

Bells Home Care Ltd

Bells Home Care Limited

Inspection report

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Tel: 01964614925

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 15 November 2018 and was announced. This was the first inspection since Bells Home Care Limited was registered with the Care Quality Commission (CQC) in November 2017.

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people, younger adults, people with a learning disability or autistic spectrum disorder, people with physical disabilities and people living with dementia. At the time of our inspection, there were no people with a learning disability or autistic spectrum disorder receiving a service. The service provided personal care to 34 people.

There were two company directors at this service. One of the directors was the registered manager. A registered manager is a person who has registered with the CQC 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 Act 2008 and associated regulations about how the service is run.

The service provided an exceedingly caring and holistic service to people within the community, which was led from the director and the registered manager in particular. Support provided by staff directly enhanced people lives in areas including; health, mobility and independence.

Without exception people and their relatives were extremely complimentary about the service. They were full of praise for the care staff and the registered manager and told us that they were exceptionally kind, caring and compassionate towards them. People were supported by staff who routinely went above what people expected of them and this meant people received excellent, high quality care which positively impacted on their health and wellbeing.

There was a strong culture within the service of treating people with dignity and respect. People and the staff knew each other well and these relationships were valued by people who used the service.

The service was well-led. The registered manager clearly communicated their vision for providing a service that promoted a high standard of person-centred care. Both directors were role models and care staff followed their lead by embedding the values of the service in all areas of support for people.

All of the people we spoke with told us they felt safe. People were supported to make their own decisions; this was encouraged and reflected in their care plans. Care plans demonstrated that the principles of the Mental Capacity Act (MCA) 2005 had been applied.

Medicines were managed safely and staff had good knowledge of the medicine systems and procedures in place to support this.

Staff had access to training and plans to enhance the training provision were in place. The registered

manager carried out competency assessments and spot checks to ensure staff were competent in their roles.

Staff understood what action to take to safeguard people from abuse and risks that people were exposed to were appropriately assessed and managed. We found staff had been recruited safely.

People's nutritional and hydration needs were well-catered for. Staff supported people with their choice of meals and care plans contained information about people's dietary preferences. People were happy with the support they received in relation to their meals.

The management completed investigations into incidents and accidents to reduce the likelihood of future similar incidents. People were protected from the risks of infection through the provision of personal protective equipment for staff.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection.

There was a range of quality audits in place completed by management. All of the people we spoke with told us they felt the service was extremely well-led and that they felt listened to and could approach all staff with any concerns.

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 received their medicines as prescribed.

Staff had received safeguarding training and knew what to do if they had concerns people were at risk of abuse.

Risk assessments were completed.

Staff were recruited safely and they were sufficiently deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff knew how to gain consent before delivering care to people.

Staff supported people to meet their health and nutritional needs. They contacted health professionals for people as required.

Staff had access to induction, a range of training courses, supervision meetings and ongoing support from management.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff's support enhanced people's quality of life.

People told us staff exceeded their expectations and provided a holistic package of support, which increased their wellbeing.

Staff were creative in their support of people to be as independent as possible.

All feedback about staff and the management, without exception, was positive and commented on the kind and caring nature of the service.

Is the service responsive?

Good ●

The service was responsive.

People who used the service had their needs assessed and plans of care had been developed to guide staff in how to meet them in an individual way. Staff knew people's needs well.

People were supported to remain in their home for end of life care if this was their choice. The provider was passionate about providing empathic end of life care.

The provider had a complaints policy and procedure.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and provider led by example, ensuring a person-centred and holistic approach was provided to all people they supported.

People we spoke with knew the registered manager well and had confidence in their ability to provide a well-led service.

Staff were proud to work at the service and respected the commitment and enthusiasm demonstrated by the providers.

A quality monitoring system of audits and checks was completed on a regular basis to monitor the service and consider improvements.

Bells Home Care 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.

The inspection site visit took place on 15 November 2018. This was the first inspection since Bells Home Care Limited was registered with the Care Quality Commission (CQC) in November 2017. We gave the provider, five days' notice of our inspection. This was because the location provided a domiciliary care service and we needed to be sure the registered manager and staff would be available to support the inspection process.

The inspection team consisted of two inspectors 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. On the 15 November 2018 one inspector visited the site office, one inspector visited people in their homes and the Expert by Experience made phone calls to people.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the PIR and all the intelligence CQC held, to help inform the planning of our inspection and our judgements.

We contacted the local authority safeguarding and contracts and commissioning teams to request their views of the service. We received information from two health and social care professionals involved with supporting some of the people who used the service.

During the site visit, we visited three people in their homes and telephoned six people. We spoke with four relatives of people who received care. We looked at care records for three people and other important documentation including medication administration records (MARS) and monitoring charts for food and fluid intake.

We spoke with the two providers, one of whom was also the registered manager. We spoke with two care coordinators and two care staff. We looked at recruitment files for four members of staff, staff supervision, appraisal and training records, as well as other records used in the management and monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff who provided a service. Comments included, "Safe, absolutely yes, I feel safe. The staff always use gloves, vest and aprons. I know all the carers who come to me and I feel they have enough staff. If the staff are ever held up its only ten minutes and they let me know. I've got a key safe for staff to use."

We found there were systems in place to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, which informed staff about how they could both report and escalate concerns. The staff we spoke with were clear about what they would do and who they would speak with about concerns. Staff completed safeguarding training on induction and refreshed this training annually.

The provider had systems in place that ensured people's medicines were managed consistently and safely by competent staff. Medicine information had been included in people's plan of care and people had a medication administration record (MAR) that staff signed each time they administered a medicine. There were records to show that staff medicines training and competency checks took place.

People we spoke with told us staff always attended their calls. One person said, "The staff arrive on time and they are good. If there is going to be a delay they let me know." Another person told us, "I feel safe and I trust them. The staff are always on time, spot on." We found staffing levels were sufficient to meet people's needs.

Staff were recruited safely. Application forms were completed so gaps in employment could be explored; where there were gaps, these were discussed during interview. Two references were obtained where possible but always one from the person's last employer. A check was made with the Disclosure and Barring Service (DBS), which indicated any criminal convictions or cautions and also any information about people who may be barred from working with vulnerable children and adults. DBS checks help employers make safer recruitment decisions. Staff were issued with uniforms and identity badges following their recruitment so people who used the service could check their authenticity.

Staff were provided with personal protective equipment which helped to prevent the spread of infections. People who used the service confirmed they saw staff using the equipment such as gloves and aprons and this was observed during the inspection.

People who used the service had assessments completed to identify potential risks. The risk assessments we saw related to falls, mobility, infection control, self-neglect, medication and health related issues. A risk assessment had been carried out on people's home environment to identify issues such as fire hazards.

We found accidents and incidents were reported by staff and escalated to the management and records of these kept. The registered manager advised us that all incidents and accidents were monitored to enable tracking of any trends and to look for opportunities for reflection and lessons to be learnt. We observed a

central log of all accidents, incidents and near misses was up-to-date and monitored at the site office.

Is the service effective?

Our findings

People told us they felt staff had the correct skills to deliver their care. Some people told us, "The staff are definitely trained up well. I'm an ex nurse so I can tell; they are spot on" and "The staff certainly seem to know what they are doing." One relative told us, "They come five times a day and they have been trained to deliver this care."

Staff received an induction prior to starting work. The induction included completing training and shadowing shifts with more experienced staff. The length of the induction was flexible to suit the member of staff, their skills and confidence. Within this induction period, all new staff completed on-line training. Staff told us they felt supported in their role and received regular supervision meetings with the registered manager. One member of staff said, "If I ever have a problem, I just ring up and there is always someone there to help me and deal with it; I feel supported." Documents showed staff attended team meetings to discuss any concerns and policies of the service.

Staff were sufficiently trained to meet the needs of people and plans were in place to increase the provision of training provided. We saw staff training information, which was organised and detailed all the training staff had received. Staff told us how they were encouraged to develop their knowledge and skills through additional specialist training. One member of staff told us, "I want to go into nursing and they have been brilliant in supporting me with this. They have supported me with my NVQ level 2 [a nationally recognised vocational qualification in care]; I am coming to end of that now. They have arranged for me to start NVQ level 3." Another member of staff told us, "I am doing my NVQ level 2 and we are looking into some specialist courses to incorporate with some of the people I support, such as sports massage and physiotherapy." The provider was committed to ensuring their staff team could meet the needs of people who may be referred to the service. They informed us that they were training the team in specialist courses, such as Makaton and British Sign Language even though no one they supported at the moment required this specialism.

The 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. The provider had not made any applications to the Court of Protection to deprive someone of their liberty as would be the process in a community setting.

We checked whether the service was working within the principles of the MCA. Most of the people who used the service were able, and were supported, to make their own decisions. Through discussions, the staff described how they ensured people gave consent prior to care tasks being undertaken. Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005 (MCA).

Care plans we looked at during the inspection showed that people's needs were assessed and evaluated when necessary. People's care plans gave information about their health needs and how they were to be addressed. We saw records which detailed community health professional's involvement, for example GPs,

district nurses and chiropodists.

The service provided support to people at meal times. Those people who were able, were encouraged to be independent in meal preparation. The registered manager told us they offered cooking skills sessions with staff, in their own kitchen, to ensure that staff felt confident and skilled to prepare people's meals of choice. People told us they were happy with the meals being prepared for them. One person told us, "[Name of staff] is wonderful at cooking; they made me a stir fry and it was presented beautifully."

Is the service caring?

Our findings

Staff were passionately caring and supportive to the people who used the service. People we spoke with consistently confirmed that staff were kind and caring. We heard comments such as, "The care staff are the best I have ever had, they are all wonderful" and "The staff are patient, kind, companionate and they are good listeners. We have a good laugh."

A relative told us, "Staff are absolutely brilliant. It's just their general demeanour. The staff cook any meals. If I've already sorted her out, they'll sit and chat with me. They got me fish and chips one night. They give me emotional support as well, they are good listeners."

People were supported by a motivated staff team who were dedicated to the people they cared for. One member of staff told us, "I love all the people I am here to support. I can't wait to get up in a morning and go and see everyone." Another member of staff told us, "I have always thought how would I want my grandparents to be treated and I make sure I treat people like that."

The service worked creatively to promote ways in which they could enrich people's lives and encourage their independence. For example, the service had recently held a cooking competition, to cook meals from scratch in 30 minutes. Staff involved people in the competition to showcase meals they had prepared. Photos of prepared meals were shared with the managers and a 'winner' announced. We observed where this initiative had benefitted one person who previously prepared no meals themselves and instead used a meal delivery service. Staff recognised that this person rarely ate these meals. Through encouragement and involvement within the cooking competition we saw how this person now enjoyed home cooked food, prepared together with the staff every day. This provided the person with more independence and choice regarding the food that they ate. Positive outcomes regarding the person's weight and overall health were also observed.

People described when staff went above their own expectations to deliver personalised and holistic support. One person told us, "Staff came here in their own time to decorate and paint my flat. They have managed to find me a carpet for free; I have never had such brilliant staff as these. They are proud of me and I am proud of myself now." This type of support was not included within the commissioned care package but the highly motivated staff team recognised the wider needs of this person and the benefits of a holistic approach to care. This person told us holistic support provided by the staff resulted in improved family relationships, health outcomes and increased mobility for them. This person was exceptionally complimentary of the staff involved in delivering their care. They described how staff had supported them to improve their mobility and said, "I can walk again now. My family didn't visit but they have seen me change and now my family visit. The staff are the best, they are wonderful."

The staff team were highly motivated to meet people's needs. This included undertaking tasks outside of the usual expectations of the service. For example, one person told us how they were attending a hospital appointment early the next morning. Staff had agreed to come in very early that morning, before they usually started work, to ensure the person would be ready for their appointment. This wasn't the first time

that staff had been flexible outside of usual working hours to meet this person's needs. On one occasion when returning from hospital, there was only one paramedic and this person required two people for support when moving. The registered manager was contacted and two care staff came whilst on their break to support this person into their home.

The quality of the care provided resulted in increased independence for people. We observed numerous examples where people felt their independence had increased due to exceptional care they were receiving. Examples included increased mobility, better health and increased appetite. We saw how one person's diabetes was being effectively managed without medication and their overall health had improved since starting with the service. Another person had started accessing the toilet independently on an evening. We asked staff what they thought had led to these better outcomes and one staff member told us, "I think it's the whole approach. We make sure people are well-looked after and cared for. We support them to have a good healthy diet. We also boost people's self-esteem and increase their confidence. People trust us and that's what makes the difference."

One person told us they had had a bad experience with their previous care provider. However, they were now happy with the care they received from Bells Home Care Limited. They told us, "The staff put me first, they are sensitive and aware of my needs. When they took me on they knew about my last experience of care. The staff are encouraging me to be Independent, so I am happy." Staff told us, "We have time to get to know people. We don't go in and come back out. We stay the full time to get to know people, to build the relationship and gain their trust."

Finding the right 'match' between people and staff had provided significant and positive impacts on people's wellbeing. Matching was completed through the initial assessment process and ongoing discussions to gain knowledge of someone's personal history, preferences and interests. We saw examples where this had enhanced people's wellbeing and supported them to have an exceptional positive care experience. One person told us, "They wanted to get carers to suit my individual needs and they got one that comes regularly. She's just got a lot of initiative. She helps me to see what exercises I can do; she encourages me to be more active." Other examples were observed, including matching interests and skills in sporting activities. One member of staff was a qualified lifeguard and was matched with someone they supported to attend aqua aerobics and swimming.

The staff team reflected on learning activities, which resulted in excellent communication between staff and people. Staff had completed some experiential learning exercises, which had a significant impact on staff and how they delivered compassionate care. It also demonstrated a commitment to understanding diversity and being proactive to understand people's diverse needs. Experiential learning is the process of learning through experience. Situations experienced by staff included being blind-folded and guided through obstacles by their co-workers. The registered manager and staff reported reflections on practice following this learning experience. This included reflecting on where people stand and the importance of good communication. People we spoke with confirmed that staff were good communicators and comments included, "The staff are good listeners and communicators."

Both staff and management were committed to ensuring that people received the best possible care at home. We found respect and dignity were at the heart of the service's culture and values and these values were embedded in the support provided. This was observed during the inspection and was confirmed by people and their relatives. Comments included, "The staff are really good with my privacy and dignity; I have chosen to only have female staff support me with personal care and this is respected and accommodated."

The registered manager understood the importance of supporting people who could not make decisions for

themselves. Advocacy services were promoted within service literature. This showed that the providers were committed to promoting communication for all people who used the service. At the time of the inspection, no one had an advocate in place as people were supported by family where required.

Is the service responsive?

Our findings

The service was responsive. One relative told us, "The reviews are ongoing. I talk to the manager every two weeks. There was a review of their care last week. I have numbers to ring in the folder if I need to". A person who used the service told us, "I feel involved in my care. They listen and do what I need. It's always regular staff."

People had assessments of their needs before they received a service from care staff. The initial assessment was completed by the registered manager. This assessment determined whether people's needs could be met within the service. The assessment identified family contact information and the names and details of health and social care professionals involved with people's care. The assessment also identified needs and how they impacted on people, for example in relation to health, communication, continence, washing and dressing and how medicines were managed. Risk assessments were completed which included a risk assessment on each person's home to identify potential hazards. The information from all assessments was used to formulate plans of care.

People and their relatives were involved in the development of their care plans. Plans contained detailed individualised information about all areas of support and detailed what tasks were to be undertaken by staff and family members. Support planning documentation was easy to read and understand, which assisted the reader to have a clear understanding of the individual's needs. Records of care provided showed that people received care as planned.

There were opportunities for people who used the service and their relatives to provide feedback about various aspects of the service, through regular contact with the registered manager, reviews and the complaints procedure. There was a complaints policy in place, which was given to people when they started receiving a service. People said they had no complaints but knew who to speak to if they had any concerns or complaints; they were confident they would be listened to. One person said, "I've got a number I can ring for complaints but I haven't needed it as I'm very satisfied." Another person told us, "I have lots of mini reviews where I am asked my opinion about the service; the manager comes out two or three times a fortnight. I haven't needed to make a complaint."

There had been no complaints made about the service since it started. The service had received eight 'thank you' cards from people and their relatives.

The directors and senior care worker were passionate about providing compassionate and empathic end of life care. Staff had received training and the senior care worker was a champion for end of life care. They wanted to attend additional specialist training and provide guidance and support to all care staff in this area. This training had been sourced and arranged. A staff member told us, "It's an absolute privilege to go into someone's house to help them in their own home at their end of life. You are there for the person but also for their family as well. You get so close to them in such a short space of time." The registered manager had made links with local specialist services to support them in this area including Marie Curie.

People were supported to access the local community and to pursue leisure interests in line with their care plan. We noted people were supported by care staff to attend appointments, visit the shops and attend leisure activities. One person told us, "I go for walks with care staff and have a coffee when the weather's good."

The provider complied with the accessible information standard through asking, recording and sharing communication needs people had. This was recorded in their care plans.

Is the service well-led?

Our findings

The service was well-led. It was evident that the culture within the service was open and positive and that people came first. People were supported by a motivated staff team who worked together and were proud to be part of the service.

The provider organisation consisted of two directors. One of the directors was the registered manager. Staff were complimentary about both directors. They demonstrated that they were role models for the values and person-centred way of working with people who used the service and the staff team. One member of staff commented, "As managers, they go above our expectations."

Staff told us about the values of the registered manager. They said, "The difference with us compared to other care agencies is that the registered manager has developed and moulded us to their way. It's about the care. It's not about getting in and getting out and just doing what needs to be done. We do want needs to be done, as well as what people want and need in addition to this."

The registered manager valued staff. Many staff spoke about the support they received in relation to work or personal matters. They told us the registered manager had supported them through difficult times in their personal life and how they were caring and supportive throughout this time. One member of staff told us "I have had personal problems and they have let me open up and speak about it. There is a connect there instantly with the registered manager; they are so open and chatty. They bring you into their bubble and look after you. That's what makes them different, they care about everyone."

Staff told us how the directors went 'out of their way' to ensure they had a good work/life balance. Staff told us this resulted in them being energised and motivated whilst at work. In September 2018, the directors covered the rota to ensure all staff with young children could take their children back to school on their first day. One member of staff told us that their rota was set around their partner's shifts and their children's school commitments. They said, "The managers are so good with the rotas for me and my family. The management are family-orientated and it really shows."

Staff retention and development was an important focus for the service. The directors recognised the importance of keeping staff happy in their roles. They said, "If staff are happy in their job then people will be better cared for." When we spoke with staff about the service they consistently said it was a good place to work. The benefit of the staff's welfare being well respected was reflected in the retention of staff.

All the people we spoke with confirmed they knew the registered manager and they had regular contact with them. All people commented on the open and caring nature of the registered manager. Comments included, "The boss comes over once a week to make sure everything is alright; they are very caring" and "The manager pops in to make sure I'm ok."

People and relatives were asked to provide feedback through a client quality assurance questionnaire. The registered manager used this to evaluate the effectiveness of the service and the level of satisfaction. These

questionnaires were completed in line with reviews. The information was analysed and any minor concerns identified were addressed immediately.

There was a culture of continuous improvement. A system for monitoring the service provided to people included audits of care records such as care plans, risk assessments and daily visit records to ensure that all relevant documentation had been completed and kept up-to-date. This also included the review of medicine administration records. The registered manager used these audits to help monitor and drive improvements to the care that people received.

The directors had good communication with their staff team, which meant they were happy and supported in their roles. Staff told us they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally in supervision, team meetings and informally through discussions whilst in the office. Staff told us, "I can speak to the managers whenever I need to; I usually ring them more than once a week."

We observed how the registered manager reflected on and looked for ways to improve their own practice. They attended training to enhance their knowledge and skills in leadership and were open to new ideas and suggestions.

People were supported to be part of the local community. For example, one person was being supported to undertake a previous role from their past, of being 'Father Christmas' and was delivering presents to a local care home, supported by their care worker dressed as an elf. In support of this idea, the directors volunteered to donate all gifts to the care home residents themselves.

The directors told us about positive external relationships with commissioners, social services, GPs and healthcare professionals. One healthcare professional told us, "I have only ever had good feedback from people regarding the care they receive from Bells Home Care Limited. Most feedback is the staff will go 'above and beyond' what people expect from them."

The provider's policies and procedures were available for all staff. These promoted equal opportunities, respect for diversity and provided guidance to staff.

The registered manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events that have occurred, which was in line with their legal responsibilities.