Bella Home Care Ltd

Bella Home Care

Inspection report

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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

Overall summary

This inspection took place on 30 September 2015. 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 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 Southam, 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 has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager who was also the provider of the service. We refer to the registered manager as the manager in the body of this report.

We found there were not enough staff at Bella Home Care to support people in accordance with their needs and

Summary of findings

preferences. In addition staff had not previously been allocated travel time between calls. This had resulted in late calls, and staff not always staying for an agreed period of time. However, the provider was acting to improve the times staff arrived and left people's homes by incorporating travelling time into rotas. The provider was also recruiting more staff, and extra staff were being allocated to rotas to allow for staff absences.

We found that care records were not always up to date, and risk management plans were not always in place to manage the risks associated with people's health and wellbeing.

People told us they received their medicines as prescribed, however, medicine records needed to be improved to ensure staff had the information they needed to administer medicines to people safely.

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relative's, and audits. Audit procedures did not always identify areas where improvements needed to be made. The provider did not always utilise monitoring and auditing systems that were available to them, to monitor staff performance.

People and their relatives told us they felt safe with staff. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. The provider had recruitment procedures that made sure staff were of a suitable character to care for people in their own homes.

People were supported to attend appointments with health care professionals when they needed to, and received healthcare to maintain their wellbeing.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles. People who lacked capacity to make all of their own decisions did not always have a current mental capacity assessment in place. This meant records did not consistently show which decisions people could make for themselves, and which decisions needed to be made on their behalf in their 'best interests.' The provider was implementing a new format of care records at the time of our inspection to address this. Staff we spoke with knew people well and could explain when people could make their own decisions, and when people needed support to do so.

Activities, interests and hobbies were arranged according to people's personal preferences, and according to their individual care packages. All of the people and their relatives had arranged their own care packages. They had agreed with Bella Home Care how they wanted to be supported. People were able to make everyday decisions themselves, which helped them to maintain their independence.

Staff were supported by the manager through regular meetings. There was an 'out of hours' on call system in operation to provide management support and advice to staff at all times. Staff felt their training and induction supported them to meet the needs of people they cared for. Training was monitored and staff were required to keep their training up to date. Where issues had been identified regarding the effectiveness of training, staff were asked to undergo refresher training to enhance their knowledge.

People knew how to make a complaint if they needed to. The provider investigated and monitored complaints, and made changes to the service where required improvements were identified.

Summary of findings

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.

There was not always enough staff to care for people safely. Risk assessments were not always in place to protect people from risks associated with their care and health. People felt safe with staff and staff knew how to safeguard people from harm. People received their medicines as prescribed, but medicine records were not consistently completed, and did not always provide staff with the information they needed to administer medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training to help them undertake their work effectively. Records did not consistently show which decisions people could make for themselves, and which decisions needed to be made in their 'best interests.' However, the provider was implementing a new format of recording at the time of our inspection to address this. Staff respected people's choices and people were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and caring. Staff ensured people were treated with respect and dignity. People were able to make everyday choices and were encouraged to maintain their independence. People had privacy when they wanted it.

Is the service responsive?

Requires improvement

The service was not always responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. However, care records were not always up to date and did not reflect people's individual needs. People knew how to make a complaint, and the provider was monitoring complaints to identify any trends and patterns.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Improvements needed to be made in monitoring risks to people, and maintaining up to date records. There were procedures in place to monitor and improve the quality of the service including audit procedures. These had

Summary of findings

identified a number of areas for improvement. However, audits were not consistently utilised to identify where areas needed to improve. Some changes were being made to care records and staffing levels. There was a clear management structure in place to support care staff.

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 visit took place on 30 September 2015 and was announced. The provider was given two days' notice of our inspection which was carried out by three inspectors. The notice period ensured we were able to meet with the manager during our inspection.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows 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 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. We looked at the feedback from the questionnaires.

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.

We spoke with nine people who used the service and two relatives of people who used the service via telephone.

We visited the service and looked at the records of six people and three staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, the nominated individual, the training staff member, and eight care staff.

Requires improvement

Is the service safe?

Our findings

We received mixed feedback from people who used the service and their relatives about whether there were enough staff to meet their care and support needs. This was because care staff did not always arrive and leave on time, and sometimes calls were missed. One person told us, "Yes, they're helpful and stay as long as I require them. Up to 30 minutes." However, 31% of respondents to our questionnaire told us care staff did not always arrive on time, and 26% told us they did not always stay for the agreed length of time. Care records we reviewed also showed staff did not always stay for the agreed amount of time. One person said, "I don't think there are enough staff, there are different people who come." One relative said, "The staff are always late and usually only stop for 10 minutes, particularly in the evening. The call is meant to be 30 minutes."

Other comments included, “Whilst the carer is always prepared to do what is asked, they rarely stay for the allotted time.” “The care is rushed,” "Sometimes they're late and very hurried." “Carers don't stay the whole time. I pay for 30 and 45 minute calls but they only stay for 20 minutes."

People told us they were sometimes called and asked if they could manage without receiving a regular scheduled visit. One person told us, “Monday there was no one available due to illness. They phoned me to let me know that no one would be coming though." Another person told us that on more than one occasion staff had not been available to deliver their scheduled care. They said, “Two days the carer has not come, and I had to manage everything myself.” A relative said, “On two occasions no-one was available. The result was my relative got very breathless through trying to do things themselves, and was very upset about the whole experience. Then a few days later, when the carer was late, my relative tried to shower themselves in case no-one came. This was not safe, as they are very unstable on their feet.” One person told us how a missed call had impacted on their relative’s care, they said, “On one occasion they (staff) did not prepare their breakfast. As my relative is diabetic this put them at risk.”

One person told us that without the support of two members of staff they were unable to get out of bed. They told us they recently had three occasions where their call was changed. They said, “Because I need two people to help me move, when one member of staff doesn’t come, my family member has to step in to help. This makes both me and my family member feel stressed. We arranged this care package to stop this from happening.”

People told us that late or missed calls were sometimes worse at the weekends. One person said, “We are happy about the level of care, except that carers seem to have little time, and seem overworked particularly at weekends.” Another person commented, “There are problems at weekends and bank holidays with staffing.” A third person said, “Over the weekend I often have carers who I do not know and who don’t understand my needs. This has resulted in me having falls. I am now very concerned about falling.”

Staff told us they felt there were enough staff available at Bella, and that the issues to do with late calls, or short calls, were to do with travelling times between calls. Staff told us they were not given travelling time on their rota to get from one call to the next, and so might arrive late or need to leave early to get to the next call. Staff comments included, “I struggle to get to calls on time.” “Calls are back to back which means I leave a call a few minutes early to get to the next person on time.”

Some improvements had been implemented the week of our inspection to how call times were scheduled. Rotas were now being prepared by the manager to allow allocated time for staff to travel between calls. The manager had also allowed extra staffing availability at weekends to cover for emergencies or staff absences.

The manager explained that staff recruitment and retention was challenging and they were recruiting more weekend staff. They added Bella Home Care only wanted to provide safe and reliable care. They said they could not always provide calls at the time people wanted, due to staff availability, however, they always negotiated a call time with the person or the commissioner of the service before agreeing their care package.

The manager had made improvements to notify people if their call was going to be late or missed. Staff were required to call the office to report if they were late for any of their calls, or to notify the manager if they were unable to attend a call. We saw on the day of our inspection that staff rang the office if this was the case. One member of staff told us, “If a call runs over we always call the office to let them know we are running late.”

Requires improvement

Is the service safe?

We found this was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing

Ninety eight per cent of the respondents to our survey told us they strongly agreed they felt safe with staff who provided care to them. Most of the people we spoke with told us they felt safe with the care staff that supported them. One person said, “Yes, I feel very safe".

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended safeguarding training regularly which included information on how they could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm. All the staff knew and understood their responsibilities to keep people safe. One relative told us, “There was a recent safeguarding concern with my relative, Bella Home Care responded quickly and did everything they needed to.”

The provider recruited staff who were of good character to work with people in their own home. Staff told us recruitment practices were followed to ensure they were of good character before they started work. One staff member said, “Yes, they checked everything before I started work including my references and a criminal records check.”

The provider had contingency plans for managing risks to the delivery of the service in an emergency. For example, emergencies such as fire were planned for, as the provider had daily backup procedures in place to protect people’s records, which could then be accessed from an alternative site. The plans had been discussed with staff members, and staff knew what to do in an emergency. These plans minimised the risk of people’s care needs not being met.

The manager carried out assessments, to identify where there were potential risks to people’s health and wellbeing. The manager stated that where there were identified risks a risk reduction plan was put in place. We saw these were detailed and gave staff the instructions they needed to manage and minimise the identified risks and were reviewed regularly. One member of staff stated, “We review risk assessments six monthly unless things change, or there are concerns.” For example, one person needed assistance to move around. A risk assessment and management plan instructed staff on how to use moving and handling equipment safely. Information on the records also instructed staff on how many staff should assist the person to move. Staff confirmed the person was assisted to move in accordance with the risk assessment.

However, we found some assessments and risk reduction plans had not been completed. For example, one person had a mental health condition that could change and affect their wellbeing. We saw there was no risk assessment or plan in place to instruct staff on what signs to be aware of that their condition was changing, or how staff should manage the change. In another person’s record we saw they had skin damage which was noted on their care records. A risk assessment and plan was not in place to instruct staff on how to manage the person’s skin damage or minimise the risks of further damage occurring.

Staff told us they administered medicines to people by following the instructions they were given in the care records. However, we found care records did not always provide staff with the information they needed regarding medicines. For example, where people had their medicines supplied to them in pharmacy prepared ‘blister packs’, staff had not consistently been given information about which medicines were to be given. This posed a risk to people, as medicines that required a specific time gap between each dose could be administered without staff being aware of timings of doses. Staff were not always provided with information on why medicines were prescribed, and any side effects. This posed a risk to people because staff may not notice side effects from medicines, or may not be aware of the importance of the medicines if people refused to take their medicine.

We saw that where people had medicine prescribed on an ‘as required’ basis, information was not always contained in the records to instruct staff on when medicine might be needed. For example, we saw one person had a skin condition, and sometimes required cream to be administered to their skin. There were no instructions for staff to follow on when the cream might be required, or how to apply the cream. We reviewed the medication policy at Bella Home Care. This stated, clear information must be available to inform care staff as to what the cream is for, how much to apply, where precisely to apply the cream, the frequency of application and for how long the application is to continue. We saw this policy was not being followed.

Requires improvement

Is the service safe?

In another person's records we saw they were administered pain relief. The records did not state whether this was 'as required' or was to be given each time the person received a call from Bella Home Care. We saw staff had assumed that the medicine was 'as required' as the records showed the person had not always been given the medicine. A lack of information regarding when the medicine should be given meant the person was at risk of being given too much, or too little medicine.

We reviewed medicine administration records (MAR) for three people. We found MARs were not consistently completed in all three records. For example, in one person's MAR the records had not been completed on nine days in the previous month to show whether the person had received their medicine.

Staff told us they would report any gaps on the MAR to the manager. Staff also told us they would check to see whether the medicines had been given by checking the stock of medicines. However, staff were not recording a stock count of all the medicines people were given to check whether the right amount of medicine was in stock. This meant it would be difficult for staff to tell if people had taken their medicines.

Staff we spoke with told us people received their medicines, but that records were not always completed consistently. People we spoke with also told us they received their prescribed medicines safely.

Good

Is the service effective?

Our findings

People we spoke with told us staff had the care skills they needed to support them. Comments included, "Yes, staff know what's got to be done." "They know what they need to do but they could have better health care knowledge."

Staff told us they had received a work place induction and training that met people's needs when they started work there. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. Staff told us in addition to completing the induction programme; they were regularly assessed to check they had the right skills and demonstrated the right approach required to support people.

The manager had implemented a programme of staff training to ensure staff kept their skills up to date. Staff told us they were encouraged to keep their training up to date. The manager kept a record of staff training and when their training was due so that their attendance was monitored. The provider invested in staff training by providing an on-site training room, a specialist trainer, staff coaching and opportunities for staff to take nationally recognised qualifications. One member of staff said, "We receive good training which is all classroom based at head office. We also get paid whilst we are training." Another member of staff said, "Our training is kept up to date, the trainer is really good. I also have an opportunity to do additional training if I want, I just ask."

Most of the staff we spoke with told us they received training in the effective administration of medicines which included checks by their manager or the trainer of their competency to give medicines safely. However, one member of staff told us they were administering medicines and supporting people on their own, but had not yet received their training from Bella Home Care. The manager confirmed the member of staff had received medicines training in a previous role, and had been assessed as being competent to administer medicines.

We spoke with the manager and the trainer regarding medication administration training, as staff were not confident in their knowledge regarding administering and prompting medicines. We found that medication administration training was provided to staff every three years. The manager and trainer agreed that medication training should be renewed with staff on a more frequent basis, and would now provide this training yearly or as required.

Staff were supported in their roles by a system of meetings and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity to discuss personal development and training requirements. Regular meetings also enabled the manager to monitor the performance of staff, and discuss performance issues. The management also undertook regular observations of staff performance to ensure high standards of care were met. The manager told us senior staff went to people's houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by staff we spoke with.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff we spoke with understood decisions should be made in people's best interests when they are unable to make decisions themselves. Staff understood people were assumed to have capacity to make decisions unless it was established they did not. They asked people for their consent and respected people's decisions to refuse care where they had capacity to do so. One staff member explained how they would act in someone's best interests if they refused personal care, they said, "You need to encourage people but respect their right to refuse. I might try again later. If they continued to refuse I would let the office know." Another staff member told us how they would act if they were unsure of someone's capacity to make decisions, they said, "If I wasn't sure I would seek guidance from the office."

People did not always have a full mental capacity assessment completed where they lacked the capacity to make some decisions. This meant records did not consistently show which decisions people could make for themselves, and which decisions needed to be made on their behalf in their 'best interests.' Records did not always show who should be consulted as the person's representative when decisions were made in their 'best interests'. The provider had devised paperwork to record mental capacity assessments and 'best interests' decisions where these were required, and was implementing its use at the time of our inspection.

Good

Is the service effective?

Where people's liberties are restricted the provider has a responsibility to assess whether a Deprivation of Liberties Safeguard (DoLS), agreed by the local authority, is put in place. No-one had a (DoLS) in place at the time of our inspection, and the provider was unaware of the procedure they should follow to refer people for DoLS. The provider planned to update staff training in this area following our inspection. We spoke with the trainer who stated, "We will be looking at specific training for people on MCA and DoLS in the near future."

Staff told us they looked at people's daily notes when they visited their home, as these included updates from the previous member of staff. They updated staff on any changes since they were last in the person's home. One staff member said, "I always make sure I have time to write everything down in the daily records." Another member of staff said, "I read what the last carers have put in the notes."

Staff and people told us they worked with other health and social care professionals to support people. One person told us, "Yes, the care staff are working with the nurse, and manage my condition together." Staff supported people to see health care professionals such as the GP, dentist, district nurses and nutritional specialists where this was part of their support plan. Care records instructed staff to seek advice from health professionals when people's health changed. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

People told us staff supported them with food and nutrition to maintain their health if this was part of their agreed care package. For example, staff provided support to people with dementia, diabetes, or people who were on a 'soft diet' by preparing food that met their health needs.

Good

Is the service caring?

Our findings

One hundred per cent of the respondents to our questionnaire told us staff were kind and caring. People we spoke with also told us staff treated them with kindness, and staff had a caring attitude. People's comments included, "My regular ones certainly do, they're very kind people." "The staff are incredibly friendly and go that little bit extra to help my relative." "They are kind, [Name] has a good relationship with the carers." "We've been with Bella Home Care for two years, and they treat my relative well." "The staff became friends."

Ninety four per cent of the respondents to our questionnaire told us they had a regular team of care staff who they knew well. Most of the people we spoke with also told us they were usually cared for by a team of regular care staff, who knew them well and had a caring attitude. One person said, "[Name] is our regular carer. They understand me and spend time with me, which is important to me." A member of staff told us, "Having regular people means we get to know them, and form relationships. People are more comfortable if they know us." However, one person commented, "When a regular carer is unable to attend through sickness or holiday, the replacement is often a bit late. Sometimes replacement carers don't know what is required, and some things get missed."

Forty three per cent of the respondents to our questionnaire told us they were not always introduced to new care staff before they were provided with care and support. One person told us that this made them uncomfortable, especially if they required personal care. In one person's care record we saw they had commented on having up to ten care staff attend to them in one week, which they did not like. One person said, "When the main carer isn't there we feel the care is lacking." The manager stated that where possible staff were introduced to people when they first supported them. However, this was not always possible. The manager stated that Bella Home Care tried to match people with care workers who could provide support to them regularly, so that relationships were formed, and the care was tailored to each individual.

Staff members told us they enjoyed their job, and the interaction with people who used the service. Staff comments included, "Yes I like my role, I have a regular round and regular people, you can get to know them well." One member of staff told us how well they had been supported by their manager during a difficult time. They said, "They have been brilliant when I've been ill."

People told us staff supported them to maintain their independence. One person stated, "I am virtually independent, the care they provide maintains my independence, but ensures security and peace of mind for my family." A relative commented, "[Name] is trying hard to maintain their independence, staff understand this and just offer support as they need it, a friendly face and a chat." Records showed staff were instructed to support people to maintain their independence by encouraging them to do as much for themselves as possible.

People told us staff treated them with respect, privacy and dignity. Staff told us they respected people, and supported them to make their own decisions where they could. Staff also spoke about using people's preferred name, and respecting their privacy by shutting doors and curtains when providing personal care to people. People said care staff asked them how they wanted to be supported and respected their decisions. One person said, "Certainly, they're very good." Another person said, "When care staff taken me to the bathroom, they make sure the door is closed for my privacy."

We saw people's personal details and records were held securely at the Bella Home Care offices. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Requires improvement

Is the service responsive?

Our findings

Ninety per cent of the respondents to our survey told us they or their relatives were involved in decision making regarding their care. People we spoke with also told us they and their relatives were involved in planning and agreeing their own care. One person said, “Yes, I say what I want", another person commented, “Yes myself and my relative are involved in planning my care." The manager said, “People are always involved in care planning and the way they want their care delivered to them, this is reflected in the care plan.”

People told us their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, we saw people had given their preferences as to what they enjoyed doing. Some people liked to visit the hairdressers, which was supported by care staff. We saw one person was supported by staff to spend time in their home chatting to them.

The manager explained that where people required to support to attend events and take part in hobbies outside their home, the service provided extra staff to accommodate people’s wishes. We saw staff had previously supported people to go on holiday and to attend concerts. The manager explained how the service responded to people’s choices by arranging different call times when people went out, for example, moving call times to later so that people could be offered their evening call after they returned home from an evening out. One person said, “They are incredibly flexible to my needs, they change calls when needed.”

We saw that people’s preferences for how they received personal care were not always met. For example, in one person’s care plan we saw they had expressed a preference that they were supported by female care staff only. We found on more than one occasion in the previous month the person had been supported by male care workers. We asked the manager about this. They stated the person had been contacted about having inconsistent care staff, and this issue had now been resolved.

Care records were not always up to date. For example we saw one person had a diagnosis of diabetes. There was no care plan in place to instruct staff on how to manage the risks associated with this condition, such as information on the signs of changes in blood sugar levels and what should be done in response. There was no information in the care records on how the person’s skin should be cared for although they had damage to their skin.

Where people had changes to their health and required a referral to health professionals we saw the manager was making the appropriate referrals. However, these were not documented in the paper care records, but were kept on an alternate electronic communication system in the office. This meant that people’s paper care records did not always show the latest information that related to their health.

We saw that one person needed assistance to move around. The care records stated the person needed two members of staff to assist them to move. However, the equipment that would be required to assist staff to move them safely, and how to use any equipment, was not documented in the care records. We brought this to the attention of the manager who stated, “This level of detail would be provided verbally to staff who were supporting the person.” We were concerned that a lack of detail in care records may impact on people’s care if staff were not always familiar with the person’s individual needs.

We saw that some care records were contradictory, which could be confusing to care staff. For example, in one person’s care records it stated the person did not display any aggressive or challenging behaviours. However, we saw that staff had documented the person was acting in an abusive and aggressive way. The care records had not been updated in response to the person’s change in their behaviour. Staff were not provided with information on how the person’s behaviour could be managed to prevent them, and others around them from harm. The manager stated they were acting to improve care records, they had recently changed the way they wrote care plans to make them more person centred, and a senior role had been created to improve care plans.

Staff told us care records were updated by staff in the office, and that these were updated every six months. One staff member said, “If you tell the office things have changed they will also update the care plans.” The manager confirmed that reviews were conducted every six months to check people were receiving care that met their needs. We saw these were documented on the computerised log of communication with people, and reviews were recorded electronically.

Requires improvement

Is the service responsive?

Only 73% of the people who responded to our questionnaire told us care staff or the manager responded well to any concerns or complaints they made. One relative told us, "I don't always feel management deal with any concerns, although they are always pleasant and approachable." Another person told us, "I have phoned the office and raised concerns with the manager, however, nothing really seems to be changing." People told us they knew how to make a complaint, and the provider had a written complaints policy which was available in the service user guide each person had in their home.

The manager kept a computerised log of complaints that had been received which the provider monitored. Record showed investigations had been conducted into people's concerns. The provider had analysed complaint information for trends and patterns and had made improvements to the service following complaints. We saw that the provider had identified a recent trend in complaints which related to late or missed calls. This was notified to us in the PIR we received prior to our inspection visit. The provider was changing call rotas in response to these identified issues.

Requires improvement

Is the service well-led?

Our findings

We found people's care records were not always up to date, which meant the provider was not maintaining an accurate and up to date contemporaneous record in respect of each person who used their service.

People did not always have a risk assessment in place for all the risks we identified to their health and wellbeing. In addition, people did not always have a mental capacity assessment in place where it had been identified they lacked the ability to make all of their own decisions.

We found records regarding the safe administration of medicines were not always up to date, and did not always provide staff with the information they needed to mitigate the risks associated with administering medicines to people in their own homes.

We asked the manager how records were being improved. At the time of our inspection the manager was conducting a review of care records to improve recording. The provider was investigating whether care records that were kept electronically could be amalgamated with paper records on an electronic system, so that all the information regarding each person was stored together. This had not been concluded at the time of our inspection.

The provider completed checks to ensure staff provided a good quality service. The provider completed regular audits in different aspects of its service including medicines management, care records, and staff files. The provider completed visits to people's homes to check on staff performance. Audits were conducted by external parties, such as local commissioners of services, to check the quality of service provision. We saw that where areas for improvement had been identified, the provider had an improvement plan in place, and was making changes to the service.

We saw however that audit procedure did not always identify areas where improvements needed to be made. For example, medicine records were audited monthly which meant medicines were checked up to four weeks after some medicines had been given. Checks of stock medicines were not taking place either daily or weekly. We were concerned that audits of medicines should take place in a more timely way, to identify any missed doses of medicine, and identify any potential risks to people's health.

The provider was not monitoring the amount of time staff spent at each allocated call to determine if staff visited people for the appropriate amount of time and at the correct times. Staff had telephone software to check into the office each time they arrived at someone's home, or each time they left. This meant monitoring systems were available for the managers to check calls time, but audits were not being done. We spoke with the manager about this, they told us, "We go on trust, we trust our staff to let us know if calls are late or missed."

We found this was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance

We found that there were not always enough staff to consistently meet people's needs, which resulted in some missed calls. We also found that staff did not always arrive on time for scheduled visits, and stay for the agreed length of time. Some improvements had been implemented the week of our inspection to how call times were scheduled. Travel time had not previously been allocated to staff to travel between calls. The manager felt this had resulted in staff arriving late, or leaving calls early to fit in travel time. Rotas were now being prepared by the manager to allow allocated time for staff to travel between calls. The manager was recruiting new staff. The manager had also allowed extra staffing availability at weekends to cover for emergencies or staff absences. This meant that the provider had already acted to improve weekend rotas, call times and reduce the incidence of missed calls.

There was a clear management structure within Bella Home Care to support staff. The manager was part of a management team which included a second senior manager, a trainer and designated care co-ordinator. Staff were also supported by team leaders. Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff told us there was an 'on call' number they could call outside office hours to speak with a manager.

One staff member said, "The managers are nice and helpful." Another member of staff said, "The manager is good, you can always contact them when you need to, and we can come into the office if required."

We received mixed feedback from people regarding whether the service was well led, and whether the manager was approachable. Some people told us they were satisfied

Requires improvement

Is the service well-led?

with the service they received. Comments included: "I cannot speak too highly of them, I would recommend them." "I'm quite happy with the service." "There's always someone at the end of the phone." "I cannot rate this organisation highly enough." "In a time when all we hear about in the media is carers neglecting and ridiculing the elderly, they have been so supportive, helpful, kind and considerate."

People told us the manager wasn't always accessible when they needed to reach them. One person commented, "There doesn't seem to be a manager on duty after 5pm on Fridays." Another person said, "Sometimes the office don't answer the phone." The manager told us there was always an 'on call' arrangement in place to cover queries. They added that people who used the service and staff were encouraged to drop into the office at any time to see the manager.

The provider was accessing information from other organisations to improve their business and keep up to date with changes in the care sector. For example, the provider was a member of The United Kingdom Homecare Association (UKHCA), a professional association of home care providers. The association provides advice and support to its members, and promotes good practice in the care sector. The provider used the information they received, such as financial information to improve their systems. The provider also accessed information from other sources to inform them of changes in legislation. We saw that this type of information was being used to continuously improve the quality of the service.

Staff had regular scheduled meetings with the manager and other team members to discuss how things could be improved. Staff meetings covered discussions on a range of topics, for example, staff rotas, visit times, and people's care and support needs. The meetings were recorded and where improvements or changes had been identified, these improvements had been written into an action plan which was followed up by the manager at subsequent meetings. For example, we saw staff had been asked to always call the office if they were going to be late for their next call after a discussion about call times. We observed staff called in to the office during our inspection.

The provider had sent notifications to us about important events and incidents that occurred. The provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.

People and their relatives were asked to give feedback about the quality of the service through frequent quality assurance surveys, and through telephone contact with the manager. We were able to review the latest quality assurance survey. Some comments people made were complimentary about the service, however, people had also raised concerns about staff not always arriving on time. Feedback was analysed for any trends or patterns in the information received, and the manager had acted on this feedback.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17(2)(b)(c) HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance** The provider was not ensuring that risks were assessed and monitored relating to the health, safety and welfare of people who used the service. The provider was not maintaining an accurate and up to date contemporaneous record in respect of each person who used their service, including a record of the care provided.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing** Sufficient numbers of suitably qualified, skilled and experienced persons were not always deployed in order to meet the needs of people using the service at all times.