complimented staff on their kind and caring nature. One person said, "They are excellent girls, so kind."

One relative said staff sometimes went above and beyond what was expected of them. They told us on one occasion their relative had taken ill earlier in the day. The staff member voluntarily called in after they had finished work to check upon the person's welfare.

Relatives told us people were treated with dignity and respect. One relative said their loved one sometimes displayed behaviours which were challenging to the service. They told us staff treated the person with patience when supporting them in challenging situations.

Staff spoke of the importance of listening and taking time out to understand people. One staff member said, "We need to listen. Things we consider as little things may be big things to the people and can affect their happiness."

The registered manager said they tried to skills match staff to people so that positive relationships could be formed. They acknowledged they did not always get it right and explained if a person was unhappy with a staff member, they had the opportunity to try other staff.

Staff said they were encouraged to have a regular caseload of people they visited so that relationships could be built and maintained. This promoted continuity of care and created satisfaction. One member of staff told us they had worked with one person for over twenty years. They said they had formed significant relationships with the person in this time.

Staff spoke fondly about the people they supported and the relationships they had formed with people. One staff member referred to a person they supported as, "My lady."

The registered manager said they often spoke up for people who had no family if they felt no-one was listening or they needed support. They said they often carried out tasks, above and beyond what was commissioned. We spoke with the registered manager about the benefits of seeking assistance from advocacy agencies for such people. The registered manager agreed to look into how advocacy services could be of benefit to people they support.

Two members of staff recognised how staff mood could impact upon the quality of the service provided. One staff said, "It's really important we are happy at work. Our mood can affect how people feel." Another staff member said, "If you don't enjoy your job, you shouldn't be here."

We asked people if they were treated with dignity and respect. Each person we spoke with said they were treated in a respectful manner. One person said, "They treat me with dignity and respect. They always check I am happy."

The nominated individual said they highlighted the importance of privacy and dignity at the outset of employment with staff. They had signed up to the 'Dignity in Care' Charter.

We asked staff how they ensured they privacy and dignity was maintained. One staff member explained the importance of respecting people's wishes when working in someone's home. Staff told us they always knocked before entering people's homes and were trained to be respectful when providing personal care to people.

## Is the service responsive?

### Our findings

People and relatives told us they were very happy with the responsiveness of the registered provider and the standard of care provided. Feedback included, "I am very happy with the service." And, "Staff are always at the end of the phone if I want to ask questions."

We looked at how complaints were managed by the registered provider. We noted the registered provider had a complaints policy which detailed how to complain and who to complain to. The registered provider told us they were in the process of updating the policy.

The nominated individual said that, alongside the complaints policy they had a dedicated email address which people could use to directly speak to management should they have any concerns.

The registered manager told us complaints were taken seriously and were dealt with as soon as they were raised. They believed that addressing concerns as soon as they were raised prevented concerns being escalated into complaints. The registered manager said they had never had any official complaints raised.

Concerns made by people who used the service were logged electronically on an incident report. The consultant working with the registered provider said concerns were routinely analysed to ensure there were no themes within concerns raised.

People we spoke with had no complaints about the service. They told us they were encouraged to speak out if they were unhappy with their care. People said when they had raised concerns they were dealt with effectively and in a timely manner.

Feedback included, "I have no complaints at all. I complained once about a new member of staff and it was dealt with straight away." Another person said, "I have never had to complain. I know I can complain to [registered manager] if I am not happy."

We saw evidence within individual care records that people who used the service were given as a complaints procedure detailing their rights to complain as part of their service user guide. This gave clear instruction to people informing them who to complain to and their rights.

During the course of the inspection we looked to see how the registered provider delivered person centred care. To do this we looked at care records relating to eight people who used the service.

We were told pre-admission assessment checks were carried out by an assessing officer prior to a service being provided to a person. Pre-admission checks allow the service the opportunity to gather information relating to a person before a service is delivered.

Care records were person centred and contained detailed information surrounding people's likes, preferences and daily routines. This highlighted key points of their likes, dislikes and important factors to

consider when supporting them. Care plans detailed people's own abilities as a means to promote independence, wherever possible.

The registered manager said they were committed to ensuring they created person centred services for people and said, "You are not buying a product off Amazon. We make it individual to each person."

Peoples consent was sought throughout the care planning process. When people had capacity they were asked to sign to show they were involved in developing the care plan and were happy with the content of the plan. When people did not have capacity it was documented in the care plan.

We noted each care plan was dated to show when it had been completed. We noted that reviews took place in a timely manner. One person told us they were regularly consulted with about their care plan. Staff told us they were encouraged to communicate with management if peoples changed so plans could be reviewed. One staff member told us if people's needs changed and the care plan was no longer appropriate they could inform a manager and the care plan would be amended accordingly.

Care reviews with people took place at least annually. We noted that people were routinely asked to give feedback about the service provided as part of the review process. Feedback received at each review consistently demonstrated that people were happy with the service they had received and had no complaints.

People who used the service praised the responsiveness of the management and said managers often popped in for visits to ensure people were happy. Management said they found pop in visits very helpful in supporting people to feel comfortable in discussing the service provided as people did not routinely like to complain.

## Is the service well-led?

### Our findings

People who used the service and relatives described the service as 'well-managed' and expressed satisfaction at the service provided. Feedback included, "The managers are excellent."

In order to ensure the smooth running of the service the registered manager said they had constant oversight on the way the service was run. They said, "I keep an eye on everything that is going on."

We asked the registered manager about achievements since their last inspection. They said they were proud of the way they had managed to maintain the quality within service provision whilst the service has grown.

The registered manager said they had an open door policy and were always available to help staff when necessary. They said they liked to be proactive seeing staff on an individual basis and would speak to staff as concerns arose.

The registered provider sought feedback from people using the service and relatives to ensure the service delivered was to a suitable standard. We looked at a set of audits carried out in 2015 and found all feedback provided was positive. Feedback from people included, "This is a first class service." And, "Bare Hall Quality Carers provide an excellent service which contributes to me being able to stay in my own home." Quality audits were overseen by the independent consultant. They fed back all findings to the management of the service. This helped maintain the objectivity of the findings.

The registered provider had also undertaken a nationally recognised quality management system audit in 2015.

Staff working for Bare Hall Quality Carers were positive about the management systems in place and told us that communication was good. They said the registered manager was readily available to discuss any concerns. In their absence office staff could be contacted with for advice and guidance. Staff considered the knowledge of office staff as good.

Staff described teamwork as, "good." They said they were communicated with through memos, newsletters and regular conversation with management. Staff providing direct care told us that team meetings did not occur. They said this did not affect performance and did not have an impact upon their work. However two members of staff felt team meetings would be a good idea.

The registered manager told us they liked to engage with people to ensure they were happy with the service on an informal basis. They said they listened to people for suggestions and said, "No one is perfect. We can all do better." We spoke to a relative who told us they were frequently asked for feedback about service delivery. This showed the registered manager was committed to listening to relevant parties as a means to make improvements within service delivery.

Communication with people who used the service was also promoted through the production of large print



information for people with sensory impairments.

The registered provider was committed to continuous improvement and was working proactively to improve service delivery. They said, "It's nice to set the bar and work towards outstanding." They told us they were in the process of migrating all organisational information onto a new data management system. They said this would allow further improvements within the service to take place. The registered provider said they were also in the process of reviewing all policies and procedures to ensure they were up to date and fit for purpose.

We saw evidence of partnership working. The registered provider attended provider forums to keep themselves up to date. The registered provider showed evidence of documentation relating to membership of other partnership agencies, which they referred to and consulted with to ensure good practice was achieved.

The registered manager said they had regular management review meetings with the nominated individual and the deputy manager to discuss the management of the service. The nominated individual said they were currently working with the deputy manager to develop a business continuity plan.