

Belong Limited

Belong at Home Domiciliary Care Agency - Wigan

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Belong at Home Domiciliary Care Agency - Wigan provides support, personal care or companionship to help people in their own homes and in the community. The provider of this service is Belong Limited. The Wigan service is organised from an office within the Belong Wigan Village, located at Platt Bridge.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People who received support from Belong, and their relatives, continued to tell us they had trust in the staff and felt safe when staff supported them in their own homes.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.

Systems were in place to identify and reduce the risks to people living in their own homes.

Accidents and incidents were managed appropriately.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service.

Medicines were managed safely and people received their medicines as prescribed by their GP.

People continued to tell us support staff had the knowledge and skills needed to provide an effective service.

There continued to be a focus on delivering training to all staff; where necessary training was in keeping with the requirements of the Care Certificate.

Support staff continued to receive regular supervision and more often, for example, during the induction period.

The service ensured that support staff were matched with people who used the service to ensure they were happy and comfortable with them providing support.

We saw health and wellbeing support plans were completed which identified the level of support people needed to access health appointments

There remained a strong emphasis on the importance of people eating and drinking well. Before any care and support was provided consent was obtained from the person who used the service.

The service worked within the principles of the Mental Capacity Act 2005.

People continued to tell us support staff were kind and caring and treated them with dignity and respect.

People's care plans showed an assessment of their needs had been undertaken by the service before any care and support was provided; people confirmed they had been involved in this initial assessment.

We found the provider was meeting the requirements of the Accessible Information Standard.

People who used the service had support plans in place with copies continuing to be held at both the head office and in their own homes; the structure of the plans was clear and it was easy to access information which provided support staff with clear guidance on people's individual support needs.

People told us they had never had cause to complain about the service they received.

We saw historical positive feedback had been received from people who used the service and their relatives.

People continued to be routinely supported to access the community and to pursue their hobbies or interests.

The service did not deliver end of life care directly but could do so with the support of relevant professionals such as district nurses where applicable. At the time of the inspection the service was not providing end of life care to anyone.

There was a registered manager in post. 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.

The registered manager was very visible in the team and proactive throughout the inspection.

There was an open culture which empowered people to plan and be involved in the high-quality care provided at this service.

Feedback from staff we spoke with about the manager was overwhelmingly positive.

The service had policies and procedures in place, which covered all aspects of service delivery.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as required.

We found the service had been accredited with Investors in People (IIP) recognition to Gold standard.

CQC had received all the required notifications in a timely way from the service.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Outstanding.	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains good.	Good ●

Belong at Home Domiciliary Care Agency - Wigan

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 06, 07 and 09 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a small domiciliary care service; we needed to be sure that someone would be in to facilitate the inspection.

The inspection was undertaken by one adult social care inspector from CQC.

Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered with the Commission. We asked the service to complete the Provider Information Return (PIR), prior to the date of the inspection, and we received this. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the support plans and medication records of seven people who used the service and records relating to the management of the service. We looked at three staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the registered manager, and four members of support staff. We also spoke with a local authority professional and with three relatives of people who used the service as part of the inspection, we also visited two people at home; this was in order to seek feedback about the quality of service being provided.

Is the service safe?

Our findings

People who received support from Belong, and their relatives, continued to tell us they had trust in the staff and felt safe when staff supported them in their own homes. One person said, "I definitely feel safe in the presence of staff and they always use protective equipment like gloves when supporting me." A relative told us, "I feel [my relative] is safe with Belong and doesn't want to change the company. [My relative] likes Belong and says they are fine and they will do anything for him; they ask about his needs and he tells them what he wants."

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and had been proactive in identifying any concerns they had about people.

Prior to supporting people in their own homes, staff were required to read documentation and become familiar with individual routines. Support plans were reviewed regularly and were well organised and easy to understand and follow.

Systems were in place to identify and reduce the risks to people living in their own homes. People's support plans included detailed and informative risk assessments regarding various aspects of their lives. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these.

Environmental risk assessments had also been completed and detailed any internal or external considerations. Risks to people's health and safety continued to be appropriately assessed and control measures were in place to mitigate the risks identified.

People told us there were enough staff available to meet their needs and to keep them safe. One person told us, "I would give the staff ten out of ten. Sometimes I get different staff but mostly it's the same and they're always on time and stay the full length of time." A relative said, "I feel [my relative] is totally safe and he gets several visits each day now; they stay the full time and don't rush at all."

We saw visits to people's homes were not rushed and staff told us they had plenty of time to travel from one home to another and stayed as long as they needed if extra support was identified in addition to the identified support plan. Staff scheduling records confirmed this was the case and confirmed staff had stayed longer than their planned schedule in some cases, where additional support was necessary.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service; these checks are carried out by the Disclosure and Barring Service (DBS). DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines, were being obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Spot checks on staff were carried out regularly to ensure they administered medicines safely and any issues were discussed individually; learning was shared with the overall team and documented. Staff were trained in the safe administration of medicines. Peoples support plans identified the level of support people received with their medication and provided clear guidance for staff to follow when supporting people. A relative told us, "There have never been any issues with medicines and [my relative] always gets them on time."

Accidents and incidents were managed appropriately and there was a log of any incidents, including the action taken to reduce the risk of a reoccurrence.

Staff had received training in infection control and wore personal protective clothing (PPE) when supporting people in their own homes. Staff told us there was plenty of PPE available and people we spoke with confirmed staff wore PPE and disposed of this safely before they left their premises.

Is the service effective?

Our findings

People continued to tell us staff had the knowledge and skills needed to provide an effective service. One relative said, "Staff know what they are doing, always, and know what [my relative] needs. They assist [my relative] and also us as well; they contact me if there are any issues at all, such as if [my relative] needs to see the doctor. They ask our permission first and we are fully involved." A second relative told us, "I cannot praise them enough. [My relative] has a care alarm and when staff come in they are very aware of his needs."

There continued to be a focus on delivering training to all staff. Our observations determined a 'whole team' approach continued to be a driving force in delivering a person-centred service. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. Staff were subject to a period of induction before being assessed as competent to work independently.

One member of staff told us, "I did induction and shadowed (worked alongside) other staff at the beginning. I completed an induction booklet and also the Care Certificate. I get observations of practice and competency workbooks to fill in, like for medicines." A second staff member said, "I did an induction and this included training, reading policies and procedures, shadowing other staff and at the end my practice was observed and then it was agreed I was competent. We get regular refresher training and we can suggest topics for training."

The provider had an effective robust system in place to record the training that support staff had completed and to identify when training needed to be repeated. Where necessary training was in keeping with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care.

All staff received an annual appraisal. Staff continued to receive regular supervision and received this more often during the induction period to ensure extra support was provided. Supervision continued to provide staff with an opportunity to discuss their professional development needs. Staff we spoke with, and records we saw, confirmed they received supervision as required.

Knowledge of policies and procedures was tested out in supervision meetings and as part of the process of induction. This meant staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing effective care to people in their own homes.

The service ensured that staff were matched with people who used the service to ensure they were happy and comfortable with them providing support. People who used the service could choose to discontinue the support of any individual staff member without any problem.

Health and wellbeing support plans were completed which identified the level of support people needed to access health appointments and people gave us examples of how they had been supported to access their doctor, hospital appointments or receive additional support from a district nurse.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application needs to be made to the Court of Protection for people living in their own homes. At the time of our visit there was nobody receiving support that was subject to a court order.

We checked whether the service was working within the principles of the MCA. We found the service had an up to date MCA policy and procedures in place and staff had all received training in this area. We saw that mental capacity assessments had been completed and best interest meetings held with the involvement of the relevant people including family members, where applicable and necessary.

There remained a strong emphasis on the importance of people eating and drinking well. People identified the food they wanted to eat and continued to be supported to obtain their own shopping and exercise choice regarding the foods they purchased.

At the time of the inspection no person who used the service was at high risk of malnutrition or dehydration. However, if it was identified assistance was needed in this area, support workers recorded people's nutrition and hydration intake. Staff confirmed if a person had little appetite then they would encourage the person to eat each time they visited and would inform their manager with a view to accessing the appropriate professional support if required.

The service gave people the appropriate support to meet their healthcare needs. Staff liaised with healthcare professionals to monitor people's conditions and ensure people health needs were being met. We saw any communication between professionals such as GP's or district nurses was documented to ensure staff supporting people knew of any changes or issues.

Before any care and support was provided consent was obtained from the person who used the service; we verified this by checking people's support plans which contained consent to care and treatment, support with medicines, the sharing of information with other relevant professionals and the use of a key safe, where relevant.

Is the service caring?

Our findings

All the people we spoke with and their relatives spoke very positively about the service and said support staff regularly went 'above and beyond' the call of duty to meet their needs. Additionally, historical feedback received by the service since the date of the last inspection also indicated an outstanding level of care continued to be provided.

One comment which was received shortly before the date of the inspection read, 'Just wanted to let you know that once again members of your team have gone above and beyond the call of duty. As you are aware we have had a number of issues settling [my relative] into Belong but the carers have been brilliant, always supportive, offering advice and reassurance to myself and [my relative]. They often take her out and spend time with her in their own time and always contact me if they are concerned about her wellbeing. During her recent illness both [staff names] have been exceptional visiting [my relative] in hospital and [staff name] came to A&E to support me. We could not have a more caring team and this ensures I can leave [my relative] in your capable hands when necessary without worry. Thanks for all your support and keep up the good work.'

Feedback received by the service from a relative shortly before our inspection stated, 'Very pleased with the service, professional, prompt and always a friendly face for [my relative] to see in a morning. Definitely the best home care you can get locally. Tried other companies and been let down; Belong homecare won't let you down.'

Without exception, people described support staff that were kind, caring and compassionate. People and their relatives consistently told us they valued the continuity of being supported by the same staff and good relationships had formed and staff were considered friends. One person told us, "The service is outstanding in my opinion because it doesn't matter what situation you are in they will always help you." As second person said, "They are definitely very caring in their approach and very respectful to me. They promote my independence and we go out a lot with them."

As part of the 'customer journey' people or their relatives were asked to complete a document called, 'My Life', prior to being supported by the service; this initial information helped staff to get to know the person and provided them with essential information about the person, their life history, relationships, occupation and what was important to them as their life journey continued.

For example, the service identified two people who had a lifelong interest and 'passion' for a local rugby club. These people had been supported to visit the rugby club on several occasions and meet some of the players, which they valued highly. They had attended the grand final rugby game and had occupied the best seats in the stadium. They had also each received a rugby player 'shirt' which had their personal names printed on, which was presented to them by a rugby player. We spoke with one of these people who said they were very proud of this and very happy that they had been enabled to follow their lifelong interests. One person had stated that 'it was the best day of their life.'

Equality & diversity information in people's support plans ensured that people were given the opportunity to share relevant information if they chose to in line with the Equality Act 2010. This is important as it can help to inform care planning and to remove barriers to good care.

People had access to independent advocacy services and information about how to contact these services was available to people. Independent advocacy services can support people to participate in meetings about their care and support and can help people to secure their rights.

Each person also had a named support staff member called a 'companion.' The companion relationship was greatly valued by people we spoke with and their relatives, who told us staff regularly 'went the extra mile' to support them, one person said, "The staff are very caring people and I have no worries at all. I always see the same girls [staff], and I can turn to them and I know I will always get help; they even come in on their days off work to see me and old staff also still come to see me. I am contented and have peace of mind." A relative told us, "[My relative] is well and everything is sorted for him. He is really pleased with Belong; they'll do anything for him."

Another person who used the service commented that Belong had "gone above and beyond my expectations" in helping them to transition back into employment, and that "my nominated companion had had been exceptionally good at managing my care needs." This demonstrated the service provided support to people and their relatives which people felt was above what could normally be expected.

A relative said, "They are absolutely brilliant; they do much much more than they need to. It's very reassuring for us as we don't live locally and I'm comfortable knowing [my relative] is safe and well looked after. [My relative] is anxious since [relative bereavement] but they speak to her in a reassuring and empowering way and they give her the confidence to be on her own."

People told us they were treated with dignity and respect by staff. Our observations showed people were not rushed by support staff and were supported to maintain their independence. We saw people received encouragement from staff whilst supporting them. Our discussions with staff demonstrated an approach that was in keeping with supporting people to maintain their independence by encouraging them to do as much as they could for themselves whilst supporting them.

We found the managers and staff continued to actively seek feedback from people on a daily basis by visiting them in their own homes. Practical observations of staff practice were undertaken and feedback provided to them regarding their care practice. The registered manager stressed the importance of maintaining people's independence which was reflected in their support plan information.

We found the service continued to encourage staff to be holistic in their approach and care. Support staff received training in person centred care and the importance of putting the customer at the centre of the service. Staff held regular reviews with the person and their relatives to discuss the care being provided and to check everyone was happy.

People's support plans were kept safely in their own home to maintain privacy and confidentiality.

Is the service responsive?

Our findings

People's support plans showed an assessment of their needs had been undertaken by the service before any care and support was provided. The initial assessment captured a range of information including; service involvement, relationships, people's mental capacity, health needs, mobility, communication, mobility and support needs.

People confirmed they had been involved in this initial assessment and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. One relative told us, "We had big meeting about three weeks ago and changed the number of times the staff came in, so we increased the package for [my relative]; I can't fault them they are very good."

We found the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing the information and communication needs of people who used the service with support staff and relatives, where those needs related to a disability, impairment or sensory loss. People's ability to communicate had been assessed including their ability to comprehend written and oral language. This gave guidance to staff on how best to communicate with each person. Information was available in different formats, such as large print, on request.

People's support plans provided information to staff on how to manage specific health conditions or acquired conditions such as chest infections. Individual support plans had been produced in response to risk assessments, for example where people had attended and received planned hospital treatment. Records of professional visits were kept in people's files, including doctors, nurses, specialist nurses and other healthcare professionals. A relative described to us how the service had responded to the health care needs of the person being supported and worked in partnership with them in order to ensure staff attended to the person being supported at the correct time and in conjunction with support being provided by district nurses.

Copies of support plans continued to be held at both the head office and in people's homes. The structure of the plans was clear and it was easy to access information which provided staff with clear guidance on people's individual support needs.

We found support plans continued to capture personal information such as people's history, contact details of relatives and health professionals, dietary requirements, mobility and continence issues. Each file contained a task sheet which clearly set out what tasks were required on each visit made to the person's home. We saw historical task sheets had been fully completed with good range of detailed information, including the administration of medicines, personal care, domestic tasks and involvement in any social activities. We found support plans continued to be regularly reviewed by the service and involved people who used the service and their relatives where applicable, which they confirmed with us when we spoke with them.

The service policy on compliments and complaints provided clear instructions on what action people needed to take. The details of the complaints process was also contained within the 'service user guide.'

Every person we spoke with told us they had never had cause to complain about the service they received and that in the event of a concern, they would speak directly to the registered manager. One person said, "I get involved in my care planning. I've no concerns at all and I've got information on how to complain, but I've never had any issues with Belong." A second told us, "I've never had any reason to complain but I know how to; I got information about this from the company at beginning."

We saw historical positive feedback had been received from people who used the service and their relatives. These compliments described support staff as treating people with, 'So much friendliness, professional, personal care and dignity.' People described staff as, 'being like friends' and 'going the extra mile' to support them.

People continued to be routinely supported to access the community and to pursue their hobbies or interests, such as attending rugby games and associated events, shopping and attending the Belong Village premises for experience days where they could access activities and clubs which helped to minimise the risk of social isolation for people.

At the time of the inspection, the service was not supporting any person who was at the end stages of life but could do so, when needed, with the support of relevant professionals such as district nurses.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The registered manager was a visible presence in the team. They were proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements in the service. Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support, for example via annual surveys or questionnaires and as part of the process of monthly care file evaluations. This meant the manager had gained feedback from people who used the service at different stages of their 'care journey.'

Strong and visible leadership was demonstrated at Belong. Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the high-quality care provided at this service. This meant that people continuously had a say in how they wanted their care to be delivered. This positive and inclusive management approach resulted in people receiving a tailored service focused on their needs and preferences.

Feedback we received from a commissioning professional confirmed the local authority had not had any negative issues raised with them about the service, from either people who used the service or their relatives.

Feedback from support staff we spoke with about the manager was overwhelmingly positive. One staff member said, "The registered manager has done a lot for me over the past few months and has been very helpful. I feel the registered manager is very supportive and is always there to speak to me when I need; knowing I have someone to go to is the best thing." A second said, "The manager doesn't leave you hanging around, they are definitely supportive and we all work together as a team." A third commented, "I get the support I need and it's always there, for professional as well as personal issues."

The service had a clear set of aims and objectives which were referenced in a document called 'your guide to living.' A statement of purpose was also available to people; this is a legally required document that includes a standard set of information about a provider's service. These were the guiding principles which determined how all staff approached their work and were based on person centred, individualised services that demonstrated love and care for each person, the promotion of independence to allow people to remain in their own homes for as long as possible, access to the local community and other services/activities.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date. The service appropriately submitted

statutory notifications to CQC.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as required.

The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as the loss of staff or office power failure.

We found the service had been accredited with Investors in People (IIP) recognition to Gold standard. IIP is a management framework for high performance through people. Formed in 1991, IIP was established by the UK Government to help organisations get the best from their people. Organisations that demonstrate the IIP standard achieve accreditation through a rigorous and objective assessment to determine their performance.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.