

Springfield Home Care Services Limited

Baylea Homecare

Inspection report

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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

Baylea Homecare is a domiciliary care agency that is registered with the Care Quality Commission (CQC) to provide care and support to people in their own homes who are over the age of 18, living in the city of Hull and East Riding of Yorkshire. They offer a service to people with learning disabilities, mental health conditions, physical disabilities, sensory impairments and substance misuse problems. The service was supporting 247 people at the time of our inspection.

At the last inspection on 4 August 2014 the service was rated Good. This inspection took place on 2, 6 and 7 March 2017. At this inspection we found the service remained Good.

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.'

People were protected from abuse. Staff had training in how to safeguard people from abuse and knew how to raise concerns. The building was well maintained and equipment was serviced. Effective medicine management and infection control was in place to help maintain people's safety.

Staff were recruited safely and in sufficient numbers to ensure that people's needs were met.

People had their needs assessed and care plans and risk assessments were developed. People's care was personalised in line with their preferences and needs and their nutritional needs were met. Staff contacted health care professionals for advice and guidance to maintain people's wellbeing.

Staff supported people to have choice and control of their life. The policies and systems in place promoted this practice. Risks to people's wellbeing were identified and staff promoted people's independence.

The service positively promoted a caring approach to the people it supported, their families and staff. We observed the staff were caring, people using the service and their relatives confirmed this with us. People's privacy and dignity was respected and their personal records were held securely to maintain confidentiality.

Staff were provided with training, supervision and appraisals. This allowed the management team and staff to discuss any performance issues or further training needs. Spot checks of people's care were undertaken to help to maintain the standard of service provided.

An effective quality assurance system was in place which helped to identify any shortfalls so they could be addressed. The registered provider and registered manager used this system to improve the service.

There was a complaints procedure in place. People who used the service and their relatives were aware of this. Issues raised were investigated and resolved.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Baylea Homecare

Detailed findings

Background to this inspection

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

This inspection commenced on 2 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. On 2 March 2017 two adult social care inspectors were present, one attended on 6 March 2017 and an expert by experience (This is a person who has personal experience of using or caring for someone who uses this type of care service) conducted telephone interviews with people using the service or their relatives. The telephone interviews concluded on 7 March 2017.

Prior to our inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement. Before the inspection we asked the local authority safeguarding and quality performance teams for their views about the service.

During our inspection we undertook a tour of the office. We looked at a variety of records; this included 20 people's care records, risk assessments and a selection of their medicine administration records, (MARs). We looked at records relating to the management of the service, policies and procedures, quality assurance documentation and the complaints information. We also looked at staff rotas, staff's training plan and their supervision and appraisal records. We looked at five staff's recruitment documentation. We observed the systems in place for planning schedules for people receiving a service and for the deployment and monitoring of the calls undertaken by staff. We were escorted by a member of staff to visit one person receiving a service to gain their views and to look at their care records. We gained feedback from 19 people using the service and from four relatives.

We spoke with the registered manager, operations manager, service manager, electronic call monitoring

manager, electronic call monitoring apprentice and with a supervisor. We also interviewed six senior and care staff and we received written feedback from nine staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff and confirmed their medicines were safely managed. We received the following comments; "The carers have become like family and I would trust them with anything", "I feel safe with the staff. The staff give me my medicines and I check them. I make sure they are doing it right", "They do everything with my medicines, I forget. They [the staff] are trained with medicines", and "They [the staff] help me with my medication."

We saw that the registered provider had effective policies and procedures in place to help to protecting people from abuse. Staff were provided with training about how to report potential abuse. Safeguarding concerns were reported to the local authority which helped to keep people safe from harm. Staff knew about the different types of abuse that may occur and understood what action they must take to protect people from harm. All the staff told us they would report abuse swiftly. A member of staff said, "I would report safeguarding issues immediately and would have no hesitation with this."

We inspected 20 people's care records and found potential risks to people's health or safety were recorded. Comprehensive risk assessments were in place for people, for example they covered areas such as the risk of falls due to poor mobility and vision, risks of choking when eating and drinking, and they highlighted any risks present in people's home environment. Risk assessments were updated periodically or as people's needs changed. Staff were able to describe the risks present for the people they supported. New risks that occurred were reported to the office staff so people's needs could be reassessed to help maintain their health and safety.

The staffing levels provided at the service were monitored by the registered manager. Staff we spoke with said there were enough staff provided to cover people's calls. The service continued to monitor the staffing levels provided and recruited staff to ensure they continued to have enough staff available to cover people's calls. The office staff, registered manager and management team were able to undertake calls to maintain the service, when necessary.

Call monitoring was in place to help prevent missed or late calls; this system was going to be extended to privately funded customers to help protect the safety of all parties. Systems were in place to ensure people's calls would take place if a computer failure occurred.

Staff told us how they dealt with emergency situations. The management team confirmed staff would stay with the person in an emergency, contact the office and gain medical help and advice. This helped to maintain people's wellbeing.

The service used Hull City Council guidance for medicine management. The support people required with their medicines was recorded and only staff who had undertaken medicine training were allowed to assist people. People's medicine administration records (MAR) included information about their prescribed medicines which informed staff how and when people were to be prompted, assisted or supported to take their medicines.

Staff were provided with personal protective equipment, for example; gloves and aprons, which helped to maintain infection control. Staff sought advice from relevant infection control specialists, when necessary, to help to protect people's wellbeing. People we spoke with confirmed staff used personal protective equipment when necessary.

Is the service effective?

Our findings

People we spoke with told us the staff were effective at delivering care and support. We received the following comments; "The staff are well trained, skilled and experienced and everything is perfect", "Yes, they [the staff] know what they are doing", "My carers are really organised", "We [the staff and I] have got a routine together", and "Staff do everything they are meant too."

Training was provided for staff to help maintain and develop their skills. New staff undertook a period of induction which included working with senior care staff who assessed and developed their skills using the Care Certificate, (A nationally recognised training programme). All the staff we spoke with told us the training provided helped them to deliver effective care to people. A member of staff told us, "There is plenty of training; I have completed my safeguarding, medicine management, and moving and handling training recently."

Staff received regular supervision and had a yearly appraisal which allowed the management team or member of staff to discuss any performance issues or further training needs. Staff we spoke with confirmed this support was helpful to them.

People were encouraged and supported to make their own decisions regarding their care and support. People who lack mental capacity to consent to their care or treatment can only be deprived of their liberty when this is in their best interests. Where people lacked the capacity to make their own decisions care was provided in their best interests following discussions with the person's relatives and relevant health care professionals. This helped to protect people's rights. Staff undertook training about mental capacity and were aware of the importance of people giving their consent to receive care. A member of staff told us, "We give people choices, wait for their responses and respect their wishes."

The registered manager told us that people were supported by small teams of staff. This helped staff to understand people's individual needs and help to maintain continuity of care. People we spoke with confirmed this occurred, however we received comments that changes of staff occurred and sometimes people were not made aware different staff may be attending their call. We discussed this with the registered manager who told us the staff strived to make sure people were informed of changes but this was due to unforeseen circumstances or staff sickness. We observed the rostering system was seen to be designed to provide continuity of care to people.

People had their nutritional needs met. Information about people's dietary needs, preferences, allergies or special diets were recorded. Staff encouraged people to eat and drink and they monitored people's diet and fluid intake. We saw evidence that confirmed staff raised concerns regarding people's dietary needs with their representatives or GP to ensure appropriate action was taken.

People's wellbeing was monitored by staff. They sought advice as people's needs changed from relevant health care professionals to make sure their needs continued to be met.

Is the service caring?

Our findings

People confirmed the staff were caring in the way they supported people and provided a service. They told us they were treated with dignity and we received the following comments; "It is the small things they do [the staff] I do not have to ask", "Yes I would say they [the staff] are caring, the staff are polite, kind and friendly", "The staff are great, caring people", "Staff are sensitive, caring and compassionate towards my relative. They try to comfort him if he is feeling depressed and they will laugh with him when he is joking", "Staff go the extra mile", and "Please fit them [the care staff] with wings, they are all angels".

People told us privacy and dignity promoted by the staff and there were dignity champions in place. Staff told us they respected people's privacy by knocking on people's doors, addressed them by their preferred name and by providing their care in private. The registered manager said, "We respect people's individuality, privacy and dignity and gain positive results for people."

Staff described how they developed positive relationships with people and with their family. One person said, "I have excellent carers they cannot possibly improve. They have an excellent understanding of my needs and I trust them and love them."

People were asked to consent to receive their care and support. Where this was not possible staff acted in people's best interests. Local advocacy services were available to help people raise their views.

From speaking with staff we concluded that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 (regarding age, disability, gender, marital status, race, religion and sexual orientation). We found no evidence to suggest that anyone who used the service was discriminated against.

The service had a person centred culture. People's care plans contained information about their preferences and how people communicated their needs. The daily records staff made demonstrated a kind and sensitive approach to people. During our inspection we visited a person receiving a service in their own home. They told us the staff were friendly, professional and kind. And went on to say nothing was too much trouble for the staff.

Staff described how information was communicated between staff via regular hand over meetings and telephone calls. A newsletter was also provided. One member of staff told us, "There is a good team in the office we all get on." There was a confidentiality policy in place which staff followed.

People were supported by staff to receive end of life care in their own home. The registered manager told us it was important to provide this service so that people's wishes to remain at home were met.

Is the service responsive?

Our findings

People we spoke with told us the staff were responsive to their needs and they confirmed they could make a complaint if they needed too. We received the following comments; "I receive a good service. They know my needs and deliver them", "The staff do a brilliant job they are good workers", "I would talk to the office, although I am not a complainer", "I cannot imagine what I would want to complain about. In the case of dishonesty I would complain", and "I would ring the manager straight away, no messing around, but I have not had to complain."

People's care needs were assessed by staff before they were offered a service. This helped to make sure people's needs could be met and gave the staff time to arrange the person's calls. Information gained at the assessment was used to create care plans and risk assessments. We saw people's care records were personalised and individual. People's likes, dislikes and preferences for their care and support were recorded. People's care plans and risk assessments were individual and described the care needed which enabled the staff to support people effectively. As people's needs changed their care records were updated. People said their care was personalised and they told us they received the support they required.

Staff we spoke with confirmed people's care records were informative and helped them understand people's needs. For example, a member of staff said, "It is the little things in the care plans that inform us of what people want, for example if a person drinks from a beaker, staff need to know this."

The care and support people received was constantly monitored, there was a handover of information between the on call staff and day time office staff. Care staff were informed in a timely way about people's changing needs, this included information about people's physical, psychological and emotional condition as well as updates from visiting health care professionals. This enabled the staff to deliver effective care and support. A member of staff said, "We are kept informed of updated information."

The registered manager and management team worked closely with the local authority to provide timely support to people. The registered manager told us that if people's needs could not be met their care packages were not accepted. Staff told us if they found people's care calls were too long or too short this information was reported to the office so a reassessment of the person's needs could be undertaken. Staff supported people in emergency situations and escorted them to hospital.

The registered manager and staff we spoke with confirmed there were good relationships in place with local health care professionals and with the local authority.

A complaints procedure was in place. People said they would raise a complaint if they needed to, however the people we spoke with said they had no complaints to raise. Complaints raised were investigated and the outcome was recorded, this information was shared with the complainant.

Is the service well-led?

Our findings

People we spoke with and their relatives told us the service was well-led. We received the following comments; "I cannot think of anything that needs improving", "I do not attend meetings but I have answered several questionnaires during the past four years", "This is a good service", and "I am highly satisfied with everything. I have two permanent carers who are exceptionally good. I wanted Baylea Homecare back as I had used them before and nothing was too much trouble."

The registered manager confirmed they focused on putting people first, working together and ensuring care was person centred and individualised.

The senior management team visited regularly to monitor the service provision. Meetings called 'daily huddles' were conducted where staff got together to share information and updates to ensure the service ran effectively.

Monthly office audits were conducted and senior staff carried out unannounced spot checks of people's calls to monitor the care and support provided. Audits of people's care files, medicine records, accidents and incidents and staff training was undertaken. Since June 2016 people's MARs were audited regularly, this had been introduced to monitor that staff were following medicine guidance. Issues with medicines that had occurred before were now prevented due to this auditing. Corrective action was taken if issues were found to help maintain or improve the service. Quarterly governance board meetings were also held.

People using the service and their relatives were asked for their views by completing surveys on a regular basis. Their views were listened to and were acted upon. We saw 'Thank you' cards that were complimentary about the service received.

Staff meetings were held and minutes were available for staff who were unable to attend. Managers attended regular meetings and the senior management team visited the service on a regular basis to monitor how the service was run. A business development plan was in place to ensure the service developed. The local authority worked closely with the service to ensure people gained a reliable service.

There was a 'You're a star' reward programme in place for staff. Positive feedback received about the staff was shared with them and they were sent a card and a monetary reward. There was an annual award ceremony held to praise the best nominee from different categories. The staff told us they were valued by the management team. A member of staff said, "I would not want to be anywhere else. I was a finalist at the Care Awards, even though I did not win I felt very special. It is not just a job, I am looked after, trusted and I am highly thought of." Staff were given birthday cards and a 'Perkbox' benefit scheme was in place which gave them discounts at certain shops and access to promotional offers. Staff told us this helped them feel valued.